Jeremiah's Inn

Application Form rev. 9/09		P.O. Box 30035 1059 Main St., Worcester, MA 01603-0035 FAX 508.793.9568 Phone 508.755.6403	
Last Name:	Suffix:	First Name:	Middle Initial:
Alias:			

Referral Information		
Referred by (agency, institution):	Contact Person/ Case Mgr.:	Phone Number (area code and Ext):
Have you been admitted here before? Yes No	If so, when:	

Demographic Information			
Male Transgender		Height:	Weight:
Massachusetts Resident? Yes No	Primary Language:	Are you currently homeless? Yes No	
Last Known Residence:		Criteria met? Yes No	
Date of Birth	Social Security #		
Status: Single Married/Partnered Divorced/Separated Widowed	**Family:** Children: Yes No How many? ________ Ages:________________ Do you have custody? Yes No Physical Legal If no, who has custody? ____ Do you have visitation rights? Yes No		
Education - Last grade completed:	Occupation:	Date last worked:	
Specific Needs: (i.e., dietary issues, hearing impairment, allergies, etc.)			
Do you have access to a picture ID? Yes No If yes, bring it with you.	Forms of Identification		

Legal History	
Probation Parole Case Pending Outstanding Warrants Restraining Order Other_______________ None	
Attorney:	Phone:
Probation/Parole Officer:	Phone:
Court:	Phone

Criminal History
Have you ever been convicted of any of the following? Yes No
Arson Murder Rape Kidnapping Assault Sex Crimes Other _____________________

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Outcome:

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Psychiatric History	
Have you ever been diagnosed with a psychiatric illness? Yes No	Psychiatric Diagnosis(s):
Psychiatric Hospitalizations: Yes No	When:
Where:	How many:
Prescribed Medication: Yes No	Prescriber: Phone:

Medication	Dose	Last taken

Have you stopped taking any medication in last 6 months for any reason? Yes No	Why?
Are you or have you ever been physically abusive towards yourself? No	Are you or have you ever been abusive towards others? (physically/emotionally/sexually) = No
Are you = or have you = ever been a victim of violence? = No	
If you have been a victim, please elaborate:	

History of Suicide Attempts = Yes = No	When:	Outcome:

Substance Use Information		
Last Date Used: __/___/___ (any substance) Number of treatments: _____ ___Detox ___Residential ___Outpatient ___Methadone ___Drunk Driver ___Other	What Last Used: Do you attend recovery meetings? Longest Clean Time:	Drug(s) of Choice: How long ago?
Date(s) of Treatment	Where	Outcome(s)
Do you use tobacco? = Yes = No		Are you interested in quitting? = Yes = No
Any other addictions?		
Intravenous Drug Use? = Yes = No When:		

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Substance Use Information (cont.)				
	Age of First Use	Last Use	Frequency	Usual Route
Alcohol				
Cocaine				
Crack				
Marijuana/Hashish				
Heroin				
Non Rx Methadone				
Other Opiates				
PCP				
Other Hallucinogens				
Methamphetamine				
Other Amphetamines				
Other Stimulants				
Benzodiazepines				
Other Tranquilizers				
Barbiturates				
Other Sedatives/Hypnotics				
Inhalants				
Over-the-Counter				
Ecstasy				
Nicotine				
Caffeine				
Other				

In Case of Emergency Notify *(obtain release with signature)*			
Name:		Phone:	
Address:		Relationship:	

Military History		
Have you served? = Yes = No		What type of discharge did you receive?
Enlistment Date:	Discharge Date:	Were you involved in armed conflict? = Yes = No
What branch of service were you in?		Where:

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Medical History	
Primary Care Physician: = None	Phone:
Date of last physical exam:	Date of last TB Test:
Date of last Hepatitis C Test:	Result of last TB Test:
Diagnosed Condition (s):	Prescription Medication (s):

Financial Information
Current Source of Income: Amount $ _________ = Wages = Unemployment
= SSI = SSDI = Worker's comp = VA = Savings = Other __________ = None

Parenting Information		
	Number of Children:	
	Ages	Genders
DCF Involvement? = Yes = No Date:		
Worker Name:		
DCF Office:		
Worker Phone:		
Planned Reunification? = Yes = No	Are there custody issues? = Yes = No	
Reunification while in program? = Yes = No	Explain:	

Please complete the following if applicable
Probation___________________________ until (date):_____________ Parole___________________________ until (date):_____________ Wrap-up___________________________ wrap date:_____________

Statement of Applicant
I hereby certify that all questions above have been answered truthfully. Name:_____________________________ Date:_____________________________

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Disposition: 3 Move to next step in application process Interview Date: ____/____/____ Time: ____ 3 Application Process Stopped Reason:____ Referred to: ____________________________________	
Case assigned to:	Date:

Notes