



City:

Pre-Admission/Admission Applicant Information (Form 4)

Staff:

Today's Date:

Time: Desired Move-in Date:

Reason for Move: Applicant Name: Date of Birth:

Phone: Current Address: City:

State:

Zip Code: Own or Rent:

Monthly Payment or Rent: How Long at this address? Previous Address:

State:

Zip Code: Own or Rent:

Monthly Payment or Rent: How Long at this address? Where Have you lived for the past 6 Months:

Identification: Valid State I.D.

Valid Driver's License

Social Security Card DBirth Certificate Convicted of a Violent Crime? Convicted of a Sexual Offense?

SNAP Benefits?

Marital Status Married

Separated

Divorced Widowed

Registered Partnership Do you have Children: Yes No If yes, who is caring for them:

Level of Education:

OVeteran?

Pregnant? Who referred you to us?

Recovery and Substance Use History Have you been a resident of the Canyon House before? Yes No

If Yes When: Have you sought services for a substance use disorder in the past? Yes No

If Yes, please list all: Where:

When:

Length of Stay: Where:

When:

Length of Stay: Where:

When:

Length of Stay:

Substance Use History: Drug of use :

Last Use:

How Much:

Method: Drug of use :

Last Use:

How Much:

Method: Drug of use :

Last Use

How Much:

Method: Alcohol Use Yes No If Yes , How Much:

How Often: Probation Parole/Court/Legal issues Pending Charges or Legal Issues:
Yes No | If yes, please explain:

Upcoming Court Dates:

Yes No

If yes, please explain:

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Are you currently in a Prison or Jail

Yes

No | If yes, where :

Are you Court Ordered to the Canyon House Yes No

If yes, please provide a copy of Court Order upon arrival County:

Judge :

Obtained order Yes Are report to a Probation Officer (Yes No Name/Phone :

Misdemeanor Conviction: Yes No

If yes, please list:

No

Felony Conviction in the past 3yrs: Yes No | If yes, please list:

Emergency Contact and Health Information Emergency Contact:

Relation: Parent Spouse Sibling a Friend Other Address:

Phone Number: Do you have Medical Insurance: Yes No . If Yes, Please List:

Please check all that apply: Diabetes Heart

Liver Hepatitis Seizures Other Disease Disease Please Describe: Please

List any Medications you are currently taking:

How Long: T.B. Skin Test Dyes No If Yes, Date of last test: Positive or Negative

Card: DYes No

If Positive, were you referred for treatment: DYes Preventative T.B. medications:

Yes No If Yes, where: Previous Diagnosis and Treatment History: Yes No If Yes, please list diagnosis: Mental Health Symptoms or Conditions: Dyes No - If Yes, please explain?

No

No | If yes, how many times?

Have you attempted Suicide in the past: Yes Did you have a specific plan?

Were you under the influence at the time: Yes No

When was your last attempt?

According to the Stewart B. McKinney Act, 42 V.S.S. 11301 (1994), a person is considered homeless who "lacks fixed, regular, and adequate nighttime residence and has a primary nighttime residency that is (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations ... (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. "42, U.S.C. 11302 (a) The term "homeless individual does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or state law." 42 U.S.C 11305 (c)

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Canyon House

Resident Release of Information (Form 3B) Client Name:

Date of Birth: **SSN:** I understand that my express consent is required to release any health care information relating to testing, diagnosis, or treatment of psychiatric disorders/mental health, as well as drug and alcohol use, from the Canyon House, as well as any other such agency or a medical practice from which I have received services. If I have been tested, diagnosed, and treated for psychiatric disorders, mental health, or drug and alcohol use, I specifically authorize the release of all health care information relating to such testing, diagnosis, and treatment to/from the person or entity listed below. -I am giving this consent voluntarily and have been informed of the type of information requested. Information may be released in either written or verbal format. The benefits and disadvantages of releasing information have been explained to me. I understand that provision of service does not depend on my decision concerning the release of information. However, in certain limited circumstances, due to the legalities of some service providers, I may be denied services, if necessary, consent is not given.

TIME LIMITATION OF RELEASE: This consent is valid until I move out or due to a violation of house guidelines asked to leave the Canyon House. I may revoke this consent at any time by signing the revocation section at the end of this document, except to the extent that information has already been released based upon it. I understand that if I am participating in the program as a

formal condition of my parole, probation, or order of the court, I cannot revoke this authorization until the confinement, parole, or probation, is formally released on my behalf by such authority.

Information to Be Released

Purpose of Release Evaluation/Assessment

At the request of the Resident Medication/Laboratory Reports

Continuity of Care Recovery Live History

External Quality/Utilization Review Drug/Breathalyzer Results

Compliance with Court-Ordered Recovery Services Progress Report/Notes

Other: Immunization Record

Other: Treatment/Service Plans

Other: Discharge Information Assignment Record Sheet Waiting List/Bed Availability

Other: This information may be Disclosed To:

Received From: Name of Person and Agency: Address: Phone Number: **Please Check One:**

I agree with the person/entity above being informed that I am no longer a resident of the Canyon House if I am discharged or discharge myself

from the residence. This information will be given only if the above person contacts this residence. I do not agree to the person/entity identified above being informed that I am no longer in the

Canyon House, in the event I am discharged or discharge myself from the residence.

Signatures Resident Signature:

Date: Staff/Witness Signature:

Date: Notice to the Recipient: This information has been disclosed to you from records protected by Federal confidentiality rules (42 C.F.R. Part 2). Federal regulations prohibit any party from making further disclosure of this information "unless further disclosure is expressly permitted by the written consent of the person to whom it pertains" or is otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Revocation of Authorization I hereby revoke the authorization of any information noted on this document to the person or entity listed. I understand that if my residency is a formal condition of my parole, probation, or order of the court, I cannot revoke this authorization until the confinement, parole, or probation is formally released on my behalf by such authority. Resident Signature:

Date:

