

3800 5<sup>th</sup> Street  
St. Cloud, Florida 34769



OR

17356 U. S. Highway 301 North  
Starke, Florida 32091

**Ph: (407) 892-5700 Fax: (407) 593-2932**

## **Application for Residential Admission**

**In order for your application to be reviewed, it must be completely filled out.**

**Your History & Physical and TB/PPD test results must be attached.**

Date: \_\_\_/\_\_\_/\_\_\_

Applicant's Name: \_\_\_\_\_

First

Middle

Last

SSN: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ DOC# (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex you identify with: M\_\_\_F\_\_\_T\_\_\_

Referring Agency: \_\_\_\_\_

Referring Agency Address: \_\_\_\_\_

Referring Person: \_\_\_\_\_

Referring Person's phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **Drug History**

Have you been a client with TTHI before? Y\_\_\_ N\_\_\_

Have you been to other treatment facilities: Y\_\_\_ N\_\_\_

If yes, where and when: \_\_\_\_\_

Primary Drug of Choice: \_\_\_\_\_ Age of First Use: \_\_\_\_\_

Frequency of use: (daily, weekly, monthly etc.) \_\_\_\_\_ Method: \_\_\_\_\_

Secondary Drug of Choice: \_\_\_\_\_ Age of First Use: \_\_\_\_\_

Frequency of use: (daily, weekly, monthly etc.) \_\_\_\_\_ Method: \_\_\_\_\_

Third Drug of Choice: \_\_\_\_\_ Age of first use: \_\_\_\_\_

Frequency of use: (daily, weekly, monthly etc.) \_\_\_\_\_ Method: \_\_\_\_\_



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**Medical Insurance**

Do you have medical insurance: Y \_\_\_ N \_\_\_

If yes, what Company: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy # \_\_\_\_\_ Telephone # \_\_\_\_\_

Type of Coverage: (Circle one) PPO HMO Other If other, explain: \_\_\_\_\_

**Medical History**

Date of last TB test: \_\_\_\_\_ (if it is within 12 months of your release date, please attach a copy to this application or bring with you upon admission.)

Do you have any present medical conditions? Y \_\_\_ N \_\_\_

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Any past medical conditions? Y \_\_\_ N \_\_\_

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Are you able to climb a short ladder to a top bunk bed? Y \_\_\_ N \_\_\_

Are you able to walk up and down stairs? Y \_\_\_ N \_\_\_

Do you have a pet allergy to Dogs? \* Y \_\_\_ N \_\_\_

**\*TTHI at 3800 5th Street, St. Cloud utilizes a Service Dog on site**

**Psychiatric History**

Do you have a past or present psychiatric diagnosis? Y \_\_\_ N \_\_\_

If yes, where and when were you diagnosed? \_\_\_\_\_

What was the diagnosis? \_\_\_\_\_

\_\_\_\_\_



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**Medications**

Are you currently taking any medications: Y \_\_\_ N \_\_\_

If yes, please list medications. Name of drug and dosage (mg & how you are supposed to take it)

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**Military History**

Are you a Veteran: Y \_\_\_ N \_\_\_

If Yes, which branch did you serve in: \_\_\_\_\_

Dates of service: \_\_\_\_\_ What type of discharge: \_\_\_\_\_

**Employment History**

Place of Last Employment: \_\_\_\_\_

Dates employed: \_\_\_\_\_

Type of work experience that you have: \_\_\_\_\_

**Income Status**

Are you currently employed: Y \_\_\_ N \_\_\_

Where are you employed? \_\_\_\_\_

Do you receive other income: Y N \_\_\_

If yes, which kind: SSI\_\_ SSDI\_\_ Unemployment\_\_ Child Support\_\_ Pension\_\_\_\_\_

Other: \_\_\_\_\_

Monthly income: \$ \_\_\_\_\_ Do you have any financial responsibilities? Y \_\_\_ N

If yes, what are they? \_\_\_\_\_



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**Legal History**

Any present legal issues: Y\_\_\_N\_\_\_

If yes, list the **Charges, Dates, Locations:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you been in prison: Y\_\_\_N\_\_\_ If yes, please list **When** and **Where:**

\_\_\_\_\_  
\_\_\_\_\_

Release Date(s): \_\_\_\_\_ DOC #: \_\_\_\_\_

Are you currently on probation, parole, or community service: Y\_\_\_N\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

Probation Officer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_



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**Education**

Highest grade completed: \_\_\_\_\_ Do you have your GED: Y \_\_\_ N \_\_\_

If you have a college degree, what is the degree: \_\_\_\_\_ Field of study: \_\_\_\_\_

**Marital Status**

Single \_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Do you have children: Y \_\_\_ N \_\_\_ If yes, how many: \_\_\_ ages: \_\_\_\_\_

Whom do your children reside with? \_\_\_\_\_

Where do they reside? \_\_\_\_\_

Do you have parental rights? Y N \_\_\_\_\_

Is your family supportive of you getting help for your substance abuse disorder? Y \_\_\_ N \_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_



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**Living Arrangements**

Are you homeless: Y \_\_\_ N \_\_\_ If yes, how many times have you been homeless in the past 5 years? \_\_\_\_\_

During your periods of homelessness, how long have they been? \_\_\_\_\_

If you are NOT homeless, what is your current address? (include city, state and zip code)

\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact Person**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Your Goals and Plans**

What do you hope to accomplish if you are admitted into The Transition House? \_\_\_\_\_

\_\_\_\_\_

What are your short-term goals? \_\_\_\_\_

\_\_\_\_\_

Define your long-term goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your plan to obtain employment? \_\_\_\_\_

\_\_\_\_\_

Do you have a Resume? \_\_\_\_\_

What are your plans to obtain long-term permanent housing? \_\_\_\_\_

\_\_\_\_\_



**Items to be included with your application or to bring upon admission into The Transition House Inc.:**

- \*History & Physical**
- \*All Lab Work**
- \*MARS**
- \*TB/PPD Results**
- \*Bio/Psycho/Social**
- \*Nursing Assessment**
- \*30 days of Medication**
- \*Must be within 1 month of admission to TTHI and attached with this application**