

Referral Agency:

## WVCORR Application for Recovery Residence

Date:

"Together We Recover"

Office: 304-359-2185 Fax: 304-359-2306

Email: housing@wvcorr.org

I hereby declare that all the information contained in this application is in accordance with facts or truths to my knowledge. I take full responsibility for the correctness of the said information. Misleading's or information with held in this application will lead into possible discharge.

(By completing this application, you are agreeing to this disclaimer.)

This application must be filled out completely.

Referral Agent:		Contact Number:						
APPLICANT								
First:	Middle:		Last:					
Marital Status:	D.O.B.		Age:					
Gender:								
Social Security:			Telephone # ( )					
Residence Prior to Program Entry:		County:						
Emergency Contact:	Pho	one:	Relationship					
Do you have WV Medicaid? No Yes								
Have you ever been a resident at any WVCORR recovery residence? No Yes								
Are you Currently using any drugs? Aloother narcotics?	cohol, cocaine, he	eroin, marijuana	, opiates, benzos, antihistamines, or any					
How many detoxes have you been in?  Outpatient  Residential								

Prior treatment attempts both In-patient and Out-Patient									
Date:	Location:				How Long:	Completed?			
						1			
Psychiatric History									
Most Recent?		Under Influence? Yes	No						
Any Current Suicidal I	deation?	No		Yes	1 200				
If Yes, Any Plans?	N		Yes						
	<u> </u>								
Any History of Self Ab If Yes, Explain?	use/ Mutilation o	of Self?	No	Yes					
Most Recent?			Under	Influence?	' No	Yes			
Do you have a history of violence towards others? No Yes If Yes Explain?									
Please list all medications you are currently taking.									
Legal History									
Do you have any pend: No Yes	ing cases?				For What?				
Lawyer Name:		Phone #:							
Probation? No	Yes		Parole?	No	Yes				
Name:			Name:		_				
Phone #:		Phone #:							
Where?			Where?						
Do you currently have an open CPS case? No Yes Who is your case worker? Phone #:									
Name, phone number of your provider: (if you have one)									
Do you have child neg or being in the presence If yes explain:		_	ge, or sex offend Yes	ler charges	that would prevent y	ou from interacting			
Did someone fill this at If yes explain:	pplication out for	you?	No Yes						

Note: All application must be completed to be considered a reliable source of information.