Application for Halfway House

| Name: | Date of Birth: | | | | |
|------------------------|---|----------------------------|--|--|--|
| | | City | | | |
| CountyState_ | Zip codePhone where you can be reached: | | | | |
| Are you an Alcoholic? | • <i>H</i> | Are you addicted to Drugs? | | | |
| Drug of Choice/how | long? | | | | |
| Have you been in a T | reatment Center | How long | | | |
| Where/When? | | | | | |
| Do you want to stop us | ing or drinking and stay stoppe | ed? | | | |
| Date of last Drink | Date c | of last Drug use | | | |
| Where does your prese | ent income/support come from | ? | | | |
| Do you receive? Mo | edicaid Medicare | Welfare SSI Other | | | |
| Will you get a job? | Skills | | | | |
| | | Separated Divorced | | | |
| Have you ever lived in | n a placement before? | Where/When | | | |
| Please check which a | nnlies | | | | |
| Craven County | African American non | Income Below \$15,000 | | | |
| Pamlico County | American Indian | | | | |
| Jones County | Asian American | \$25,000-\$34,999 | | | |
| Carteret County | Caucasian non Latino | \$35,000-\$49,999 | | | |
| Other | Other | Over \$50,000 | | | |



| Name: | | Pg.2/5 | | | | |
|---|----------------|----------------------|--|--|--|--|
| Emergency Names and Numbers | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| List Children's Na | ames | | | | | |
| Names | Age | Date of Birth | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Legal Issues | | | | | | |
| Pending or Current Charges: | | | | | | |
| Name of Lawyer | Phone # | | | | | |
| Address of Lawyer | | | | | | |
| Probation Officer's Name: | | | | | | |
| Probation Address: | | | | | | |
| Phone Number | | | | | | |
| | | | | | | |
| List your past charges that you were convicted of an | nd either serv | ed time or placed on | | | | |
| Probation: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



Name:

Pg. 3/5

| List 6 future goals | 1. | |
|---------------------|----|--|
| | 2. | |
| | 3. | |
| | 4. | |
| | 5. | |
| | 6. | |

Please answer the following statements as honestly as you can. There is no right or wrong answers. If you need more space use the back of this paper.

Have you applied other places? Yes No Where?

What kind of support will you have?

Write a statement of why you wish to get on with your life.

Why did you choose us and who did you hear about our program through?



United Way of Coastal Carolina

Name:

Pg. 4/5

Life Story: (Be through & legible) Birth through Present

Revised January 2013



United Way of Coastal Carolina

Phoenix House, Inc.

506 Cypress Street New Bern, North Carolina 28560

Name:

Medical Records

Pg. 5/5

Make sure you list ALL medication you are taking at the present time.

| List Medication | mg/dosage | Reason for Taking Medication | | |
|-----------------|-----------|------------------------------|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Physical Abilities:

| Walk 4 Blocks | Y | Ν | Incontinent | Y | Ν |
|---------------------|---|---|--------------------|---|---|
| Bathe | Y | Ν | Breathing Problems | Y | Ν |
| Climb Stairs | Y | Ν | Anger Issues | Y | Ν |
| Cook | Y | Ν | Follow Directions | Y | Ν |
| Do Chores | Y | Ν | | Y | Ν |
| Remember Medication | Y | Ν | | Y | Ν |

Explain:_____

Allergies:_____

I, _______have read and understand all the rules of the Phoenix House Program and agree to participate completely in the program. I understand a violation of the rules may cause my eviction. I agree to give two weeks notice if I decide to leave the program. Should I leave my belongings behind when I leave, Phoenix House will pack up your belongings and bring them to the office. You will have 2 days to make arrangements to pick up your belongings. If no arrangements are made belongings will be donated to RCS. I promise that I will not drink or use drugs while living in the home. The answers I have given are true to my knowledge.

Signature

Date



United Way of Coastal Carolina