



## Application for Transitional Living

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

<b>Name:</b>		<b>Phone #</b>	
<b>Address:</b>		<b>D.O.B:</b>	<b>Marital Status:</b>
<b>SS #:</b>	<b>DL #:</b>	<b>How long have you been in this county? Where are you from?</b>	
<b>Referred By:</b>	<b>Reason Referred:</b>		
<b># of dependents:</b>	<b>Age / Gender / Names of dependents:</b>		
<b>Income:</b>	<b>Sources:</b>	<b>Current type of Employment:</b>	
<b>Last Employer:</b>	<b>Date last employed:</b>	<b>Probation or Parole / Reason / Officers Name:</b>	
<b>Drug of Choice:</b>	<b>Date of last use:</b>	<b>Date and Length of prior counseling:</b>	
<b>Names of Therapists, counselors or psychiatrists seen for problems associated with chemical dependency:</b>			
<b>Diagnosis:</b>		<b>Medications prescribed and reason prescribed"</b>	
<b>Name of Physician:</b>		<b>Date of last visit:</b>	<b>Date of last physical:</b>
<b>Any problems with depression, anxiety, eating disorders?</b>			
<b>Any violent history to yourself or others?</b>			
<b>What are your plans if accepted?</b>			
<b>References:</b>			
<b>Emergency Contact:</b>			<b>Phone #</b>
<b>Address:</b>			<b>Relationship:</b>
<b>Admit Date:</b>	<b>Lodger #</b>		<b>House:</b>

## Transitional Living Screening

Name: \_\_\_\_\_

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

Please answer the following questions to the best of your ability. We need to know your needs and goals so that we can assist you, if possible, to start a new future.

1. What is your current living situation? \_\_\_\_\_  
\_\_\_\_\_

2. What are your financial resources currently, and what your financial plans while living at CoRR's transitional living?  
\_\_\_\_\_  
\_\_\_\_\_

3. Check any agency that is involved in your life currently. And why?

- Cal-Works \_\_\_\_\_
- CPS \_\_\_\_\_
- Probation \_\_\_\_\_
- Parole \_\_\_\_\_
- Other \_\_\_\_\_

4. List any current or past Treatment / Recovery episodes that you have had: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What do you hope to achieve for yourself while living at CoRR's Transitional Living? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What do you hope to achieve for yourself by the time you are ready to leave CoRR's Transitional Living? \_\_\_\_\_

---

---

---

7. What are your strengths? \_\_\_\_\_

---

---

8. What areas of your life do you need help with? \_\_\_\_\_

---

---

---

9. Are you willing to take suggestions and to follow through even if it feels difficult?

---

---

---

10. Are you willing to live in a highly supervised environment? \_\_\_\_\_

---

---

Comments: \_\_\_\_\_

---

---

---

---

---