LIBERTY RESOURCES

Substance Use Disorder Residential Services Application

Program applying for: ☐ Maxwell House ☐ Supportive Living ☐ Permanent Supportive Housing
Are you an: ☐ Intravenous Drug User ☐ At risk of losing custody of children due to drug use

Name: _____

Mailing Address: _____
Street Apt. #

_____
City/Town State Zip Code County

Current location (if different than referral source):_____

Home Phone: _____Cell Phone: _____Work Phone: _____

Age: _____ DOB: _____ SS#: _____

REFERRAL SOURCE
Contact Person: _____ Phone: _____

Agency: _____

Address: _____

ENTITLEMENTS
Public Assistance
Open Public Assistance Case: Yes ☐ No ☐ If yes, County: _____

Caseworker: _____ Phone #: _____

If no, have you applied: Yes ☐ No ☐ Date of Application: _____

Managed Care/Medicaid
Medicaid: Yes ☐ No ☐ If yes, Medicaid #: _____

Managed Care: Yes ☐ No ☐ If yes, provider: _____

DIAGNOSIS

Chemical Dependency Diagnosis: _____

Mental Health Diagnosis: _____

Medical Conditions: _____

Current Medications (Name and Dosage):

TREATMENT HISTORY

Alcohol/Drug Treatment History (please include outpatient, detox, inpatient, crisis centers and halfway houses):

Dates	Agency/Counselor	Type of Treatment	Completed
_____	_____	_____	Yes ☐ No ☐
_____	_____	_____	Yes ☐ No ☐
_____	_____	_____	Yes ☐ No ☐
_____	_____	_____	Yes ☐ No ☐
_____	_____	_____	Yes ☐ No ☐
_____	_____	_____	Yes ☐ No ☐

Mental Health Counseling History (Include inpatient and outpatient):

_____	_____	_____	Yes ☐ No ☐
_____	_____	_____	Yes ☐ No ☐
_____	_____	_____	Yes ☐ No ☐
_____	_____	_____	Yes ☐ No ☐
_____	_____	_____	Yes ☐ No ☐
_____	_____	_____	Yes ☐ No ☐

Other information you would like us to know:

PROBLEM AREAS TO BE ADDRESSED

Activities of Daily Living (check all that apply):

- ☐ Personal hygiene
- ☐ Nutrition
- ☐ Making/keeping appointments
- ☐ Other (specify): _____
- ☐ Managing medications
- ☐ Handling personal finances
- ☐ Accessing community services

Social/Interpersonal Behavior (check all that apply):

- ☐ Problems with authority
- ☐ Insensitivity to rights/feelings of others
- ☐ Self-esteem
- ☐ Following rules
- ☐ Aggressive behavior
- ☐ Assertiveness skills
- ☐ Disregard for safety of self or others
- ☐ Do or say things without thinking about the consequences of your actions
- ☐ Manipulative behavior
- ☐ Responsibility
- ☐ Other (specify): _____
- ☐ Anger management
- ☐ Developing and maintaining healthy sober friendships
- ☐ Engaging in leisure activities conducive to recovery
- ☐ Domestic violence
- ☐ Communicating clearly and asking for help when needed
- ☐ Engaging in family activities/responsibilities
- ☐ Handling conflict
- ☐ Relationship skills

Vocational/Educational Skills (check all that apply):

- ☐ Lack of adequate work experience
- ☐ Lack of education/vocational training
- ☐ Lack of marketable job skills
- ☐ Problems with reading/writing
- ☐ Other (specify): _____
- ☐ Problems with attendance and/or punctuality
- ☐ Problems with following directions and/or understanding job expectations

Additional Comments: