CODE_____

Recovery Pathway Application

The Opportunity House

To become a resident of the Opportunity House you must fill out the application, mail to: 149 N. Iowa St., Dodgeville WI 53533 or email: k.hill@swcap.org ATTN: Kimberly Hill. You will be contacted for an interview. Once accepted, you will than interview with the house. Thank you!

Contact Information

Full Name: _____ Date:_____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email_____

Birthdate: ___ /___/_____

Demographic Information

Age:	Years: _____			
Gender:	☐ Male	☐ Female	☐ Other	
Sexual orientation	☐ Heterosexual	☐ Gay or Lesbian	☐ Bisexual	☐ Other
For women only: are you pregnant?	☐ Yes	☐ No	☐ Don't know	
Race / ethnicity	☐ African American	☐ Asian	☐ White	☐ Latino/Hispanic
	☐ Native American / Alaskan Native	☐ More than one race	☐ Other	☐ Prefer not to answer
Highest education level achieved	☐ Grades 1-11	☐ High school diploma or GED	☐ Some college, no degree	☐ Community college degree
	☐ Vocational or technical school degree	☐ Bachelor's degree	☐ Graduate or professional school degree (e.g. Master's, PhD, MD, or JD	
Current employment status	☐ Full-time	☐ Part-time	☐ Disability	☐ Unemployed
	☐ Other (please specify) _____			
Current relationship status	☐ Married	☐ Single, not in a relationship	☐ In a relationship, not living with partner	☐ In a relationship, living with partner
	☐ Other (please specify_____			
Do you have children?	☐ Yes	☐ No		
If yes,	Ages: 1:_____ 2: 3: _____ More:	Type of custody: ☐ Legal ☐ Joint legal	☐ Physical ☐ Joint physical	☐ Sole ☐ No custody

Legal History

Are you currently on extended supervision (parole or probation)?	☐ Yes	☐ No
Have you ever been convicted of a felony?	☐ Yes	☐ No

Military History

Are you a veteran	☐ Yes	☐ No	Branch _____
	Rank at discharge _____		Type of discharge
	If other than honorable, explain		

Medical

Do you have health insurance?	☐ Yes	☐ No	What type: _____
Do you have a PCP?	☐ Yes	☐ No	
Are you currently being treated for any medical conditions?	☐ Yes	☐ No	Which ones?
Are you currently taking any prescription medications?	☐ Yes	☐ No	Which ones?
Do you have any untreated medical conditions?	☐ Yes	☐ No	Which ones?

Drug and Treatment History

What is your clean/sober date?	____/_____/_____				
At what age did you start using alcohol or drugs REGULARLY?	_____				
When you were using, what was your MAIN drug of choice?	☐ Heroin	☐ Fentanyl	☐ Prescription Opioids	☐ Alcohol	
	☐ Marijuana	☐ Cocaine	☐ Methamphetamine	☐ No specific drug	
	☐ Other (specify) _____				
When you were using, on average how often did you use your main drug of choice?	☐ Daily	☐ Weekly (1x per week)	☐ Almost daily (5-6x per week)	☐ 2-4 times a week	
	☐ 2-4 times a month	☐ Other frequency _____			
For how long did you use your main drug of choice?	☐ 6 months or less	☐ 6 months to one year	☐ 1-3 years	☐ 3-5 years	☐ Over 5 years
What substances have you used REGULARLY in your lifetime?	☐ Heroin	☐ Fentanyl	☐ Prescription Opioids	☐ Alcohol	
	☐ Marijuana	☐ Cocaine	☐ Methamphetamine	☐ Nicotine	

What is the total number of overdoses you have had in your lifetime?	#_____
Have you ever received treatment for addiction?	☐ Yes ☐ No
If YES: What types of treatment did you receive?	☐ Outpatient ☐ Intensive Outpatient (IOP) ☐ Detoxification ☐ Residential ☐ Medication Assisted Treatment (MAT)
If YES: How long ago was your most recent treatment for addiction?	☐ In treatment now ☐ Within the past year ☐ Over a year ago
If YES: Are you currently receiving Medication Assisted Treatment?	☐ No ☐ Buprenorphine ☐ Methadone ☐ Oral naltrexone ☐ Injectable naltrexone
Have you EVER been engaged in recovery support services? (select all that apply)	☐ None ☐ Mutual self-help support groups (AA, NA, Smart Recovery, Celebrate, etc.) ☐ Recovery focused events ☐ Socializing with peers in recovery ☐ Other
Do you CURRENTLY attend any recovery support services?	☐ None ☐ Mutual self-help support groups (AA, NA, Smart Recovery, Celebrate, etc.) ☐ Recovery focused events ☐ Socializing with peers in recovery ☐ Other
Have you ever been treated for mental health problems (other than addiction), including counseling?	☐ Yes ☐ No
If YES: Specify for what mental health problem	☐ Depression ☐ Anxiety ☐ PTSD ☐ Bipolar disorder ☐ ADHD
If YES: How long ago was the last treatment for mental health problems?	☐ In treatment now ☐ Within the past year ☐ Over a year ago

Current Needs

Do you currently have social support for your recovery?	☐ None ☐ Family ☐ Friends ☐ Sponsor ☐ Recovery Group ☐ Other _____

Do you currently need help with any of the following:		
Employment	☐ No	☐ Yes, explain:
Clothing	☐ No	☐ Yes, explain:
Food	☐ No	☐ Yes, explain:
Daily care items	☐ No	☐ Yes, explain:
Transportation	☐ No	☐ Yes, explain:

Readiness for Recovery

At this time, what are your main barriers to continued recovery?	Barrier 1:
	Barrier 2:
At this time, do you have any goals you wish to work toward?	Goal 1:
	Goal 2:

On a scale from 0=Strongly Disagree to 10=Strongly Agree, how would you rate your <u>current</u> feelings about the following statement:
My recovery is the most important thing in my life. (CIRCLE ONE NUMBER)

Strongly Disagree *Strongly Agree*
0 1 2 3 4 5 6 7 8 9 10

On a scale from 0=Very Poor to 10=Very Good, how would you rate the overall quality of your life <u>today</u>? (CIRCLE ONE NUMBER)

Very Poor *Very Good*
0 1 2 3 4 5 6 7 8 9 10

References

Please list three references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

_____

_____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to services at the Opportunity House, I understand that false or misleading information in my application or interview may result in my discharge.

Signature: _____ Date: _____

012/16/2019 update