



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 _____

If incarcerated, please provide an additional contact name/ number _____

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 yes, 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 yes, please explain?*

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 A/B/C 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

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Recommendation: Residential _____ Non-Residential _____ 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

