



Application for Recovery Residence

Please email to Recoveryresidences@corr.us for site placement along with site preference

Revised: 02-18-2020

Date: _____

Name:		Phone #	
Address:		D.O.B:	Marital Status:
SS #:	DL #:	How long have you been in this county? Where are you from?	
Referred By or Counselor:	Reason Referred:		
# of dependents:	Age / Gender / Names of dependents, will they be entering with you:		
Income:	Sources:	Current type of Employment:	
Last Employer:	Date last employed:	Probation or Parole / Reason / Officers Name:	
Drug of Choice:	Date of last use:	Date and Length of prior counseling:	
Names of Therapists, counselors or psychiatrists seen for problems associated with chemical dependency:			
Diagnosis:		Medications prescribed and reason prescribed"	
Name of Physician:		Date of last visit:	Date of last physical:
Any problems with depression, anxiety, eating disorders?			
Any violent history to yourself or others?			
Do you have any current active Warrants:			
References:			
Emergency Contact:			Phone #
Address:			Relationship:
Are you a M.A.T Patient, if yes with who:		What County Medi-Cal do you have:	

Recovery Residence 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, if located at an Inpatient Program (Residential) when did you enter and what is your estimated exit date? _____

2. What are your financial/Funding resources currently, and what are your financial plans while living at GWC Recovery Residence if not employed?

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 GWC Recovery Residence and what are your plans if accepted? _____

6. What do you hope to achieve during your 6 months at GWC Recovery Residence? _____

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 seems difficult?

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

Other information that you believe is important to share: _____

