

Programming Application

Inpatient/Outpatient Services



speranzahouse.org
812.222.0079

Date _____

First Name _____ M.I. _____ Last Name _____

Date of Birth _____ Social Security No. _____

Email _____ Phone No. _____

Address _____

City _____ State _____ Zip _____

Current Relationship Status: Married Single Engaged Separated

How many children do you have? Do you have a current DCS Case? Yes No

If yes, please give a brief explanation _____

Highest Level of Education Some High School High School Grad Some College

College Grad Vocational/Trade School

Date of Last Substance Use _____ Valid Driver's License: Yes No

Drug of Choice (check all that apply) Alcohol Methamphetamine Benzodiazepine

Opiates Marijuana Heroin Cocaine Ecstasy Other Stimulants K2 Spice.

List All Other Drugs _____

Any physical or learning disabilities? Yes No

If yes, please explain _____

Were you Referred to Speranza House? Yes No. Who referred you? _____

Why are you motivated to be in our program? _____

Are you approved for Recovery Works Funding Yes No Unsure

Are you currently incarcerated Yes No If so, what Facility? _____

Have you ever been incarcerated for any of the following? (check all that apply)

Arson Assault Domestic Violence Sexual Assault Violent Crime

Please give a brief explanation for any of the above checked _____

Felony Convictions Yes No Felony Level _____ State of Conviction _____

Currently on _____ Parole _____ Probation _____ County of Parole/Probation _____

Name of Parole/Probation Officer _____

History of DOC Incarceration Yes No. Pending Charges Yes No

Please give a brief explanation of any pending charges/court dates _____

Description of Legal History _____

Upcoming Court Dates _____ Attorney's Name: _____

Are you listed on any National, State or Local Offender List? Yes No If so, what is the crime?

Medical History (check all that apply) Diabetes Cancer Heart Problems Stroke

Bi-Polar Schizophrenia Depression High Blood Pressure Lupus Other

If Other, please explain _____

Have you ever been diagnosed with TB Hepatitis HIV/AIDS

If yes, when _____

Are you pregnant? Yes No Approximate Due Date: _____

Has pregnancy been confirmed by a Doctor Yes No

Current Medications _____

Any other information you would like to provide: _____

Send completed application and completed acknowledgement to:

Mail: PO Box 213

Greensburg, Indiana 47240

or

Email: speranzagreensburg@gmail.com

FOR OFFICE USE ONLY

Recommendation: Residential _____ Outpatient _____ Denied _____

ACKNOWLEDGEMENTS AND SIGNATURE

In completing this application and initialing the statements below, I hereby acknowledge:

Speranza House is a spiritually-based facility and, as a result, I will be required to work a Twelve Step program and attend weekly church services. INITIALS []

I must commit to working a highly-disciplined spiritually-based program for the next 6-12 months, once admitted to Speranza House. INITIALS []

Speranza House does not permit the use of alcohol and drugs while in the program. Violation may subject me to discharge from the program and house. INITIALS []

Speranza House will conduct periodic drug tests/screens, and that a positive result may result in immediate discharge from the program, as well as immediate notification to my probation/parole officer as mandated by law, if one is assigned. INITIALS []

Speranza House has my authorization to conduct a criminal background check. INITIALS []

Speranza House staff may talk with individuals who have provided treatment to me in the past. This may include, but is not limited to, doctors, hospitals, or other mental/health care facilities. INITIALS []

I, _____, acknowledge that, to the best of my knowledge, I have provided true and accurate information in completing this application. Furthermore, I authorize Speranza House to verify validity when deemed necessary. I give Speranza House staff permission to communicate with my support network to determine eligibility for admission. I also allow Speranza House to speak with my representative, legal or otherwise, to assist with admission, recovery, or aftercare. I understand that any false or misleading information could result in denial for admission, or discharge from the program.

Applicant Signature

Date

Send completed application and completed acknowledgement to:
Mail: PO Box 213
Greensburg, Indiana 47240
or
Email: speranzagreensburg@gmail.com