GOFORTH RECOVERY
Men's & Women's Residential Recovery Program & Transitional Living Home for Alcoholics & Drug Addicts
MENS 864.586.5885 ● WOMEN'S 864.804.8671 ● admissions@goforthrecovery.com

GOFORTH RECOVERY RESIDENCY APPLICATION

DATE: _____ / _____ / _____ DOB: _____ / _____ / _____ GENDER: ☐ MALE ☐ FEMALE

NAME: _____ TELEPHONE: (_____) _____ - _____

SSN: _____ - _____ - _____ EMAIL ADDRESS: _____

ADDRESS: _____

CITY _____STATE: _____ ZIP _____

EMERGENCY CONTACT: _____ TELEPHONE: (_____) _____ - _____

RELATIONSHIP: _____

DRIVER'S LICENSE OR ID NUMBER: _____ STATE: _____ VALID LICENSE: ☐ YES ☐ NO

VEHICLE MAKE AND MODEL: _____ TAG NUMBER: _____

INSURANCE POLICY HOLDER: _____ POLICY NUMBER: _____

EDUCATIONAL INFORMATION

HIGH SCHOOL GRADUATE OR GED? ☐ YES ☐ NO HIGHEST GRADE COMPLETED _____

TECHNICAL/TRADE SCHOOL? ☐ YES ☐ PROGRAM OF STUDY _____

COLLEGE GRADUATE? ☐ YES ☐ NO YEARS COMPLETED _____

FAMILY INFORMATION

MARRIED/COHABITANT ☐ DIVORCED/SEPARATED ☐ SINGLE/NEVER MARRIED ☐

SPOUSE/SIGNIFICANT OTHER'S NAME _____

DO YOU HAVE CHILDREN? ☐ YES ☐ NO HOW MANY: _____

FATHERS NAME: _____ TELEPHONE: (_____) _____ - _____

DECEASED? ☐ YES ☐ NO

ADDRESS: _____

CITY _____STATE: _____ ZIP _____

HISTORY OF ABUSE (SUBSTANCE/PHYSICAL/EMOTIONAL)? ☐ YES ☐ NO

DESCRIBE

_____

_____

MOTHERS NAME: _____ TELEPHONE: (_____) _____ - _____

DECEASED? ☐ YES ☐ NO

ADDRESS: _____

CITY _____STATE: _____ ZIP _____

HISTORY OF ABUSE (SUBSTANCE/PHYSICAL/EMOTIONAL)? ☐ YES ☐ NO

DESCRIBE

_____

_____

LEGAL INFORMATION

PROBATION/PAROLE OFFICER: _____ TELEPHONE: (_____) _____ - _____

CONVICTED OF A VIOLENT FELONY? ☐ YES ☐ NO

COMMITTED/BEEN CHARGED WITH ARSON? ☐ YES ☐ NO

COMMITTED/BEEN CHARGED WITH A SEXUAL OFFENSE? ☐ YES ☐ NO

DO YOU HAVE ANY OUTSTANDING OFFENSES? ☐ YES ☐ NO

LIST **ALL** CURRENT/PENDING CHARGES AND PAST CONVICTIONS INCLUDING SEXUAL OFFENDER'S ACT

_____

_____

_____

FINANCIAL INFORMATION

ARE YOU ABLE & WILLING TO WORK TO PAY FOR THE PROGRAM RESIDENCY FEES? ☐ YES ☐ NO

PHYSICAL CONDITIONS OR DISABILITY: _____

ARE YOU CURRENTLY EMPLOYED? ☐ YES ☐ NO JOB SKILLS/TRADE: _____

EMPLOYER: _____ TELEPHONE: (_____) _____ - _____

HOW LONG EMPLOYED: _____ SALARY: $_____ PER HOUR: $ _____

OTHER INCOME (EXPLAIN): _____

MONTHLY EXPENSES: _____

SOURCE OF WEEKLY PAYMENT: _____

ARE YOU COURT ORDERED TO PAY CHILD SUPPORT? ☐ YES ☐ NO AMOUNT $ _____

ARE YOU BEHIND ON CHILD SUPPORT PAYMENTS? ☐ YES ☐ NO

DO YOU PAY FEES/RESTITUTION? ☐ YES ☐ NO AMOUNT AND FREQUENCY _____

MEDICAL INFORMATION

LOCAL PHYSICIAN: _____ TELEPHONE: (_____) _____ - _____

CURRENT MEDICATIONS TAKEN (PLEASE EXPLAIN WHY):

_____

_____

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DO YOU HAVE A HISTORY OF?

SEIZURES ☐ YES ☐ NO IF YES, DATES _____

DIABETES ☐ YES ☐ NO IF YES, DATES _____

HYPERTENSION ☐ YES ☐ NO IF YES, DATES _____

HAVE YOU TESTED POSITIVE FOR?

