

AH♥VA LIVING  
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### Admission Application

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Marital status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
Emergency contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Emergency contact address/alternate address: \_\_\_\_\_  
\_\_\_\_\_

#### **Legal Status:**

Name of probation officer: \_\_\_\_\_  
Name of parole officer: \_\_\_\_\_  
Outstanding charges: \_\_\_\_\_  
Pending court dates: \_\_\_\_\_ Court location: \_\_\_\_\_  
Sex offender Status: \_\_\_\_\_  
Arson history: \_\_\_\_\_

#### **Entitlements and Benefits:**

Principal Source of Income:  
None \_\_\_\_\_ Public Assistance \_\_\_\_\_ Retirement \_\_\_\_\_ Salary \_\_\_\_\_ Disability \_\_\_\_\_  
Number of People Dependent on Income: \_\_\_\_\_  
Benefits: Medical \_\_\_\_\_ SNAP \_\_\_\_\_ TANF \_\_\_\_\_ SSD/SSI \_\_\_\_\_ Other \_\_\_\_\_  
Medicaid Status: Active \_\_\_\_\_ Not Active \_\_\_\_\_ Pending \_\_\_\_\_ Unknown \_\_\_\_\_  
EMS ID # \_\_\_\_\_  
How do you intend to pay program fees and admission security? \_\_\_\_\_

**Current Behavioral Health Treatment Status:**

Current provider: \_\_\_\_\_ Admission date: \_\_\_\_\_

Clinician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Type of treatment: MH \_\_\_ SA \_\_\_ Co-occurring \_\_\_ Methadone \_\_\_ Suboxone \_\_\_

Meds prescribed during current treatment:

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

**It is strongly recommended that you participate in outpatient services and that you have a start date before admission.**

**Outpatient participation:**

Provider: \_\_\_\_\_ Start date: \_\_\_\_\_

Comments:

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

**Medical and Mental health:**

Current medical concerns, including mental health: No \_\_\_ Yes \_\_\_

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

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

**Relationships:**

Current relationship with family members:

\_\_\_\_\_

Current Support System:

\_\_\_\_\_

Current Relationship with significant other:

\_\_\_\_\_

Do you have children and if so where do they reside?

\_\_\_\_\_

Is there any DCF involvement? No \_\_\_ Yes \_\_\_ Not sure \_\_\_

**Recovery Goals:**

Are you interested in maintaining a sober lifestyle? No \_\_\_\_ Yes \_\_\_\_ Not sure \_\_\_\_

Identified triggers to relapse?

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What is the most recent period of use?

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What is longest period of sobriety or stability?

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Last period of sobriety/stability:

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What are your strengths?

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Short-term goal:

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Long-term goal:

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What are the barriers to your goals?

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What assistance/support do you need to reach these goals?

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Are you familiar with the twelve steps? \_\_\_\_\_ Do you attend AA/NA? \_\_\_\_\_

What is your understanding of Higher Power?

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Is there anything else you can tell us about yourself that would assist us in helping you meet your initially stated goals?

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