

GOLIATH HOUSE Transitional Living



Dear applicant,

Goliath House is glad you are considering entrance into our transitional house for men with substance use disorders who are desiring to recover. Our staff members are experienced, professional, and dedicated.

Please consider carefully whether or not you will be a good candidate for the House. We have a structured program that works well for those who fully engage with the process. There are three levels of care in our residential facility:

1. Pre-Treatment: defined as after detox and prior to a bed date being held for you at a Treatment Center within two weeks. Applicant must have proof of pre-arranged bed date at treatment facility. Room and board is \$300.00 for the two week period.
2. Short term: defined as eight months or less. Room and board is \$350.00 per month in advance, with a \$150.00 application/bed date hold fee. And \$350 a month for subsequent months.
3. Long Term: defined as eight months with 30 day extensions up to one year as needed. Room and board is \$350.00 per month in advance, with a \$150.00 application/bed date hold fee. And \$350 a month for subsequent months.

Components of the Goliath House Recovery Program include but are not limited to:

Peer Coaching and Recovery Planning

Individual and Group Counseling

Life Skills Individual Assessment and Planning

Education Groups (Financial Management, Anger Management, Parenting, etc.)

Recovery Support Groups

Employment Skills Training

Faith-based Support and Mentoring

You are strongly encouraged to identify a sponsor and attend recovery self-help groups. Church is also an option to attend. Being a resident at Goliath House means you will be part of a community which includes responsibilities such as daily chores.

We work closely with Probation and Parole, with family members, and with employers to facilitate your success. Applications and releases from referral sources must be filled out completely and properly witnessed. Any falsification of information on your application will be grounds for immediate discharge. Do not hesitate to call if you have further questions. Ask to speak to Kari Blevins, the Application Coordinator, who handles the processing of applications. It is our heartfelt desire to see you succeed in life and in your recovery.

Acceptance into the Recovery Program will not be based on race, color, citizen status, religion, creed, gender, sexual orientations, national origin, age, physical or mental disability, marital status, veteran status and political affiliations, prescribed medications, or any other characteristic protected by law. History will not be deterrent unless it would violate probation protocols.

Cynthia Melton, MSW, LCSW, QMHP, CRAADC

CONFIDENTIAL

The purpose for this application is to assess eligibility for admission to Goliath House. Information disclosed is confidential and will be seen only by the Treatment Team for screening purposes. Completion of this documentation is voluntary. In order to be considered, this application must be completed in full. Failure to complete this application will result in a decline in possible services. Discovery of falsification of information once the resident is in the program will result in immediate dismissal.

Please complete the form in its entirety.

Levels of Care

(Check one of the following and provide information requested)

PRE TREATMENT <input type="checkbox"/> Room and board is \$300.00 for a two week period.	SHORT TERM <input type="checkbox"/> Eight months of less. Room and board is \$500 due at time application acceptance. Room and board is \$350.00 due each subsequent months.	LONG TERM <input type="checkbox"/> Eight months with 30 day extensions up to one year as needed. Room and board is \$500 due at time application acceptance. Room and board is \$350.00 due each subsequent months.
Date you were admitted to detox	Requested admission date	Requested admission date
Bed date at Treatment Center	Estimated Discharge Date	Estimated Discharge Date
Requested admission date		
Estimated Discharge Date		

INCOME STATEMENT

Can you provide the initial 500.00 for the first month fees? \$300 for pretreatment and/or \$350 for the subsequent months for short and long term stay?

(Employment or stable income will be a requirement of residency.) ☐ Yes ☐ No

Please explain your income source: _____

GOLIATH HOUSE Transitional Living Intake Form

Name: _____ Age _____

Previous or Permanent Address: _____

City _____ State _____ Zip Code _____

County: _____ Phone # _____ E-mail _____

Date of Birth: _____ Social Security # _____

IN CASE OF EMERGENCY, NOTIFY (prefer nearest relative)

Name: _____ Relationship: _____

Address: _____

City _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____

REFERENCES

List at least two references (not in prison) and relationship with them.