TB ☐ YES ☐ NO

HEPATITIS ☐ YES ☐ NO

HIV/AIDS ☐ YES ☐ NO

ANY DIAGNOSIS OF SCHIZOPHRENIA OR OTHER PSYCHOLOGICAL DISORDER? ☐ YES ☐ NO

HAVE YOU EVER BEEN INVOLUNTARILY COMMITTED TO INPATIENT OR OUTPATIENT CARE? ☐ YES ☐ NO

REASON: _____

HOSPITAL & DATES: _____

HAVE YOU BEEN DIAGNOSED WITH A LEARNING DISABILITY? ☐ YES ☐ NO WHAT: _____

HAVE YOU EVER "HEARD VOICES"? ☐ YES ☐ NO DATE OF LAST INCIDENT _____

HAVE YOU EXPERIENCED HALLUCINATIONS? ☐ YES ☐ NO DATE OF LAST INCIDENT _____

ARE YOU SUICIDAL? ☐ YES ☐ NO

HAVE YOU EVER TRIED TO COMMIT SUICIDE OR ENGAGE IN SELF HARM? ☐ YES ☐ NO

HAVE YOU EVER BEEN DIAGNOSED WITH BIPOLAR DISORDER? ☐ YES ☐ NO WHICH TYPE? _____

HAVE YOU EVER BEEN A VICTIM OF A VIOLENT CRIME? ☐ YES ☐ NO

EXPLAIN _____

LIST CURRENT PRESCRIBED OR OVER THE COUNTER DRUGS AND REASON FOR TAKING (ATTACH ADDITIONAL SHEET IF NECESSARY)

DRUG NAME	**DOSAGE & TIME**	**REASON**

ADDICTION

DRUG OF CHOICE(*List Alcohol*): _____

SOBRIETY DATE: _____ / _____ / _____

DO YOU CONSIDER YOURSELF AN ALCOHOLIC/ADDICT? ☐ YES ☐ NO

ON A SCALE OF 1 TO 10, HOW SERIOUS OF A PROBLEM DO YOU THINK YOU HAVE WITH DRUGS OR ALCOHOL?

(*CIRCLE ONE*) **NO PROBLEM** 1 2 3 4 5 6 7 8 9 10 **VERY SERIOUS**

ON A SCALE OF 1 TO 10, HOW MOTIVATED ARE YOU TO MAKE CHANGES IN YOUR LIFE AT THIS TIME?

(*CIRCLE ONE*)**NOT MOTIVATED** 1 2 3 4 5 6 7 8 9 10 **VERY MOTIVATED**

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SUBSTANCE ABUSE INFORMATION

PLEASE LIST, IN ORDER OF PREFERENCE, ALL DRUGS USED PAST AND PRESENT. ATTACH ADDITIONAL SHEETS IF NECESSARY.

DRUG	AGE AT FIRST USE	AMOUNT USED	DATE OF LAST USE

ARE YOU CURRENTLY ATTENDING 12 STEP MEETINGS? ☐ YES ☐ NO HOW MANY PER WEEK? _____

DO YOU HAVE A SPONSOR? ☐ YES ☐ NO

SPONSOR: _____ TELEPHONE: (_____) _____ - _____

ARE YOU WORKING OR WILLING TO WORK THE 12 STEPS? ☐ YES ☐ NO

HAVE YOU EVER BEEN IN A TREATMENT PROGRAM? ☐ YES ☐ NO

NAME: _____ LOCATION _____ DATE _____

LENGTH OF STAY _____ DID YOU COMPLETE THE PROGRAM? ☐ YES ☐ NO

HAVE YOU EVER LIVED IN A RECOVERY HOME? ☐ YES ☐ NO

NAME: _____ LOCATION _____ DATE _____

REASON FOR LEAVING

I STATE THAT IF HAVE ANSWERED THIS APPLICATION TRUTHFULLY. I UNDERSTAND THAT IF ACCEPTED TO GOFORTH RECOVERY THAT ANY MISINFORMATION AND/OR DISHONEST ANSWER MAY BE GROUNDS FOR MY DISMISSAL.

_____ _____

SIGNATURE DATE

_____ _____

WITNESS DATE

PRIVACY & PROTECTION OF RESIDENT INFORMATION

GoForth Recovery does not meet the definition of a covered entity or business associate as defined by 45 CFR 160.103 and is not subject to or required to comply with the HIPAA Rules and Guidelines. Our current GoForth Recovery resident private confidential information and data collection practices would be considered Protected Health Information (PHI) under HIPPA, therefore GoForth Recovery follows the ***NARR 3.0 Standard 6*** *to "Protect resident information It is best practice that residences be guided by HIPPA laws."*

GoForth Recovery best practices include strict policies and protocols to protect confidential resident information and PHI including the multi-layered information storage security and secure resident CRM with identity verification and restricted access. Applicant PHI submitted online through https://goforthrecovery.com is securely encrypted. All GoForth Recovery resident privacy information, PHI, personal and confidential information, regardless of HIPPA or minimum legal requirements will be protected.

LIMITED USE AND DE-IDENTIFIED PHI CONSENT

Under HIPAA GoForth Recovery's Protected Health Information (PHI) ceases to be PHI if it is stripped of all identifiers that can tie the information to an individual. The removal of identifiers is referred to as de-identified PHI and HIPPA rules do not apply to de-identified PHI.

GoForth Recovery utilizes and releases limited use and de-identified data internally and externally for the purposes of operational improvement, statistics and metric tracking, resident outcomes, demographics, grant writing and fundraising, and the addiction recovery community.

I HAVE BEEN PROVIDED THE **PRIVACY & PROTECTION OF RESIDENT INFORMATION** AND CONSENT TO THE RELEASE OF **LIMITED USE AND DE-IDENTIFIED PHI**

_____ _____

SIGNATURE DATE