

# Recovery Residence Application

Please fill out completely and email to [Recoveryresidences@granitewellness.org](mailto:Recoveryresidences@granitewellness.org)

Section A Client Information			
Today's Date:		Referred :	Exit Date:
First Name:	Middle Name:	Last Name:	
Address:		City:	State:   Zip:
Home Phone:		Cell Phone:	
Site Preference:		E-mail Address:	
Birth Date:		Do you drive and have a car?	
Social Security Number:		Make & Model of vehicle:	
Identification Number: _____ <small>California Driver's License or California ID</small>		Is your driver's license valid? Yes _____ No _____	
# of dependents:	Age/ Gender/ Names of dependents, will they be entering with you or just visiting:		
Probation or Parole/ Reason/ Officers Name/number/email:			
Gender: Man Woman _____ Fill in the blank Prefer not to disclose	Marital Status:		Drug of choice: _____ _____ Date of last use: _____ _____
What County is your Medi-Cal out of: _____ _____	Any violent history to yourself or others? _____ _____		
Are you a M.A.T/ Methadone Patient? If yes with Whom: _____ _____ _____	Do you have any violent charges? _____ _____ _____		
What is your prescription state/ how many mg: _____ _____	Do you have active warrants? _____ _____		

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Section B Family Information	
Emergency Contact:	Phone #
Relationship:	Address:
Section C Financial Information	
Income source:	Are you employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
If employed with whom: _____	
How is Recovery Residence being funded or Paid for? (Medi-Cal does not cover housing) _____	
_____	
_____	
Section D Medical / Health	
Diagnosis: _____	Do you have any significant physical or Mental health problems that would make it difficult to follow rules do chores and attend outpatient groups while residing in Recovery Residence? _____
_____	
_____	
Medications prescribed and reason: _____	
_____	
_____	
_____	
Name of Physician: _____	_____
Date of last visit: _____	_____
Date of last physical: _____	_____
Referred: _____	_____
Exit Date: _____	_____

**Note: While in Recovery Residence your required to pursue and make progress towards goals and independent living so you may transition out at 6 months.**

Section E Questions	
Check any agency's that is involved in your life currently, and why?	
<input type="checkbox"/>	Calworks: _____
<input type="checkbox"/>	CPS: _____
<input type="checkbox"/>	Probation/Parole: _____
<input type="checkbox"/>	Drug Court/Prep: _____
<input type="checkbox"/>	Other: _____

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<p><b>What steps have you taken to prepare yourself to participate in a Recovery Residence program?</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>In the next 6 months, how will you prepare yourself for life after placement?</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>What are your personal goals in the next 6 months?</b> _____</p> <p>_____</p> <p>_____</p>
<p>Goal 1)</p> <p>Goal 2)</p> <p>Goal 3)</p>
<p><b>How do you plan to achieve these goals?</b></p> <p>Goal 1)</p> <p>Goal 2)</p> <p>Goal 3)</p>
<p><b>How do you deal with stress or anger? Describe what types of behaviors you have when your Stressed or angry:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>How do you deal with peer pressure?</b></p> <p>_____</p> <p>_____</p>

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Other information that you believe is important to share: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Recovery Residence Intake Provider Use Only beyond this point

Eligibility Determination:

Yes  NO If no for what reason: \_\_\_\_\_

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

Was individual informed if no and how? \_\_\_\_\_

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

Additional comments:

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