



HOUSE OF CHERITH

Recovery Program Application

Demographics

Client Name:	Date:
Date of Birth:	City and State (or Country) born in:
SS#:	Referring Agency Name and Number:
Ethnicity/Race:	Emergency Contact Name & Number:
Primary Language of Client:	Your Contact #:

Vital Documents

Do you have the following?	YES	NO	STATE	Where is it located?	Comments:
Driver's License					
State ID Card					
Birth Certificate					
Social Security Card					
Passport					

Please send completed application to intake@hocatl.org



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Needs Assessment

What are you seeking help for? Please be detailed:
Have you experienced sexual exploitation, trafficking, or domestic violence?
What events led to your need for this program?
Are you currently homeless? How long have you been homeless?
Where are you currently living /with whom?

Family Relationships

Do you have children? If yes, list names and ages.
Where are your children currently living? Who has custody of them?
Are you required to pay child support? If so, how much per month? What are your current payments?
Spouse Information: Name, Age, Location, Status, Etc.

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Legal Status

Have you ever been arrested in your lifetime? Yes No	How many times?	
Are you on probation? Yes No	What is/are the charge (s)?	
Are you on parole? Yes No	What is/are the charge (s)?	
Are you mandated to treatment?	Please provide mandated documentation.	
What is the name & number for your PO?		
Are you presently awaiting charges, trial or sentencing (Y/N)? Please indicate:		
Are you a registered sex offender or sexual predator?		
Past or Current Legal Problem (Select ALL that apply)		
<input type="checkbox"/> None	<input type="checkbox"/> Gangs	<input type="checkbox"/> DUI/DWI:
<input type="checkbox"/> Arrests	<input type="checkbox"/> Conviction	<input type="checkbox"/> Detention
<input type="checkbox"/> Jail	<input type="checkbox"/> Probation	<input type="checkbox"/> Drug Charges:
<input type="checkbox"/> Shoplifting/vandalism/theft	<input type="checkbox"/> Parole/probation violations	<input type="checkbox"/> Forgery?
<input type="checkbox"/> Weapons offense	<input type="checkbox"/> Burglary, larceny, B & E?	<input type="checkbox"/> Robbery?
<input type="checkbox"/> Rape/sex-related crimes	<input type="checkbox"/> Homicide, manslaughter	<input type="checkbox"/> Prostitution?
<input type="checkbox"/> Parole/probation violations	<input type="checkbox"/> Assault?	<input type="checkbox"/> Arson?
How many times in your life have you been charged with the following:		
Disorderly conduct:	Vagrancy:	Public intoxication:
MIP (Minor Possession):		

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Education

Educational Level (select one):
<input type="checkbox"/> Less than 12 years - enter grade completed ___
<input type="checkbox"/> Some college or tech school <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> College Graduate
If still attending, current School/Grade:
Vocational School/Skill Area:
College/Graduate School - Year Completed/Major:
Vocational Referral Needed <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Diagnosed Learning Disabled <input type="checkbox"/> History of Special Education

Income History

Are you currently receiving income from any of the following sources: (Select ALL that apply.)		
TANF	Food Stamps	Governmental Aid
SSI	Child Support	Other:
If yes, what is the total monthly amount you receive?		
Are you currently employed?		
Current Occupation:		
Date of Last Employment:		

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Alcohol/Drug Abuse History

TYPE	YES	NO	LAST USED
Alcohol			
Cocaine			
Ecstasy			
Heroin			
Marijuana			
Methamphetamine			
Nicotine			
Prescription Drugs			
Other:			
Other:			

Treatment Facility History

How many treatment facilities have you attended?
List any treatment facilities attended.
How many treatment facilities have you completed?
List any treatment facilities completed.

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Mental Health Status

Have you ever been diagnosed with a mental health condition?
If so, what was the diagnosis?
Were you hospitalized?
Were mental health medications prescribed?
List medications and dosages.
Do you have a history of cutting or harming yourself? If so, when was your last incident?
Have you ever attempted suicide? If so, when?

