



Healing Point House

## Program Participant Application

Date: \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Current Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ # of Dependents \_\_\_\_\_

Current Employment Status (Circle One): Full Time Part Time Unemployed

Please circle your current income range:

\$0 - \$10,800      \$10,801-24,000      \$24,001-50,000      \$50,000-75,000+

How were you referred to Healing Point House? \_\_\_\_\_

Current length of sobriety / date of last use: \_\_\_\_\_ / \_\_\_\_\_

### Alcohol & Drug Use History

Drug	Age of 1 <sup>st</sup> Use / Date of Last Use		Frequency/Method
THC			
Cocaine			
Opiates			
Alcohol			
Meth			
Amphetamines			
Benzodiazepines			
MDMA/Ecstasy			
Other:			

**12-Step Program History**

Have you ever participated in a 12-Step program? ..... **Yes**       **No**

What will be your primary 12-Step group?..... **AA**       **NA**       **Other**

Do you currently have a sponsor?..... **Yes**       **No**

If yes, provide the name and number of your sponsor:

\_\_\_\_\_

If you do not have a sponsor, are you willing to find one?  **Yes**    **No**

Are you currently working the 12 Steps?.....  **Yes**    **No**

What Step are you on right now?

\_\_\_\_\_

How long have you been working through the Steps?

\_\_\_\_\_

Have you attempted to work any other programs besides 12-Steps? (SMART Recovery, etc.)?

**Yes**       **No**

If yes, please indicate: \_\_\_\_\_

**Treatment Information**

Are you currently in treatment for alcohol and/or substance abuse?.....  **Yes**    **No**

If yes, name of facility:

\_\_\_\_\_

If yes, may we speak to your current counselor? ..... **Yes**    **No**

Counselor’s Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list your most recent treatment program:

Name of Facility: \_\_\_\_\_

Month/year discharged: \_\_\_\_\_/\_\_\_\_\_

Completed successfully?.....  **Yes**    **No**

If no, please explain:

\_\_\_\_\_

\_\_\_\_\_

Have you ever consumed alcohol, or used non-prescribed or illicit substances while participating in a treatment program?.....  **Yes**  **No**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please list additional history of treatment programs attended in the past:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any plans for aftercare or outpatient programs while living at Healing Point House?

**Yes**  **No**

Explain:

\_\_\_\_\_

\_\_\_\_\_

### **Legal History**

Are you currently involved with the legal system in any way?.....  **Yes**  **No**

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

List all convictions in the last five years including civil, please include approximate dates/years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently under parole, probation, or suspended imposition of a sentence?  **Yes**  **No**

Agent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical History**

When did you last see a physician? \_\_\_\_\_ Physician Name: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Are you currently being treated for any physical medical conditions? .....  **Yes**  **No**

If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Are you taking any prescribed medications to treat a physical health condition? ... **Yes**  **No**

If yes, please list prescriptions/dosages:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical challenges that might interfere with either your employment or your ability to perform basic household chores? .....  **Yes**  **No**

If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently seeing a psychiatrist, counselor or mental health professional?  **Yes**  **No**

If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been diagnosed with a mental health condition? (i.e. depression, anxiety, bipolar disorder, etc.)  **Yes**  **No**

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any prescribed medications to treat a mental health condition?

**Yes**  **No**

If yes, please list prescriptions/dosages:

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Have you been hospitalized in the last five years? .....  **Yes**  **No**

If yes, please describe: \_\_\_\_\_

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Have you ever attempted suicide? .....  **Yes**  **No**

Date(s) of incident(s):

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If yes, please describe the incident:

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### **Employment History**

Are you currently employed? .....  **Yes**  **No**

Employer \_\_\_\_\_ Position \_\_\_\_\_

If employed, hours per week \_\_\_\_\_ Wage \$\_\_\_\_/Hour

If not employed, most recent employer: \_\_\_\_\_

Position: \_\_\_\_\_ Last date worked: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

If currently unemployed, do you believe you can find employment within 2 weeks – 1 month?

**Yes**  **No**

Do you have financial commitments that may cause you difficulties in paying the program fee?

**Yes**  **No**

If yes, please explain:

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## Emergency Contacts

_____	_____	_____
<b>Name</b>	<b>Phone</b>	<b>Relationship</b>

_____	_____	_____
<b>Name</b>	<b>Phone</b>	<b>Relationship</b>

I certify that the information I have provided in this application is correct. I confirm that any misrepresentation of facts I have provided would be grounds for removal from the Healing Point House sober living program.

_____	_____	_____
<b>Name</b>	<b>Signature</b>	<b>Date</b>

_____	_____	_____
<b>Witness</b>	<b>Signature</b>	<b>Date</b>

\*Please forward completed applications to Melissa Drews at [mdrews@sironarecovery.org](mailto:mdrews@sironarecovery.org)

For any inquiries, contact 414-943-6049