

3800 5th Street
St. Cloud, Florida 34769



OR

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

Ph: (407) 892-5700 Fax: (321) 805-3284

Application for Residential Admission

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

Your History & Physical and TB/PPD/and STD 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)

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