



Martin House, Inc.

"Everyone Deserves A Safe Place To Live!"

P. O. Box 857 – 401 W. Thames St., Bldg 700 – Norwich, CT – 06360 – Phone: (860) 889-6150 Fax: (860) 892-9046

APPLICATION FOR ADMISSION

Martin House provides single room occupancy housing, with support services for adult men and women who have experienced homelessness. Average length of stay is between four and five years. All applicants are asked to follow the recovery/treatment plan they have entered into with their providers. Residents must be able to care for their own physical needs and personal hygiene. We are a clean and sober community. Residents are required to pay a program fee. Martin House does not discriminate against anyone on the basis of sex, creed, religion, national origin, sexual orientation/identity or disability.

Referral Source: _____

Referring Agency (If Applicable): _____

Telephone: _____ **Email:** _____

Biographical Information

Name of Applicant: _____ Age: _____ Date of Birth: _____

Present Address (If Applicant hospitalized, etc., give last known community address):

Telephone: _____
Social Security No.: _____
Title XIX No. _____

Father's Name: _____ Age: _____
Address: _____ Telephone: _____

Mother's Name: _____ Age: _____
Address: _____ Telephone: _____

Marital Status: _____

Does the Applicant have a spouse or significant other, partner or life companion at the present time? _____ Yes _____ No If "Yes":

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Does this Applicant have children? If so, *on a separate sheet of paper*, please list the Names, Ages, Addresses and Telephone Numbers of the Applicant's Children and attach it this application.

Religion: _____ Name of Place of Worship: _____
Address: _____

Name of Clergy: _____
Telephone: _____

Emergency Contact

Name: _____ Relationship: _____
Address: _____ Telephone: _____

Educational, Military, Employment and Legal History

Highest Grade Completed: _____
Special Education or Training: _____

Did the Applicant serve in the military? ____ Yes ____ No Which branch? _____
Dates of Service: _____ Type of discharge: _____

What jobs has the Applicant held and for how long? Underline the most recent position:

Has the Applicant ever been convicted of a crime? ____ If so, please explain. (Be sure to give full account of any convictions for drug dealing, assault or other forms of violence, sexual assault or other charges arising from sexual activities).

Has the Applicant ever spent time in prison? ____ If so, please explain:

Psychiatric History

Age at first hospitalization: _____ Number of hospitalizations: _____
Number of hospitalizations in the last five (5) years: _____ Number in last year: _____

Current or Most Recent Hospitalization

Hospital or Facility: _____ From: _____ To: _____
Precipitating Causes and/or Stressors: _____

Current Diagnosis: _____ Prognosis: _____

Indicate and explain if Applicant has a history of any of the following:

Suicide Gestures or Attempts: _____ Fire Setting: _____ Drug Abuse: _____
Alcohol Abuse: _____ Violence: _____ Sexual Promiscuity: _____ Delusions: _____
Self-Mutilation: _____ Hallucinations: _____ Manic Behavior: _____ Depression: _____
Impulsive Behavior: _____ Non-compliance with medications: _____
Non-compliance with treatment plans: _____

Has the Applicant had any experience with community living programs and/or agencies providing community based services for those with histories of mental illnesses? If so, please explain what problems and successes the Applicant had: _____

What plans have been made for ongoing treatment and therapy? _____

What medications (and the dose) is the Applicant taking? _____

Has the Applicant successfully administered his/her own medication in the past? _____ If so, under what conditions and for what periods of time? _____

Has the Applicant been treated for alcohol and/or drug abuse? _____ If so, please indicate where and when: _____

What are the symptoms or indicators that the Applicant is experiencing difficulty or is beginning to decompensate? _____

When the Applicant is doing poorly, what interventions have proven effective in the past or what interventions are recommended currently? _____

Daily Living Assessment

What strengths does the Applicant have? _____

What issues or concerns need to be addressed in the weeks/months ahead? _____

Does the Applicant need help with any of the Adult Daily Living Skills? _____ If so, please explain: _____

What indicates to you that the Applicant is ready to take on the responsibilities and the stresses of living in a large, group residential program? _____

What are the Applicant's sources of income? _____

What hobbies does the Applicant have? What does he/she enjoy doing? _____

Does the Applicant have any medical problems, allergies or handicaps? _____ If so, please explain: _____

Who is or will be the Applicant's physician?

Name: _____ Telephone: _____

Who is or will be the Applicant's psychiatrist?

Name: _____ Telephone: _____

Who is or will be the Applicant's therapist?

Name: _____ Telephone: _____

Who is or will be the Applicant's case manager?

Name: _____ Telephone: _____

Certification

I certify that the information contained in this application
is complete and true to the best of my knowledge.

Signature

Date

Applicant's Certification and Authorization to Release Information

I am requesting entry into Martin House, Inc. I am doing so voluntarily. The information contained in this application is complete and true to the best of my knowledge and memory. I authorize the release of all the information contained in this application to Martin House, Inc. I also authorize the release of any additional information that may be needed to facilitate the application process. I understand that this information will remain confidential and will not be released to any other individual, agency or corporate body without my consent.

Signature

Date

Signature

Date