



# 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**

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

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