Phone (_____) _____ NAME: _____

Phone (_____) _____ NAME: _____

TELL US ABOUT YOURSELF

Give us your story: (brief version or your past, present and future).

What do you hope to accomplish while living at Goliath House?

MARITAL STATUS

☐ Single ☐ Divorced ☐ Married ☐ Separated ☐ Widowed

Name of Significant other: _____ Phone: _____

Address: _____

City _____ State _____ Zip Code _____

CHILDREN

Do you have any kids? ☐ Yes ☐ No

If the answers yes, explain your relationship with them, and their mother and/or guardian.

Is there an order of protection against you in the state of Missouri? ☐ Yes ☐ No

If yes please explain: _____

EDUCATION

Highest Grade Completed: _____ Diploma: ☐ Yes ☐ No G.E.D.: ☐ Yes ☐ No

If yes, date received & where: _____

Any College, Jr. College, or Technical School, OR plans to continue education? ☐ Yes ☐ No

If Yes, explain: _____

MEDICAL INFORMATION

Is there any medical or mental health conditions or medications you are taking that would hinder you from Goliath House's recovery process? ☐ Yes ☐ No

Please explain: _____

List all medication (prescriptions and non-prescription) currently taking:

<u>Name of Medication</u>	<u>Dosage/How Often</u>	<u>Why Taken</u>	<u>Name and Phone of Prescribing MD</u>

Are you allergic to any medications? ☐ Yes ☐ No

If yes, please list: _____

Are you allergic to anything else, besides medications? ☐ Yes ☐ No

If yes, please list: _____

Have you ever or are currently treated for physical health? ☐ Yes ☐ No

If yes, what was the diagnosis? _____

Did you or are you on any meds for that diagnosis? ☐ Yes ☐ No

If so, please list the medications and dosage? _____

Have you been tested for the following:

HIV ☐ Yes ☐ No Hepatitis C ☐ Yes ☐ No Hepatitis B ☐ Yes ☐ No TB ☐ Yes ☐ No

Are you positive for the following:

HIV ☐ Yes ☐ No Hepatitis C ☐ Yes ☐ No Hepatitis B ☐ Yes ☐ No TB ☐ Yes ☐ No

If yes on any of the above, are you receiving treatment? ☐ Yes ☐ No

Is your TB active or inactive? ☐ Active ☐ Inactive

Have you ever or are currently treated for mental health? ☐ Yes ☐ No

If yes, what was the diagnosis? _____

Did you or are you on any meds for that diagnosis? ☐ Yes ☐ No

If so, please list the medications and dosage? _____

Have you ever THOUGHT of killing yourself? ☐ Yes ☐ No

Have you ever PLANNED how you would kill yourself? ☐ Yes ☐ No

Have you ever ATTEMPTED to kill yourself? ☐ Yes ☐ No

PROVIDER INFORMATION

Physician name: _____ Phone: _____

Address: _____

City _____ State _____ Zip Code _____

Mental Health provider name: _____ Phone: _____

Address: _____

City _____ State _____ Zip Code _____

Dentist name: _____ Phone: _____

Address: _____

City _____ State _____ Zip Code _____

Other Health Care Practitioners _____ Phone: _____

Address: _____

City _____ State _____ Zip Code _____

INSURANCE INFORMATION

Health Insurance Carrier: _____ Policy #: _____

LEGAL/COURT HISTORY

Are you involved in any active cases or current charges (*civil, traffic, criminal*)? ☐ Yes ☐ No

If yes, list charges and location: _____

If yes, indicate the court hearing or trial dates: _____

If presently incarcerated, please state what for and your out date: _____

Are you presently on probation or parole? ☐ Yes ☐ No

If yes, (include DOC #) explain: _____

Do you have any pending cases? ☐ Yes ☐ No

If yes, explain what and where they are: _____

Do you have any past, current or pending sex offense convictions? ☐ Yes ☐ No

If so, are you currently registered? ☐ Yes ☐ No

Incarceration History Dates: _____

Parole/Probation Officer: _____ Phone # _____

Address: _____

City _____ State _____ Zip Code _____

Do you have a back-up home plan? ☐ Yes ☐ No

If yes, what is it? _____

SUBSTANCE USE HISTORY

At what age did you first use drugs and/or alcohol? _____

When was your last drink or other drug use? _____

What is your drug of choice? Primary: _____ Secondary: _____

What's the longest time you have been sober/in recovery? _____ to _____

How did you maintain that? _____

<i>Name of Drug</i>	<i>Last Used</i>	<i>How Often</i>	<i>How Much</i>	<i>Method</i>

