



Justus Family Recovery Center

Applicant's Last Name: \_\_\_\_\_

## Recovery House Admission Assessment

*Please print clearly. Form needs to be completed in its entirety.*

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County last resided: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Pronouns (circle): she/her/hers they/them/theirs

Other: \_\_\_\_\_

Ethnic background:  Black  Caucasian  Hispanic  Other \_\_\_\_\_

Valid drivers license:  Yes  No Drivers license number: \_\_\_\_\_

Vehicle:  Yes  No

Marital status:  Divorced  Married  Separated  Single  Widowed

Family size: \_\_\_\_\_ Number of children: \_\_\_\_\_

Ages/Gender: \_\_\_\_\_

Children(s) placement: \_\_\_\_\_ Do you have an open DCS case? \_\_\_\_\_

If yes, DCS FCM Name & Email: \_\_\_\_\_

Military Service:  Yes  No Branch: \_\_\_\_\_ Discharge status: \_\_\_\_\_

Highest level of education:  Some high school  High school graduate  Some college

Associate  College graduate  Graduate school  Trade/vocational graduate



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### Emergency contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### Substance Use Information

Sobriety date: \_\_\_\_\_ Length of longest sobriety: \_\_\_\_\_

Date: \_\_\_\_\_

Drug of use:  Alcohol  Benzodiazepine  Crack/Cocaine  Ecstasy  Heroin  K2

Marijuana  Methamphetamine  Other Stimulants  Spice

Other drugs used \_\_\_\_\_

Frequency of use? \_\_\_\_\_ How do you use? \_\_\_\_\_

\_\_\_\_\_

Have you ever used or shared a needle?  Yes  No Age of first use? \_\_\_\_\_

Were you referred?  Yes  No Referral name/organization: \_\_\_\_\_

### Medical Information

Do you have medical insurance?  Yes  No If yes: Insurance provider: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Insured DOB: \_\_\_\_\_

Group#: \_\_\_\_\_ Insurance#: \_\_\_\_\_

Have you received the COVID-19 vaccine?  Yes  No

4903 Winthrop Ave, Indianapolis, IN 46205  
heartrockrecovery.org



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Have you received the COVID-19 booster?  Yes  No

Have you tested positive for COVID-19?  Yes  No

If yes, when? \_\_\_\_\_

Date of your last physical examination: \_\_\_\_\_

Physician's Name/Clinic: \_\_\_\_\_

Are you currently under a physician's care?  Yes  No

If yes, for what condition? \_\_\_\_\_

Do you have any medical/physical issues that need to be addressed?  Yes  No

If yes, what are they? \_\_\_\_\_

	Date	(+,-)
HIV		
HEP		
TB		
STD's		

List all medications, include over the counter and prescription.

Name of medication	Dosage/frequency 3mg/day	Route Inhaler, injection, oral	Reason for medication



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Have you been diagnosed with a mental health disorder?  Yes  No

If yes, please list: \_\_\_\_\_

Are you currently seeing a therapist?  Yes  No

If yes, therapist's name/contact: \_\_\_\_\_

Have you ever had issues with an eating disorder?  Yes  No

If yes, what type of disorder? \_\_\_\_\_

When is the last time you engaged in eating disorder behaviors? \_\_\_\_\_

Do you currently have suicidal thoughts or feelings?  Yes  No

If yes, have you thought about how, when or where this would occur? \_\_\_\_\_

### Domestic Violence

Have you ever been in a domestic violence situation?  Yes  No

Are you currently fleeing a domestic violence situation?  Yes  No

If yes, current partner, Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_

Length of relationship: \_\_\_\_\_

Substance use? \_\_\_\_\_

Protective order?  Yes  No



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### Legal History

Criminal History		
Date	Charge	Resolution

Do you have any current charges?  Yes  No

Pending Charges:  Yes  No

Please list: \_\_\_\_\_

Currently on Parole or Probation?  Yes  No

County of Parole or Probation: \_\_\_\_\_

Probation Officer Name: \_\_\_\_\_

Have you ever prostituted?  Yes  No If yes, when? \_\_\_\_\_

Did you work for someone else while prostituting?  Yes  No  N/A

If yes, what was the first name of that person? \_\_\_\_\_

If currently incarcerated, do you have a projected release date from jail/prison?  Yes  No  N/A

Date: \_\_\_\_\_



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#### Income/Employment History

Currently employed?  Yes  No      Place of employment: \_\_\_\_\_

Hourly rate: \_\_\_\_\_      Collecting unemployment?  Yes  No

Collecting disability?  Yes  No      SNAP benefits:  Yes  No

TANF benefits:  Yes  No

#### Work experience: Most recent first, going back 3 years

From	To	Company	Position	Why did you leave?