

GWC RECOVERY RESIDENCE APPLICATION

PLEASE EMAIL TO: recoveryresidences@granitewellness.org

Today's date: _____ When can you enter Recovery Residence or expected exit date: _____

Is this your first time at GWC Recovery Residence? Y N if yes what date or year: _____

Who were you referred by? (IF IN A RESIDENTIAL TREATMENT CENTER PLEASE LIST COUNSELOR NAME / EMAIL):

Name: _____

Email: _____

Site Preference: Auburn _____ Grass Valley _____ Roseville (woman only) _____ Truckee (woman only) _____

GENERAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Age: _____

DOB: _____ Sex: M F Undeclared SSN#: _____

Current living arrangement: _____

Address: _____ Homeless, General Delivery

City: _____ State: _____ ZIP Code: _____ County: _____

Phone: Home: _____ Cell: _____ Email Address: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Do you Drive and have a car: Y N if yes, Make & Model of vehicle: _____ Is your license Valid? Y N

California Driver's License or California ID: _____ Are you pregnant: Y N Disability? Y N

FINANCIAL / INFORMATION (MEDI-CAL DOES NOT PAY FOR HOUSING ONLY OUTPATIENT SERVICES)

Income source: _____ Are you employed: Y N If employed with whom: _____

How is Recovery Residence being funded or Paid for: _____ if it is county funded please specify

exact funding: _____ Private pay for Recovery Residence

Do you have Medi-Cal? Y N What County Medi-Cal: _____ Private Insurance: Y N

LEGAL INFORMATION (Answer this section only if applicable)

Have you ever been convicted of a crime? Y N What crime? _____ Date: _____

Currently on Probation? Y N Parole? Y N County? _____ Offense? _____

Probation/Parole Officer: _____ Phone: _____

Have you ever been arrested for a *violent* offence? Y N A sexual offense? Y N Do you have active warrants? Y N

SUBSTANCE USE INFORMATION

What substances have you used? _____

Route of administration? (Oral / IV / inhale) _____

Date of last use: _____

FAMILY / SUPPORT PEOPLE INFORMATION

Relationship Status: Single Married Divorced Separated Significant Other/Partner Widowed

Name of Significant Other/Spouse: _____

Children/Dependents? Name, gender and ages: _____

Living with you Visitation None Not applicable (i.e., children over 18 years of age, etc.)

MEDICAL INFORMATION

Do you have a *current* medical condition? Y N If yes, _____

Current Physician: _____ Phone: _____ Date last seen: _____

Current Medications: _____

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? Y N If yes, _____

Are you on M.A.T/Methadone: Y N If yes, with whom: _____

AGENCIES THAT YOU ARE INVOLVED WITH

Do you have a county worker: Y N If yes, whom: _____

Probation/Parole Officer: Y N If yes, whom: _____

CPS: Y N If yes, whom: _____

CalWORKS: Y N If yes, whom: _____

Drug Court/Prep: Y N If yes, whom: _____

Other: Y N If yes, whom: _____

PLEASE MAKE SURE THE APPLICATION IS FILLED OUT COMPLETELY, LEAVING NOTHING BLANK. ALL INFORMATION ON THIS FORM IS VITAL FOR GWC RR TO CHECK ELIGABILITY FOR RECOVERY RESIDENCE. RECOVERY RESIDENCE MAX STAY IS 6 MONTHS.

THE FOLLOWING ITEMS ARE NOT PROVIDED AND IS YOUR RESPONSIBILITY to find, purchase or communicate with your county worker for assistance with these items:

- Twin size bedding
- Only two weeks' worth of clothing
- Food
- Personal Hygiene items

Client Signature: _____

Date: _____

If client could not sign please provide a reason: _____

Assisting staff/email: _____

GWC INTERNAL OFFICE USE ONLY: _____

