



Advocate House

P. O. Box 9083
 Huntington, WV 25704-0083
 Fax Number: (740) 451-0509
 Website: advocatehouse.com
 Email: advocatehouse@yahoo.com

Please mail/fax/email the application to Advocate House.

For more information please contact the Intake Coordinator at (740) 744-5477

ADMISSIONS APPLICATION

ALL BLANKS MUST BE COMPLETED!

Name:		Date:
Residence:		Phone:
Age:	Date of Birth:	SSN:
Race:	Marital Status:	Children:

Education Completed:	Do you have a Current State ID? Yes or No
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Have you been in our house before? Yes or No	When:
Why have you chosen our house?	

Referred by (Name)	(Agency)
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MEDICAL/PSYCHIATRIC HISTORY			
Psychiatric History		Yes or No	
Where?		When?	
Reason for admission:			
Current medical conditions including HEP C, AIDS, HIV positive, etc.:			
Current emotional status:			
Current Medication	For What?	Current medication	For What?
Have you ever attempted suicide? Yes or No			

ALCOHOL/DRUG TREATMENT PROGRAMS/HOUSES			
Where:	When:	Length:	
Detoxification:	When:	Length:	
If you are currently in an alcohol/drug treatment program what is your expected date of release?			
Have you ever been to AA? Yes No		Have you ever been to NA? Yes No	

ALCOHOL/DRUG HISTORY	
Are you an alcoholic? Yes No	Date you last drank:
Are you an addict? Yes No	Date you last used:
Seizures? Yes No	If yes date of last seizure:
History of DT's? Yes No	Blackouts? Yes No

ALCOHOL/DRUG HISTORY CONTINUED

Marijuana? Yes No	Hallucinations? Yes No
Cocaine? Yes No	Valium? Yes No
List any other drugs and date last used:	
Longest period of previous sobriety?	

EMPLOYMENT

Work Experience:
How long:

Are you receiving any other form of compensation? If yes, what type?

LEGAL HISTORY

List all charges pending:

Are you currently in jail? Yes No	For what?
Lawyer's Name:	
Lawyer's Phone Number:	
Lawyer's Email Address:	

Case Worker's Name:	
Case Worker's Phone Number:	
Case Worker's Email Address:	

Probation? Yes No	If yes for what?
Probation Officer's Name:	Phone Number:

Parole? Yes No	If yes for what?
Parole Officer's Name:	Phone Number:

Are you a convicted felon? Yes No	For what?
Have you been convicted in the last 7 years of a drug felony? Yes No	If yes when?
Have you ever been classified a sexually oriented offender or sexual predator? Yes No	
Have you ever been convicted of arson? Yes No	

What is your financial plan to pay the program fees and purchase essentials?
Are there any other statements you would like to make?