

FOR OFFICE USE ONLY

Date Received:	Doctors Letter Sent:	Date Of entrée to program:
	Interview Date:	Date left Program:



Freedom From Addiction Resident Application Form

This information will be kept Confidential

Instructions: Please print your answers, giving full and complete answers in all questions. If answers are not applicable to you please enter N/A

First Name: _____

Next of Kin:

Surname: _____

Name: _____

Present Address: _____

Surname: _____

Present Address: _____

Phone Numbers: _____

Contact Relationship: _____

D.O.B: _____

Age: _____

Phone Numbers: _____

Nationality: _____

Birthplace: _____

Accommodation: Alone Spouse Parent Friends Other: _____

Do you own a house or Flat? Yes No Are you council tenant? Yes No

Are you in a relationship at the moment? Yes No If yes how long for: _____

Marital status: single Married Separated Divorced Widowed

Do you have any children? Yes No If Yes, give details _____

Are you currently Employed: Yes No If yes, with whom? _____

National insurance Number: _____ Benefits Claimed: _____

General Health

How would you describe your present health? Excellent Good Fair Poor

Do you have a physical impairment, chronic disease, or other disability? Yes No

If yes, Please give further information _____

Do you require assistance with activities of daily life as a result of impairment?

(E.g. mobility problems, visual impairment or hearing difficulties)

Have you experienced mental or emotional health problems? Yes No

If yes, Please give further information _____

Have you spent time in hospital related to your mental health? Yes No

If yes, Please give further information _____

Have you spent time in hospital related to your substance misuse problems?

Yes No if yes, please give further information _____

Height _____ Weight _____

Do you smoke? Yes No If yes, how many per day? _____

Do you drink? Yes No if yes, amount per day? _____ Type of Alcohol: _____

Do you use drugs? Yes No If yes, what is your primary drug: _____

Daily Amount used: _____ Age started: _____ Prescribed: Yes No

Other drugs used: Amphetamines Cannabis Crack Cocaine Ecstasy

LSD Heroin Methadone Temazepan Other: _____

Have you received any previous treat for Drug or Alcohol Abuse? Yes No

If yes, Please give further information _____

Have you ever been in a Teen Challenge Programme before? Yes No

If yes when: _____ and which centre: _____

Additional information about you

Do you have a criminal Record: Yes No

If yes, Please give further information _____

Do you have any outstanding Warrants? Yes No

If yes, Please give further information _____

Do you have any outstanding court appearances? Yes No

If yes, Please give further information _____

Have you ever been prosecuted for a violent offence? Yes No

If yes, Please give further information _____

Have you ever been prosecuted for sexual offence? Yes No

If yes, Please give further information _____

Have you ever been prosecuted for arson? Yes No

If yes, Please give further information _____

Are you subject to any form of statutory supervision or probation? Yes No

If yes, Please give further information _____

Have you ever breached the terms of a tenancy for which there were statutory grounds for possession, or breached the terms of a mortgage/tenancy? Yes No

If yes, Please give further information _____

Have you ever committed acts of physical violence against staff or other residents in a place where you were living or working? Yes No

If yes, Please give further information _____

Have you ever lived in supported housing environment? Yes No

If yes, Please give further information _____

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Does a social worker or a drug/alcohol agency support you? Yes No

If yes, Please give further information _____

Do you have a probation officer? Yes No

If yes, Please give further information _____

Please give the address for the last two years if different to page one

Address: _____

Address: _____

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Employment / Education History

Summarize your secondary school below

Name of school/College	Date entered	Date left	Qualifications Gained

Please state if you have any problems with reading or writing yes No

If yes, Please give further information _____

Please summarize your employment History

Occupation	Length of employment	Reason for Leaving	Employer

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References:

Please give the name and address of two references i.e. (A Doctor, a drug worker, a minister of religion, a church worker or social worker.) Who has been helping you, and knows you for more than six months.

