



**Resilient Homes**  
Monitored Recovery Residences

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### APPLICATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

PHONE \_\_\_\_\_

SS NUMBER \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

### CURRENT ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MAILING ADDRESS

(If different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REFERRAL SOURCE

AGENCY \_\_\_\_\_

CASE MANAGER \_\_\_\_\_

AND PHONE \_\_\_\_\_

### EMERGENCY CONTACT

NAME \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

NUMBER \_\_\_\_\_

### FINANCIAL INFO

MONTHLY INCOME \_\_\_\_\_

FROM: WORK \_\_\_\_\_

SSI \_\_\_\_\_

SSDI \_\_\_\_\_

EAEDC \_\_\_\_\_

FOOD STAMPS \_\_\_\_\_

OTHER \_\_\_\_\_

If yes for SSI/SSDI, what makes you eligible?

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### MEDICAL INFO

NAME OF INSURANCE \_\_\_\_\_

INSURANCE NUMBER \_\_\_\_\_

VETERAN \_\_\_\_\_ VETERANS BENEFITS \_\_\_\_\_

PRIMARY CARE PHYSICIAN \_\_\_\_\_

PHONE \_\_\_\_\_

SIGNIFICANT MEDICAL PROBLEMS WITH RELATED MEDICATIONS

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### FAMILY INFO

MOTHERS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

FATHERS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ARE YOU MARRIED, DIVORCED, IN A RELATIONSHIP \_\_\_\_\_

DO YOU HAVE CHILDREN \_\_\_\_\_

NAMES/AGES \_\_\_\_\_

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### EDUCATION

HIGH SCHOOL \_\_\_\_\_

GRADUATE/GED \_\_\_\_\_

COLLEGE \_\_\_\_\_

DEGREE \_\_\_\_\_

VOCATIONAL TRAINING \_\_\_\_\_

### PSYCHIATRIC HISTORY

PRIMARY DIAGNOSIS \_\_\_\_\_

SECONDARY \_\_\_\_\_

THERAPIST \_\_\_\_\_

PSYCHIATRIST FOR MEDS \_\_\_\_\_

PLEASE LIST ALL MEDICATIONS, DOSAGES & REASONS FOR EACH

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COMPLIANCE WITH MEDS \_\_\_\_\_  
HISTORY OF SEXUAL ABUSE \_\_\_\_\_  
HISTORY OF EATING DISORDER \_\_\_\_\_  
HISTORY OF VIOLENT BEHAVIOR \_\_\_\_\_  
HISTORY OF SUICIDE ATTEMPT \_\_\_\_\_  
PREVIOUS HOSPITAL ADMISSIONS (PSYCH / DETOX) DATES IF KNOWN

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DRUG /ALCOHOL TREATMENT HISTORY

PROGRAM NAMES / DATES / REASONS FOR DISCHARGE

DAY TREATMENTS \_\_\_\_\_  
RESIDENTIAL \_\_\_\_\_

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DRUG OF CHOICE \_\_\_\_\_

MAT \_\_\_\_\_ METHADONE \_\_\_\_\_ SUBOXONE \_\_\_\_\_ VIVITROL \_\_\_\_\_

LENGTH OF USE \_\_\_\_\_ RELAPSES \_\_\_\_\_

LONGEST LENGTH OF CLEAN / SOBER TIME \_\_\_\_\_

CURRENT LENGTH OF CLEAN / SOBER TIME \_\_\_\_\_

ARE YOU INVOLVED IN 12 STEP MEETINGS \_\_\_\_\_

DO YOU HAVE A SPONSOR \_\_\_\_\_

COURT INVOLVEMENT

CURRENT COURT INVOLVEMENT (City, dates, charges)

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DO YOU HAVE ANY OPEN CASES? Y/N

Please explain:

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