

Pre-Admission Application (Men Only)

***Completed Application does not Guarantee Eligibility or Admission**

Date: _____

Contact Phone # _____

Name: _____ Age: _____ DOB: _____ Race: _____
 Sexual Orientation: _____ SS#: _____ Marital Status: _____
 Are you in a relationship? Y__ N__ If yes, how long _____ Does your significant other use drugs or alcohol? Y__ N__
 Last time you used Drugs or Alcohol: _____ How long is Longest Period of clean/sober time ever: _____ When? _____
 Emergency Contact: _____ Relationship: _____ Phone: _____
 Where or with whom are you staying? _____ Address: _____

Who Else in Your Family or immediate network Uses D/A			Most Recent Relationships:			
____ Mother	____ Father	____ Brother(s)	Start Date	End Date	Name	Drug/Alcohol Use?
____ Sister(s)	____ Stepmother	____ Stepfather				
____ Aunts/Uncles	____ Cousins	____ Children				
____ Grandparents	____ Other: _____					

Drug/Alcohol Use (Order of Preference)				Medical/Disease Screening		Mental Health Conditions	
	Substance	Method of Use	Age of 1 st Use	Date	Result		
1 st Choice				HIV _____	_____	____ Schizophrenia	
2 nd Choice				HEP _____	_____	____ Anxiety	
3 rd Choice				TB _____	_____	____ Depression	
Check All That Apply ____ Alcohol ____ Heroin ____ Marijuana ____ Crack ____ Cocaine ____ Hallucinogens ____ OTC ____ Meth ____ Pain pills ____ Inhalants ____ IV Drugs ____ Spice Other Substances used: _____ # Overdoses? ____ # Narcan used on you? ____ Most Recent ____				Covid Test/Result: _____ COVID VAC: _____ 1 st _____ 2 nd _____ Booster: _____		____ Bi-Polar ____ Personality Disorder ____ PTSD ____ Past Trauma	
				Have you had Covid? Y__ N__ When did you have Covid? _____		OTHER: _____	

Program History: Detox/Treatment/Sober Living				
Date Month/Year	Name of Program	Program Type	Length of Stay	(Completed Program, Left Prematurely or Terminated)
1.				
2.				
3.				
4.				

Mental Health Treatment History Inpatient or Outpatient

Current Mental Health Provider: _____ Phone: _____
 What mental health condition do you need/ want help with? _____
 Mental Health Medications current prescribed or may need to be prescribed: _____
 Do you need Pathway to help you get medication and refills? Y__ N__ If yes, how soon? _____
 Any current suicidal thoughts/feelings? Y__ N__ Past suicide attempts? Y__ N__ Number of attempts? ____
 Date/method/outcome of last attempt? _____
 Have you been hospitalized for mental health issues? Y__ N__ If yes, When, and where? _____

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Medical History

List any other medical conditions, issues, or medications not previously disclosed: _____

List any mobility issues (stairs, standing, lifting, walking): _____

List any Allergies (food, medication, seasonal)? _____

Physician: _____ Provider: _____ Phone #: _____

Described any urgent Dental or Vision concerns: _____

My signature authorizes Pathway to contact ALL healthcare providers listed on this application: _____

Justice Involvement

Please be forthcoming about **all past and present** criminal justice involvement to help Pathway identify potential funding for your residency. You may be eligible for Recovery Works or Trustee Assistance if you meet their criteria. We also use this information for grant applications designed to help individuals with past or present criminal justice involvement. **Pathway is here to advocate for a positive outcome on YOUR behalf.**

- In total, estimate the number of: Arrests: _____ Incarcerations: _____ Misdemeanors: _____ Felonies: _____
- Last 5 years, estimate the number of: Arrests: _____ Incarcerations: _____ Misdemeanors: _____ Felonies: _____
- Are you on probation or parole? Y _____ N _____ If yes, for what charge? _____
- Length of probation or parole? _____ What County: _____ Probation Officer: _____
- List all pending or unresolved criminal justice issues you want us to advocate for on YOUR behalf. _____
- Total Fees & Fines owed? _____ Upcoming Court Dates, hearing, or Probation appointments: _____

-VIOLENT CRIMES-

Have you been convicted of a violent crime? Y _____ N _____ If yes, when was the most recent? _____

If yes, were you under the influence of drugs and or alcohol at the time? Y _____ N _____ Was anyone hurt? Y _____ N _____

If yes, who was hurt and what was their relationship to you? _____

What violent crime(s) were you convicted of? _____

How many violent crimes have you been convicted of (separate incidents): _____ Past Protective Orders? Y _____ N _____

-SEX CRIMES-

Have you been convicted of a sex-crime? Y _____ N _____ If yes, when (month/year)? _____ What County? _____

What sex crime were you convicted of? _____

Are you required to register as a sex offender? Y _____ N _____ What County and State: _____

Employment History Experience

From	To	Company	Position	Reason for Leaving

Can you Work? Y _____ N _____ If No, what is the reason? _____

Do you have any income or source of income? Y _____ N _____ Amount per month: _____ Income Source: _____

Do you have any disability which would prevent you from working? Y _____ N _____ If yes, describe: _____

Have you applied/plan to apply for disability? Y _____ N _____ Education: Highest grade completed: _____

Type/Names of Degrees: _____ Trades/Skills: _____ Type of job you would prefer? _____

Other Information

Veteran? Y ____ N ____ Service Dates: _____ to _____ Branch: _____ Type of Discharge: _____

Check any of the following documents that are Valid (Current) And in your possession:

Valid State ID: ____ Valid Indiana Driver's License: ____ Birth Certificate: ____ Social Security Card: ____ Health Ins Card: ____

Will you have a vehicle at Pathway: Y ____ N ____ Owner's Name on Title: _____ Car Insurance: Y ____ N ____

Support Network Information

Do you have a 12-step Sponsor? Y ____ N ____ Name: _____ Phone #: _____

Who is the most important person supporting your recovery?: _____ Phone #: _____

SUCCESSFUL DISCHARGE CRITERIA IS DETERMINED BY MEETING THE FOLLOWING FOR AT LEAST 6 MONTHS

1. **Become Substance-Free** by actively using a 12-step sponsor, participating in Pathway's full house program including daily groups & meetings, passing all drug and alcohol screens, creating a strong support network, and consistently working on service plan goals.
2. **Become emotionally & mentally stable by** participating in counseling, attending appointments as scheduled, complying with mental health treatment plan, and taking medications as directed.
3. **Become financially self-sufficient** by obtaining gainful employment with consistent hours and pay to create positive work habits and practice responsible behavior by paying rent on time and complying with budget.
4. **Remain at Pathway-1** (entry level program) for a least six months before exiting to a safe, affordable, substance free housing destination with staff assistance.

What is your main reason or motivation for seeking help? _____

What Issues are most important to you (in order) Homelessness, addiction, mental health, job, legal, family, other? _____

What do you think has been your biggest challenge to staying clean and sober in the past? _____

What are you willing to do or what do you need to do differently to stay clean and sober this time? _____

What are your concerns or questions about coming to Pathway? _____

Send applications to William Clayton wclayton@pathwaytorecovery.org or Kat Stuart kstuart@pathwaytorecovery.org or mail/deliver to Pathway to Recovery 2135 N Alabama St, Indpls, IN 46202 or F-317.926.2250. Tel- 317.926.8557

I have reviewed the discharge criteria and understand Pathway is a minimum 6-month program and request consideration for admission. Pathway may contact those listed to verify my information.

Applicant Signature: _____ Date: _____

Printed Name: _____