First Name: _____

First Name: _____

Surname: _____

Surname: _____

Address: _____

Address: _____

Profession: _____

Profession: _____

Phone No. _____

Phone No. _____

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References one sent Yes <input type="checkbox"/> No <input type="checkbox"/>	Phoned for reference Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Received:
Reference: two sent Yes <input type="checkbox"/> No <input type="checkbox"/>	Phoned for reference Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Received:

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Please put into your own words why you want to come to Teen Challenge
Whitchester House and live in a supported housing environment:

Declaration

I give Teen Challenge Whitchester House to act on my behalf regarding my benefits and acquire any information concerning my medical history from my doctor throughout the duration of the program.

I have completed this application from truthfully and to the best of my knowledge. I understand that any misleading information could jeopardise my entrance into the program or remaining on it.

Printed Name: _____

Signature: _____

Date: _____

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Teen Challenge Whitchester house

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In order to make a decision about your admission to Teen Challenge it may be necessary to contact workers or agencies that have been involved with you. We will only contact people with your permission and any information will be kept Confidential.

It should be remembered, however, that to process your application you must complete all the information requested on this form. Your application might be held up if we are unable to liaise with other workers.

To complete your application it may be necessary to share information given during your assessment with other relevant agencies

First Name: _____

Doctor's Name: _____

Surname: _____

Surname: _____

Present Address: _____

Address: _____

Phone Numbers: _____

D.O.B: _____

Phone Numbers: _____

Age: _____

Nationality: _____

Birthplace: _____

I above named above give my consent for Teen Challenge Whitchester House Staff to obtain written or verbal information about me for the purpose of assisting in my assessment with Teen Challenge From the above Doctor.

Printed Name: _____ Signature: _____

Date: _____

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Health information Sheet

Can you provide some back ground information about your patient named?

To your knowledge has this patient detoxed before? Yes No

(If yes, could you give us any information concerning it?) _____

Are you currently prescribing this patient any medication? Yes No

(If yes, could you give us any information concerning it?) _____

Has this patient any previous mental health problems? Yes No

(If yes, could you give us any information concerning it?) _____

Has this patient any previous learning difficulties that you know of? Yes No

(If yes, could you give us any information concerning it?) _____

Has this patient any current general health problems? Yes No

(If yes, could you give us any information concerning it?) _____

Has the patient got any blood born diseases that you known of?

(If yes, could you give us any information concerning it?) _____

Is there any medical reasons known to you why this patient should not participate in a residential drug / alcohol detoxification and rehabilitation program? Yes No

(If yes, could you give us any information concerning it?) _____

Thank you for helping us to find out our applicants past medical history can you please sign and stamp the bottom of this form

Doctor's Signature

Stamp or label

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First Name: _____

Social worker:

Surname: _____

Present Address: _____

Name: _____

Surname: _____

Address: _____

Phone Numbers: _____

D.O.B: _____

Age: _____

Phone Numbers: _____

Nationality: _____

Birthplace: _____

I above named above give my consent for Teen Challenge Whitchester House Staff to obtain written or verbal information about me for the purpose of assisting in my assessment with Teen Challenge From the above Social Worker.

Printed Name: _____ Signature: _____

Date: _____

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To complete your application it may be necessary to share information given during your assessment with other relevant agencies

First Name: _____

Surname: _____

Present Address: _____

Phone Numbers: _____

D.O.B: _____

Age: _____

Nationality: _____

Birthplace: _____

Probation worker:

Name: _____

Surname: _____

Address: _____

Phone Numbers: _____

I above named above give my consent for Teen Challenge Whitchester House Staff to obtain written or verbal information about me for the purpose of assisting in my assessment with Teen Challenge From the above Probation Officer.

Printed Name: _____

Signature: _____

Date: _____

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To complete your application it may be necessary to share information given during your assessment with other relevant agencies.

First Name: _____

Surname: _____

Present Address: _____

Phone Numbers: _____

D.O.B: _____

Age: _____

Nationality: _____

Birthplace: _____

Solicitor:

Name: _____

Surname: _____

Address: _____

Phone Numbers: _____

I above named above give my consent for Teen Challenge Whitchester House Staff to obtain written or verbal information about me for the purpose of assisting in my assessment with Teen Challenge From the above Solicitor.

Printed Name: _____ Signature: _____

Date: _____

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