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. The average length of a stay is between four and five years. All applicants are asked to follow the recovery/treatment plan they have entered with their providers. Residents must be able to care for their own physical needs and personal hygiene. We are an abstinence-based community. Residents are required to pay a program fee. Martin House does not discriminate against anyone based on age, ethnicity, religion, creed, national origin, sexual orientation, gender identity, or disability.

Referral Source: _____

Referring Agency (If Applicable): _____

Telephone:_____ **Email:** _____

Biographical Information

Name of Applicant: _____

Age: _____ Date of Birth: _____

Ethnicity: _____

Gender Identity/Preferred Pronouns: _____

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

_____

Telephone: _____

Social Security No.: _____

Title XIX No. _____

Emergency Contact

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 to this application.

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:
_____
_____
_____
_____
_____
_____

What are the Applicant's sources of income? _____
_____

Has the Applicant ever been convicted of a crime? ____ 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 behavioral health needs? 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 having trouble or is beginning to decompensate? _____

When the Applicant is experiencing decompensation, what interventions have proven effective in the past or what interventions are recommended currently?

Daily Living Assessment

What strengths does the Applicant have? _____

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

Are there any immediate concerns that 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 that the Applicant is ready to take on the responsibilities of living in a large, group residential program? _____

_____

_____

_____

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 is 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