



Sober Living Center
 Chinle Treatment Center
 PO Box 777
 Chinle, Arizona 86503
 Ph: 928-674-2190

PROGRAM APPLICATION

Forms must be complete prior to potential review by clinical admission team. Incomplete forms will delay the admission process.

Referral:

Name/Title and Agency _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

For Clinician Referral: Complete Clinician Referral – Admission Assessment, pages 5-6

Applicant Name: _____ **DOB:** _____ **SS#:** _____

Address: _____ Phone: _____

Physical Address: _____

Tribe: _____ CIB is required - - Enclosed Yes No

Referral: Voluntary Yes No

Tribal Court: Yes No Area: _____

County/Magistrate Yes No Area: _____

Is client on State or Federal Probation/Parole? Yes No If Yes, who is the Probation/Parole:

Officer: _____ Phone: _____

Address: _____ City/State/Zip: _____

Sex Offender: Yes No Has received Sex Offender counseling: Yes No

With Whom/Where: _____

Emergency Contact:

Name: _____ Relation: _____

Address: _____ Phone: _____

City/State/Zip: _____

Insurance: Yes No Medicaid: Yes No State Coverage Insurance: Yes No

Primary Language: English Yes No Other: _____

Education Level: _____ Illiterate: Yes No

Disabilities/Impairment: Yes No Note Type: _____

SSI: Yes No SSDI: Yes No In process: Yes No

Monthly Family Income: \$ _____

Monthly Personal Income: \$ _____

List any dependents (name and age) that will be living with you at the Sober Living Center:

Employment Status: _____ Veteran: Yes No Served: _____

Are you currently incarcerated? Yes No Where and for what? _____

Have you been arrested in the past 24 months: Yes No If Yes – Please explain below:

Reason(s): _____

Physical and Mental Health

Do you currently have any health issues: Yes No If yes, list all medical conditions:

Do you have any conditions that limit your mobility? Yes No If yes, please explain:

Do you currently take medication: Yes No If yes, please list all names, dosages (milligrams) and times daily:

Primary Health Care Provider: _____

When was your last physical exam: Month/Year _____

Do you currently have a mental health issue: Yes No

When was your last mental health exam, if applicable: Month/Year _____

Primary Mental Health Provider: _____

Substance Use and Treatment

What substance has been your primary drug of choice? _____

How many years would you say you have been addicted to some form of drug/alcohol? _____

In the last five years, how many times have you been in an outpatient program for substance abuse treatment? _____

In the last five years, how many times have you been in inpatient program for substance abuse treatment? _____

When do you last enter treatment for substance use? (Month/Year) _____

What program did you last receive treatment from for substance use? _____

Did you fully complete the program listed above? Yes No N/A

What is your goal related to substance use?

Drugs: Abstinence/no use at all Cut down/control use N/A

Alcohol: Abstinence/no use at all Cut down/control use N/A

Legal & Service Agency Involvement

Do you currently have an open court case/pending charge: Yes No

Are you currently on any type of supervision (Probation, Parole, Pretrial Services, etc.): Yes No

Do you have an open case with CYFD, Navajo Nation DSS or Peacemaking: Yes No

Do you currently have a warrant, restraining order, or protective order: Yes No

Do you have an open case/order for child support payment: Yes No

Are you currently receiving or set up to receive services with any other agency: Yes No

Housing and Living Situation

If you were to stay at the Sober Living Center, do you have a safe and stable home environment available:

Yes No

Have you ever participated in government based housing services (NHA, State, etc.): Yes No

Have you ever lived in a group based sober living program: Yes No

In the last 12 months, how often were you without a stable living arrangement: None 1-3 months
4-6 months 7-12 months Over 12 months

In the last 12 months, have you used any of the homeless shelters for overnight housing: Yes No

In the last 12 months, have you used any of the food pantry, charity, etc.: Yes No

What are your desired goals regarding your living arrangement:

Live with relatives/significant other Sober living home Find own housing

Traditional, Faith-Based Support

Do you have knowledge of traditional and cultural values, principles, teachings, and ceremonies, i.e. Dine Life Ways? Yes No

Comment: _____

Do you have knowledge or participate in other faith-based supports? Yes No

Comment: _____

Have you ever used a church group to maintain recovery from addiction or for help with other life issues:

Yes No

Relational and Community Support

Do you have person(s) in your life that you could call for support in times of personal crisis: Yes No

Do you currently have person(s) in your life that would support in transporting you to appointments, job searches, etc.: Yes No

Have you ever used a support group sponsor to maintain recovery from addiction or for help with other life issues: Yes No

Your relational status: No relationship In committed relationship In relationship with complication

Sexual orientation: Bisexual Heterosexual Homosexual Transsexual Other

Do you have conditions that hinder you from being housed in a community-based setting with other individuals: Yes No

Do you currently deal with issues related to physical, emotional, or sexual abuse that makes it difficult for you to exist in a community setting with others: Yes No

Employment and Finance

Are you legally able to work: Yes No

Do you have any barriers that prevent you from obtaining a job or working: Yes No If yes, please explain: _____

If you were to attend this program, do you believe that you would be able to find employment within 90 days? Yes No

Do you currently have an active bank account: Yes No

In the last 12 months, how many months were you working in a job: None 1-3 months 4-6 months 7-9 months 10-12 months

Do you currently receive any income from a source other than employment: Yes No

Do you currently have any outstanding debt: Yes No

Do you currently have any outstanding debts, wage garnishments, or legal judgements that affect or could potentially affect you being employed: Yes No

Personal Statement

Please provide a personal statement on your goals for staying at a sober living center:

Clinician Referral – Admission Assessment

Provider Name: _____ Date: _____

Referral Name/Title and Agency _____

Diagnostic Impressions:

Substance Abuse History: (age of first use, regular & abusive substance use pattern, duration, frequency, amount): _____

Problems due to withdrawal complications: _____

Seizures? (Alcohol induced disorder) _____ DTs? _____ Convulsions? _____

Daily perception of client's drinking: _____

Clinician's Diagnosis and Comments: _____

Behavioral Concerns: (Stealing, manipulation, shyness, crying, aggressiveness, passiveness, agitated or nervous mannerism, hostility towards other, etc.) _____

Stage of Change:

- Precontemplative
- Contemplation
- Action
- Maintenance
- Relapse

Reference

Name: First _____ Last _____

Relationship to you: _____

Phone Number: _____

Email address: _____

Comments that support transition to the Sober Living Center:

Peer Signature _____ Date: _____

Residential Supervisor/Manager Review:

Residential Supervisor/Manager Signature: _____

Date: _____