

The Shepherd's House, Inc. – Admission Application

Name: (First)	(Middle)	(Last)	Today's Date:
Present Location:		SSN:	DOB:
Address:		Phone #:	
Name of present or last Treatment Program:			
Discharge date:		Counselor's Name:	Sobriety date:
Home address:			Phone #:

Prior resident of S.H.? Yes ___ No ___ If so, when/reason discharged? _____

Will you commit to being in this program for 12 to 18 months? Yes ___ No ___

Do you believe you are powerless over alcohol and/or other chemical substances? Yes ___ No ___

What are your drugs of choice? _____

Have you ever taken drugs by IV (intravenous injection)? ___ Yes ___ No If yes, when was last time? _____

Treatment History:

Name of Program:	Location	Date/Yr.	Graduation/Completion Date

What are the reasons you wish to come to The Shepherd's House?

Legal History:

Have you ever been arrested or convicted for: murder, arson, terroristic threatening, rape, or any other sexual offenses? ___ Yes ___ No
 If yes, please explain: _____

Do you have any pending court appearances? ___ Yes ___ No If yes, please explain: _____

Are you or will you be ordered by the court, drug court, probation/parole officer or other legal entity to attend long-term treatment?
 ___ Yes ___ No ___ Not sure

Are you currently or will you be on probation or parole? ___ Yes ___ No If yes, in which county? _____

Name, Phone #, and address of Probation or Parole Officer: _____

A non-refundable money order for \$15.00 must be sent for a criminal background check **prior** to admission. Please make money order or cashier's check payable to: The Shepherds House, Inc, and mail to Shepherd's House, 154 Bonnie Brae Drive, Lexington, KY 40508. Once received, and you have met other basic requirements, you will be eligible for admission to the program. Do you understand this requirement? ___ Yes ___ No

Have you spent time in jail/prison? ___ Yes ___ No If yes, when and why?

Marital status? _____ Number of dependents? _____

Are you ordered to pay child support? ___ Yes ___ No if yes, how much? _____ How are payments made? _____

What is the highest grade you have <i>completed</i> ? _____ GED? ___Yes ___No	
Can you read and write without difficulty? ___Yes ___No	
Are you currently taking any prescription medications? If so, you are required to bring written doctor's orders for all medications at time of admission. You will also need to have at least a 30 day supply of all medications at time of admission. List all medications, why it is prescribed and the name of the doctor that ordered the prescription:	
Are you currently taking any over-the-counter medications? If yes, what are you taking and why?	
Do you have any health/medical problems: _____ Yes _____ No. If yes, please explain:	
Can you climb stairs without difficulty? _____ Yes _____ No.	
Are you physically able to be employed full-time? _____ Yes _____ No. If not, please explain:	
Are you currently employed or have employment pending? ___ Yes ___ No. If yes, name, location and type of employment:	
A deposit of \$150 is due at time of admission. This deposit will be refunded to you only upon your graduation of the Shepherd's House program. Will you be prepared to pay that deposit upon admission? _____ Yes _____ No	
Y/N	RISK ASSESSMENT
Y/N	RISK ASSESSMENT
<input type="checkbox"/>	(A) History of harming self?
<input type="checkbox"/>	(B) History of suicidal thoughts?
<input type="checkbox"/>	(C) Current suicidal thoughts?
<input type="checkbox"/>	(D) Currently under an EPO?
<input type="checkbox"/>	(E) History of thoughts about committing violence?
<input type="checkbox"/>	(F) History of violent behavior toward property/people?
<input type="checkbox"/>	(G) Current thoughts of harming property/people?
<input type="checkbox"/>	(H) Do you have an EPO on anyone?
Explain any items checked above.	
Do you plan on bringing a vehicle? ___yes ___No If so, you must have a current valid driver's license, current tag, and proof of insurance. Do you have these? ___Yes ___No (Deposit must be paid in full before a vehicle may brought onto the property.)	
What are your plans should you be released from your current treatment prior to Shepherd's House having an opening for you?	
What do you think you will need to do differently now to maintain a clean and sober lifestyle?	
<u>Once added to our Waiting list, you must call in once every week, so that we can stay current on your application and let you know of any additional requirements. If you do not call for two weeks, you will be dropped from the waiting list.</u>	
Do you understand this? _____ Yes _____ No	
Please return this application to: Jason Thomas, Executive Director 154 Bonnie Brae Drive Lexington, KY 40508	If incarcerated please be sure to include your Prison/Jail ID number and correct mailing address when replying. You will be notified by mail if you are placed on the waiting list. Please also provide us with the name, phone # and address of a contact person who you speak with on a regular basis (i.e., probation officer, attorney, social worker, jailer, etc.)
Signature: _____ Date: _____	
If you have questions or other information you wish to provide, please write below or use back of the page:	

