Staff use only

Date received: _____

Staff initials: _____

GENESIS RECOVERY SERVICES, INC.

Application for Services

Please do not leave any question blank. If question does not apply to you please indicate by NA.

Applicant Name_____ Date:_____

Services Requested: _____Substance Use Assessment

_____ Residential Treatment

Reason why services are being requested:

_____

_____

Who referred you to this program:

_____

Have you had a Substance Use Assessment in the last 90 days?

_____Yes _____No

Where did you have this Assessment done_____

What were its recommendations_____

****If you are requesting this Assessment be used to support your need for treatment, we must have a copy of the Assessment and a signed Release of Information allowing us to contact the agency who did this Assessment.

Ethnicity / Gender Status information is optional:

Race/Ethnicity:_____ Male_____Female_____

Date of Birth: _____Social Security Number: _____

Marital Status: _____Single___Married_____Divorced_____Separated _____Widowed

Children: _____Yes _____No How many?_____

Where do they currently reside:_____

Have you ever had any Office of Children Services (OCS) involvement:

Please explain in detail these OCS situations:

GENESIS RECOVERY SERVICES, INC.
Application for Services

Applicant Name_____ Date:_____

Mailing Address: _____

_____

_____

Phone Number: _____

Message Phone: _____

Employer: _____ Phone Number:_____

Length of Time Employed: _____

Educational Information:

Highest Grade Completed:_____Diploma_____ GED_____

Vocational School:_____

Last employed: _____

Legal Information:

Name of Attorney:_____

Phone Number: _____

Are you currently on Probation:_____Yes _____No

Probation Officer:_____Phone Number:_____

Do you have any current charges, if so please list them:

_____

_____

Past criminal charges, if so, please list- what was the outcome/result:

_____

_____

_____

Medical Information:

Current Physician's Name:_____

Address: _____

Phone Number:_____

Current Medical Conditions / and or Allergies:

_____

_____

_____

List Current Prescribed Medications:

Type of Medication Reason why you take this medication

_____

_____

_____

_____

GENESIS RECOVERY SERVICES, INC.
Application for Services

Applicant Name_____ Date:_____

Do you have a disability that might affect your treatment need? ____Yes ____No
Please explain:

_____

_____

_____

Substance Use History: Do you now or have you ever used or tried any of the following substances?

Substances	Age first Use	Age Last Use	How Often Used	How much did you Use.	Date last Used	How Used: (Oral, IV, Smoke, Snort, etc
Amphetamine						
Speed, Uppers						
Amyl Nitrate						
Barbiturates						
Benzodiazepine						
Cocaine/Crack						
Codeine						
Heroin						
Inhalants						
LSD (ACID)						
Marijuana/Weed						
Opium						
PCP/Angel Dust						
Percodan						
Peyote						
Quaaludes						
Spice						
Suboxone						
Other Stimulates						
Tobacco						
Alcohol						

Have you experienced any blackouts/ overdosing/or negative physical conditions due to your use of substances within the last 12 months?

_____

_____

_____

_____

GENESIS RECOVERY SERVICES, INC.
Application for Services

Applicant Name_____ Date:_____

Physical or medical problems:

□ Increased tolerance □ Hangovers □ Liver disease

□ Stomach ailments

□ Experiences withdrawal symptoms

□ Heart ailments

□ Blackouts □ Other medical problems

Previous or Current Substance Use Treatment:

Where Dates:

_____ _____

_____ _____

_____ _____

Previous or Current Mental Health Treatment:

Where Dates:

_____ _____

_____ _____

_____ _____

Previous or Current Substance Use Treatment:

Where Dates:

_____ _____

_____ _____

_____ _____

Financial Information: Payment is required at the time of appointment

How will you be paying for your services: _____ Cash

_____ Medicaid

_____ Other-Please explain

_____

Name of Insurance Company:

_____

Medicaid Number:_____

Additional Information you would like to include in this application:

_____

_____

_____ _____

Applicant Printed Name Date

_____

Applicant Signature