

# Nicole's House Admission Request **Date:** \_\_\_\_\_

Name \_\_\_\_\_  
DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Status- Circle: Single Divorced Separated Co-Habit  
Age: \_\_\_\_\_ Current Location-Address \_\_\_\_\_  
Spouse/Boyfriend Name and Contact Info: \_\_\_\_\_  
Last Address: Street \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Emergency Contact Name and Phone: \_\_\_\_\_  
Referred by: \_\_\_\_\_

Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_ Kids' Address? \_\_\_\_\_  
Legal Custody Y/N Guardianship Y/N Name and Phone of current caregiver \_\_\_\_\_  
Are you required to pay support? Y/N Amount \_\_\_\_\_  
Status of Family Relationships: \_\_\_\_\_  
Support Friendships: \_\_\_\_\_  
Education: \_\_\_\_\_  
Job History: \_\_\_\_\_

Medical Insurance? \_\_\_\_\_ Provider: \_\_\_\_\_  
Physical disabilities, Chronic/ongoing conditions: \_\_\_\_\_  
Medications: \_\_\_\_\_  
List current STD or communicable diseases: \_\_\_\_\_

Mental Health Diagnosis, if any: \_\_\_\_\_  
Inpatient psychiatric hospitalizations (please include dates): \_\_\_\_\_  
Any Suicide attempts? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_  
Sexual Abuse History: \_\_\_\_\_  
Domestic Violence: \_\_\_\_\_  
Are you in therapy? \_\_\_\_\_ Therapist: \_\_\_\_\_ Contact# \_\_\_\_\_

Years in Addiction: \_\_\_\_\_ Drug of Choice: \_\_\_\_\_ Length of Sobriety \_\_\_\_\_  
List all Inpatient A&D Treatment, IOP: \_\_\_\_\_  
List any Drug Court Orders-Attendance: Dates and Phase Completed \_\_\_\_\_  
Circle any self- help programs you have attended in past: AA NA CR RU RFL Other \_\_\_\_\_  
Previous Transitional or Half Way Housing \_\_\_\_\_

**Arrest Record:** Include year:  
Misdemeanors: \_\_\_\_\_  
Felonies: \_\_\_\_\_  
Pending Cases: \_\_\_\_\_  
List Jail Times \_\_\_\_\_ List prison Time Served \_\_\_\_\_  
Probation \_\_\_\_\_ How long \_\_\_\_\_ County \_\_\_\_\_ Officer \_\_\_\_\_ Phone No \_\_\_\_\_  
Parole Y/N How long \_\_\_\_\_ Parole Officer Name \_\_\_\_\_ Contact Number \_\_\_\_\_  
Number of Years of Prostitution: \_\_\_\_\_ Any arrests? \_\_\_\_\_ Clean time, if any : \_\_\_\_\_  
Prostitution History (ie. streets, motels, areas of town) : \_\_\_\_\_

Currently incarcerated or inpatient rehab? \_\_\_\_\_ If so, anticipated discharge date \_\_\_\_\_  
Why Nicole's House? \_\_\_\_\_  
Applicants Signature: \_\_\_\_\_

**\*\*\*Please include a letter that recaps your addiction history. .And, answer 2 questions. 1 What is different this time? 2. How does God figure into your current plan of recovery and restoration?**



OFFICE USE: Received \_\_\_\_\_ Intvw Scheduled \_\_\_\_\_  
Other info \_\_\_\_\_