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, carrier: _____
ID #:_____

DIAGNOSIS

Chemical Dependency Diagnosis: _____

Mental Health Diagnosis: _____

Medical Conditions: _____

ADDITIONAL REQUIRED DOCUMENTS

- Recent Toxicology Screening
- Complete blood count
- PPD results
- History and Physical
- BioPsychoSocial
- Current Medication List
- Insurance Information including confirmation of application to Managed Care
  Level of Care Determination

ADDITIONAL COMMENTS: