

Quiet Corner Cares
79 Woodstock Ave Putnam CT 06260
ADMISSION APPLICATION

Zero Tolerance

For the safety of all the women in the program, we require you to be substance free. Any use, legal or not, is prohibited while a member in the program. You will be subject to random screenings. If it is discovered that use occurred, you will be discharged immediately. Failure to produce a specimen is also considered use.

To be eligible

This program is designed for Women aged 18 and older. Proof of sobriety is needed. We only accept women from treatment. Whether it be detox, residential program, hospitalization, day program or jail. We can help you take the steps needed to achieve this. The women must have the desire to live a sober, productive lifestyle. Must be ready to CHANGE people, places, and things. This means leaving your ways and life in the past to create a successful future. You must be ready to put YOU first and everything else on hold.

House requirements

- Ability to find/retain employment within 30 days or do volunteer work.
- Be an active member of all events and functions in the home.
- Attend and be a part of recovery meetings.
- Required to pay program fees on a timely basis.
- Maintain sobriety from drugs and /or alcohol (illicit, or over the counter)

Personal

Name: _____

Present Address: _____

How long have you been in your current living situation? _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____

Marital Status:

Do you have any children? ____ Yes ____ No

If yes, what are their names and ages? _____

Last four of Social Security number: _____

Insurance: _____ Policy/ ID number: _____

Emergency Contact

Name: _____

Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Sober Support: _____

Family Support: _____

Financial Support (who will help pay in the event you cannot) _____

Family

Parent(s) or Guardian: _____

Address _____

Phone: Home _____ Work _____

Parents' Marital Status:

Relationship with parents: _____

First names and ages of your brothers and sisters? _____

Have you lived in a foster home? _____

(If yes) (a) When _____

(b) How long _____

Were you adopted? _____

(If yes) When were you adopted and what were the circumstances?

Is your family supportive of your recovery? _____

Are your family and friends a positive or negative influence: _____

Substance Abuse History

What is your drug of choice? _____

Date of last use: _____

Age of first use: _____

What was your daily drug consumption? _____

Other drug use: _____

Number of relapses: _____

Date of last relapse: _____

Substance abuse treatment Continued

Are you currently in treatment? _____ Yes _____ No

Name of current Facility _____

Address: _____

Date admitted: _____

Date of completion: _____

Case Manager/Clinician Name & Phone # (if currently in treatment):

Successful completion: If not why? _____

Where did you go when you left there? If applicable: _____

How long did you maintain sobriety? _____

What worked for you to remain sober: _____

What went wrong (if relapsed)? _____

Physical, Emotional, Mental, and Behavioral History

Height: _____

Weight: _____

Answering “yes” to the following questions will not necessarily disqualify you from entering the program. Please give brief explanations to any item you check “yes.”

1. Do you have any medical conditions or health issues? _____

Explain: _____

2. Have you been given any diagnosis by a mental health professional? _____

If yes, what is the diagnosis? _____

3. Are you taking medication under a doctor's direction? ____ Yes ____ No

If yes, what is the medication, dosage, and purpose?

Medication _____ Dosage _____

Purpose _____

4. Have you ever been diagnosed as mentally or physically challenged? ____ Yes ____ No

Explain: _____

5. Is your diet restricted? ____ Yes ____ No

Explain: _____

6. Do you have any allergies? (e.g. food, seasonal, animal, etc...) ____ Yes ____ No

Explain: _____

7. Do you now have or have you ever experienced problems with your back ____ Yes ____ No

Explain: _____

8. Do you have health problems that hinder you from doing any physical work, including heavy lifting?

Choose an item. Explain: _____

9. Have you ever had an eating disorder? (Anorexia, bulimia, etc...) ____ Yes ____ No

Explain: _____

10. Have you ever been hospitalized for emotional or behavioral problems? ____ Yes ____ No

Explain: _____

a. When were you hospitalized? _____

b. How many times have you been hospitalized? _____

11. Have you ever tried to commit suicide? ____ Yes ____

a. (If yes), when was your most recent attempt? _____

b. How many times have you attempted suicide? _____

12. Were you ever hospitalized for suicide thoughts? ____ Yes ____ No

Explain: _____

13. Have you ever been abused physically or sexually? ____ Yes ____ No

Explain: _____

14. Do you have a history of violent behavior? _____ Yes _____ No

Explain: _____

15. Have you ever had a problem with sexual addiction? _____ Yes _____ No

Explain: _____

16. Do you believe you have a trauma history: _____ Yes _____ No

Explain: _____

Legal Matter

Do you have any outstanding warrants or current charges? _____ Yes _____ No

Have you ever been arrested? _____ Yes _____ No

What were the charges and convictions? _____

Arrest Date: _____

Have you served time in prison? _____

Current Probation? If yes Officer's name and Phone _____

Any restraining/ protective orders (against you or to protect you): _____

Education and Job Interests

List all High Schools, Colleges, Universities, or Bible Schools you have attended:

School Name	Location	Dates Attended	Grad. Date
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Degrees: _____

Have you graduated high school? _____ Yes _____ No

If not do you have GED? _____ Yes _____ No

Are you interested in getting your GED? _____ Yes _____ No

Occupation

Are you currently employed? _____ Yes _____ N

(If yes) (a) Name of Company _____

(b) Your position _____

(c) How long have you been employed there? _____

Full-time _____ Yes _____ N

Approximately how many other jobs have you had? _____

Have you been in the military? _____ Yes _____ N

If yes, for how long? _____

What was your discharge status? _____

What is your dream occupation? _____

What are your interests/ hobbies? _____

Are you receiving government assistance? _____ Yes _____ N

If yes, explain: _____

How do you plan on paying to program at Kasia's Hope? _____

Other

Spiritual affiliations: _____

Strengths: _____

Weakness: _____

Triggers: _____

What are your plans while you are with us? _____

What do you plan to do after you leave us? _____

Read the following questions and answer them honestly and thoughtfully. (Failure to do this will delay your application until the answers are received.)

1. Describe your past and present relationships with your mother and father. (Do this separately for each parent.)

2. What is your reason for wanting to come to Kasia's Hope? _____

3. How would you describe your relationship with God/Higher Power? _____

I attest that the information provided is true to the best of my knowledge. This information is used solely on the decision of admission into Kasia's Hope. I attest that I am ready for a life of sobriety and success and I will try my hardest while residing in Kasia's Hope. I have read the rules and expectations and am submitting this application on free will and agree to abide by all rules and policies.

Signature: _____ Date: _____

I hear by give permission to Quiet Corner Cares to obtain information on my behalf from the following providers/ family/ supports;

Name: _____

Agency/title: _____

Email: _____

Phone: _____

Name: _____

Agency/title: _____

Email: _____

Phone: _____

Name: _____

Agency/title: _____

Email: _____

Phone: _____

Name: _____

Agency/title: _____

Email: _____

Phone: _____

Applicant's signature: _____ Today's Date: _____