



Are you a Veteran?  Yes  No

Are you a registered sex offender?  Yes  No

Do you Struggle with Mental Health? \_\_\_\_\_

Have you been a victim of Human Trafficking? \_\_\_\_\_

Have you been a victim of Domestic Violence? \_\_\_\_\_

Do you struggle with a gambling addiction?  Yes  No

Do you have insurance?  Yes  No

If so, which which company? \_\_\_\_\_

Have you recently been to detox or an inpatient facility?

If so, what facility? \_\_\_\_\_

Which Treatment Center are you coming from? \_\_\_\_\_

Case Manager Name: \_\_\_\_\_

Are you currently or have you ever been on medication-assisted treatment (MAT)?  
(example: methadone, suboxone, Sublocade, etc.)

Yes, I currently am  Yes, but not currently  No, I never have

Drug of Choice: \_\_\_\_\_

Are you currently on any medications?

If so, please list them. \_\_\_\_\_

Do you have any current or past legal issues? If so, describe them.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any active warrants?  Yes  No

Do you have a valid form of ID?  Yes  No

Have you ever been incarcerated?  Yes  No

DOC # \_\_\_\_\_

Case Manager Name: \_\_\_\_\_

Are you currently homeless?  Yes  No

Are you currently in a safe environment?  Yes  No

Sobriety Date (Month, Day, Year): \_\_\_\_\_

Do you have the ability to pay the first months rent (\$750) the day you check in?  Yes  No

Do you have a job?  Yes  No

Are you a parent?  Yes  No

Do you have transportation?  Yes  No

Have you ever been convicted of a felony or misdemeanor other than traffic offenses?  Yes  No

Are you willing to have a criminal background check preformed?  Yes  No

Are you willing to be regularly drug tested?  Yes  No

When do you expect to be ready to move in? (Month/Day) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Spouse Contact Name: \_\_\_\_\_

Spouse Contact Phone: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_

Why do you want to move into the HIA program?

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Who are three people that are a positive influence in your life?

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What is one fear or apprehension you have when it comes to living in our homes?

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