Have you ever experienced any of the following when using alcohol or other drugs? (*Check all that apply*)

Loss of memory ☐ Yes ☐ No

DTs ☐ Yes ☐ No

Seizures ☐ Yes ☐ No

Hallucinations ☐ Yes ☐ No

Flashbacks ☐ Yes ☐ No

Blackouts ☐ Yes ☐ No

Extreme Fatigue ☐ Yes ☐ No

"Shakes" ☐ Yes ☐ No

Insomnia ☐ Yes ☐ No

How did you get involved with drugs? _____

Are you currently attending AA/NA or any other self-help organization? ☐ Yes ☐ No

If yes, what are you attending and how often? _____

Do you have a sponsor? ☐ Yes ☐ No

If yes, please provide contact information:

Name: _____

Address: _____

City _____ State _____ Zip Code _____

County: _____ Phone # _____ E-mail _____

SUBSTANCE USE TREATMENT HISTORY:

Have you attended any substance abuse treatment programs? ☐ Yes ☐ No

If Yes, please specify.

Program: _____ Date Started _____ End Date _____

Program: _____ Date Started _____ End Date _____

Program: _____ Date Started _____ End Date _____

Have you participated in a therapeutic community while incarcerated? ☐ Yes ☐ No

If Yes, please specify.

Program: _____ Date Started _____ End Date _____

Program: _____ Date Started _____ End Date _____

Program: _____ Date Started _____ End Date _____

Have you ever attended A.A., N.A., Al-Anon, Celebrate Recovery, or any other self-help group? ☐ Yes ☐ No

If Yes, please specify.

Program: _____ Date Started _____ End Date _____

Program: _____ Date Started _____ End Date _____

Program: _____ Date Started _____ End Date _____

Have you ever attended a SATOP program? ☐ Yes ☐ No

If Yes, please specify.

Program: _____ Date Started _____ End Date _____

Reason: (DWI, MIP, etc.) _____

Program: _____ Date Started _____ End Date _____

Reason: (DWI, MIP, etc.) _____

VEHICLE/DRIVERS LICENSE INFORMATION

Do you have a car?: ☐ Yes ☐ No

Do you plan on bringing your car?: ☐ Yes ☐ No

Make: _____ Model: _____ Year: _____ License Plate info: _____

Car insurance provider: _____ Policy # and Expiration Date: _____

Driver's License information: _____

State

ID#

Expiration Date

Car Registration: _____

State

License Plate Number

Expiration Date

The following information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for placement with our company.

RACIAL OR ETHNIC GROUP

☐ American Indian/Alaskan ☐ Asian/Pacific Islander ☐ Black/African American

☐ Hispanic/Latino ☐ White/Caucasian

GENDER

☐ Other Gender ☐ Female ☐ Male

MILITARY SERVICE

☐ Pre-Vietnam Era ☐ Vietnam Era ☐ Post-Vietnam Era

☐ Disabled Veteran

DISABILITY INFORMATION

Do you have a disability? ☐ Yes ☐ No Are you able to walk up and down stairs? ☐ Yes ☐ No

The following information is for survey purposes only.

HOW DID YOU HEAR ABOUT OUR HOUSE?

☐ Goliath House staff (NAME: _____) ☐ A friend (NAME: _____)

☐ Parole officer (NAME: _____) ☐ Family (NAME: _____)

☐ Pastor (NAME: _____) ☐ Drug court (NAME: _____)

☐ Other (NAME: _____)

Please mail or email form to:

Goliath House

2208 Rhonda Drive

West Plains Missouri 65775

goliathhouse@yahoo.com

For additional information or questions, please call 1 866 99 GOLIATH