



EMMANUEL HOUSE – APPLICATION FORM

Name: _____ **Telephone:** _____

Address: _____

Date of Birth: _____

Referral Source: _____ **Telephone:** _____

Address: _____

1. WHAT IS REASON FOR REFERRAL? (presenting problems/concerns)

2. FAMILY HISTORY/RELATIONSHIPS: (eg. history of child abuse, separation, loss in family of origin)

3. HOUSING ENVIRONMENT PRIOR TO EMMANUEL HOUSE:

4. FINANCIAL SITUATION:

5. EDUCATION & EMPLOYMENT HISTORY:

6. PHYSICAL HEALTH HISTORY:

7. MENTAL HEALTH HISTORY: (eg past/present diagnosis, suicidal ideation, self-harming behaviors).

8. SEXUAL HEALTH HISTORY:

9. CURRENT MEDICATIONS:

10. SUBSTANCE ABUSE & GAMBLING HISTORY:

11. RELATIONSHIP ISSUES: (eg social/communication skills, natural supports)

12. COMMUNITY INVOLVEMENT: (eg is applicant attending a day program or treatment program?)

13. HISTORY OF VIOLENCE

14. INVOLVEMENT WITH LEGAL SYSTEM:

15. LIFE SKILLS ABILITIES (eg, cooking, cleaning, budgeting, recreation/leisure skills, personal hygiene):

16. CAN THIS PERSON PARTICPATE IN GROUP THERAPY AND COMMUNAL LIVING? Note any concerns

17. STRENGTHS:

18. REFERRAL SOURCE IMPRESSIONS AND CONCERNS:

APPLICATION-EMMANUEL HOUSE

APPLICANT'S NAME: _____

MEDICAL HISTORY

(to be completed by a physician)

*Medical and/or psychiatric diagnosis: (please include whether individual has any communicable diseases).*_____

Current prescribed medications:

Comments:

Physician's Signature

Date

APPLICATION- EMMANUEL HOUSE

TO BE COMPLETED BY APPLICANT

Identify the challenges/difficulties you feel you need to work on:

1. *What do you hope to learn at Emmanuel House that would make things different for you?*

2. **What are your strengths and weaknesses?**

Signature: _____

Date: _____