



Application

206 First Street
Pittsfield, MA 01201
Fax: (413) 443-0581

Name _____ Sex _____ Date _____

Telephone _____ Date of Birth _____

Marital Status Single: ___ Married: ___ Widowed: ___ Divorced: ___ Separated: ___

Children: Yes ___ No ___ Names and ages: _____

Social Security Number - - _____

Emergency contact: _____ Number: _____ relationship: _____

Referral Source

Name of Company/Person _____

Telephone _____

Reason for Referral _____

Previous / Current Address

Street _____ City _____ State _____

Landlord's Name _____ Phone _____

Reason for Leaving _____

Background Information

Age of first use: _____ Drug of choice: _____ other drugs: _____

Frequency of use: _____ Date of last use: _____

Any history of family Drug/Alcohol abuse? _____

Your longest amount of clean time: _____ How did you do it: _____

Have you ever resided in a recovery/sober house: Yes: ___ No: ___ Date: _____

Name of facility: _____ Location: _____

How long: _____ why did you leave: _____

List others: Facility: _____ Location: _____ Date: _____

How long did you stay clean: _____ why did you leave: _____

Facility: _____ Location: _____ Date: _____

How long did you stay clean: _____ why did you leave: _____

Do you currently attend NA/AA? Yes _____ No _____

Have you ever attended NA/AA? Yes _____ No _____

Do you have a sponsor? Yes _____ No _____

Do you have a home group? Yes _____ No _____

Previous schools or programs attended:

Name	Date
1. _____	_____
2. _____	_____
3. _____	_____

Other Generic Services and Agencies Utilized:

Name	Telephone	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Medical History

Health Insurance Provider _____

Known Allergies _____

Have you had or currently have any psychiatric counseling? Yes: ___ No: ___

With whom: _____ Location: _____ Phone: _____

Any Medical issues: You want us to know about: _____

_____ Doc: _____

Location _____ Phone _____

List any medications taken regularly by the Individual:

Name	Dosage	Times Taken	Condition being treated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Legal Issues:

Any Legal issues or open cases? If yes explain:

Ever been convicted of any of the following: Violence: Y ___ N ___ Distribution of drugs: Y ___ N ___

Sexual Charges: Y ___ N ___ if yes explain: _____

Are you on Parole or Probation? Y ___ N ___ if yes explain: _____

_____ Wrap update: _____

Parole Officer Name: _____ Phone _____

Probation Officer Name: _____ Phone _____

Attorney Name: _____ Phone _____

A release of information will be need to be signed for any of the above.

:
What goals would you like to achieve while here? _____

How do you think we can best help you? _____

Verification of Income:

Employer: _____ from _____ to _____

Contact Name: _____ Phone _____

Monthly income: _____ Current Status _____

Previous employer _____ from _____ to _____

Reason for leaving:

Do you receive any of the following?

Food stamps: Y ____ N ____ Date of month received _____ Amount _____

SS ____ SSI ____ SSDI ____ Amount _____ Date of month received _____

How long have you been receiving these benefits? _____

Reason for receiving these benefits? _____

If receiving income support from family. Amount _____

Name _____ Phone _____

Any other sources of income? _____

Is there anything else you would like us to know about you?

A release of information must be filled out for any and all contacts listed.