Hand In Hand Recovery Application

"Transforming the relationship you have with your life!"

Please complete **ALL** information to the best of your ability. If you have any problems, questions or concerns, they will be addressed during the interview. *Hand in Hand Lake County, Inc*. does not discriminate for any reason, however, there are guidelines and criteria for eligibility.

Our faith-based program focus: Commitment, Connection and Purpose

Nondisclosure of any information requested on this form may be grounds for disqualification, dismissal or immediate termination. Any pending legal actions must be resolved ***prior*** to entry. Hand in Hand is not a medical facility or detox. **If medically assisted detox is needed, it must be done prior to entry**. All clients will detox "cold turkey" in our facility. Transfer of **ALL** medical appointments to the Eustis, FL area is required prior to entry. **We do not transport out of area**. We address any non-emergency medical issues within the parameters of the program.

Name: **Date:**

Email: **Phone:**

1. Do you have any outstanding tickets? Where:
2. Do you have **any** pending charges, open court cases, warrants or court dates?
   Where?
3. Do you have a VALID photo ID? What type? Which State?
4. Do you have a Social Security Card?
5. Any appointments already scheduled? (Doctor, dentist, court, medical etc.)
   Please note: All appointments must be transferred to the Eustis area. We will not provide transportation to medical appointments outside of Eustis.
6. Any health Issues?
   Explain:
7. Any dental issues?
   Explain

8. Are you currently on Probation, Community Control, Impact Monitor, Pre-Trial Release, Pre-Trial intervention, or any other form of supervision?
9. If so, which one and what county/state?

10. Probation Officer Name: Phone number:

11. We are a "working" program. Do you have any physical or mental limitations that would prevent you from the physical outdoor work required by our program?

12. What are your current sources of income?

Demographic Information:

Phone Number: First available date for entry into our program:

Informed of the initial $500.00 fee?

Name:________________________________SS#:__________________________Date:_____________

Date of Birth: _________________________Place of Birth:____________________________________

Age: _________________________________ Marital Status: _______________________________

Of Dependents/Children: ______________________Do you have an open DCF case?______________

Who has custody of your children now? ____

Mailing Address:____

Highest Level of Education: ______________________Did you graduate?

Can you read and write in English?

Emergency Contact Name:____

Emergency Contact Phone:____

Contact person's relationship to you:____

How did you hear about Hand In Hand?____

Physical – CHECK all symptoms that you are currently experiencing:

Headaches	Stomach trouble	Skin problems	Dizziness	Tics	Dry mouth
Palpitations	Fatigue	Itchy skin	Muscle spasms	Twitches	Chest pain
Tension	Back pain	Rapid heartbeat	Sexual disturbances	Tremors	
Unable to relax	Fainting spells	Blackouts	Bowel disturbances	Hear things	
Excessive sweating	Watery eyes	Visual disturbances	Numbness	Hearing problems	

Physical Health Data:

Describe your Physical Health (Good, poor, etc…)

Weight: Height:

Are you currently under a doctor's care?

Reason for doctor's care:

Recent major illness, surgery, or hospitalizations:

If so, describe details:

Do you have any current concerns about your physical health? Please specify:

Please list ALL medications you are currently taking:

Tell us your Level of Pain: Are you currently experiencing any pain?

If yes, on a scale from 1-10 (with 10 being the worst), what is your level of pain today?

Explain:

Mental Health

	Recently - 12months or less		Lifetime (Multiple years)	
	# of days or months	*Circle day or month*	*# of years*	
Serious Depression		**Days/Month**		**Years**
Serious Anxiety/Tension		**Days/Month**		**Years**
Hallucination		**Days/Month**		**Years**
Trouble Understanding or Concentrating/Remembering		**Days/Month**		**Years**
Trouble controlling temper or violent behavior		**Days/Month**		**Years**
Suicidal Thoughts or Suicide Attempts		**Days/Month**		**Years**
Emotional Abuse		**Days/Month**		**Years**
Physical Abuse		**Days/Month**		**Years**
Sexual Abuse		**Days/Month**		**Years**

Ever hospitalized for psychological problems?

When/where/diagnosis/duration of hospital stay(s):

Ever entered outpatient treatment for psychological problems?

If yes, please explain:

Ever received a diagnosis for a psychological problem?
If yes, what/when/where?

Currently under psychiatric care?

From which doctor?

Are you currently taking medications for mental health?

Please list all current medications you are taking:

Substance Abuse Treatment:

Have you ever been to Detox?

Explain:

Have you ever been in treatment for Substance Abuse/Addiction?

If yes, when and where: How many times?

Did you complete the program?

Did you stay clean and sober? How long?

Did you attend meetings? Did you get a Sponsor?

Alcohol and Drug History:

Have you ever felt you should cut down on your drinking and/or drug use?

Have people annoyed you by criticizing your drinking and/or drug use?

Have you ever felt bad or guilty about your drinking and/or drug use?

Have you ever used alcohol or drugs in the morning to steady your nerves?

Have you ever had any drug or alcohol related arrests?

Have you experienced any blackouts from drugs or alcohol?

Have you ever injected drugs?

Substance Abuse History

Substance	**Recent Use**		**Long Term Use**		**Route of Administration**	**Age of 1st Use**
	# of days or months	***Circle month or day***	***# of years***		(i.e. smoke, by mouth, inhale, snort, inject)	
Alcohol – any use		**Days/Months**		**Years**		
Alcohol – to intoxication		**Days/Months**		**Years**		
Methadone		**Days/Months**		**Years**		
Other Opiates		**Days/Months**		**Years**		
Barbiturates		**Days/Months**		**Years**		
Benzodiazepines		**Days/Months**		**Years**		
Cocaine		**Days/Months**		**Years**		
Amphetamine		**Days/Months**		**Years**		
Cannabis/Marijuana		**Days/Months**		**Years**		
Inhalants		**Days/Months**		**Years**		
Hallucinogens		**Days/Months**		**Years**		
More than one substance		**Days/Months**		**Years**		

- **Substances of Choice:**

Primary: Secondary: Other:

Are you currently clean and sober?

Prior Treatment:

Are you a previous client of Hand In Hand?

- What date(s)?
- Reason for discharge?

Legal Data:

Do you have any current or pending charges?

If yes, explain the charges, court dates and in what city, county?

Are you a sex offender?

Have you ever been charged with a sex offense?

Are you incarcerated now? Why?

Estimated Release Date:

Next Court Date:

Your Attorney or Public Defender's name: Phone Number:

Previous jail or prison served?

If yes, how many times:

What are your previous charges?

Do you have any outstanding fines? Amount owed:

Are you currently on probation?

Explain:

Have you ever had a DUI or DWI (Driving While Intoxicated)?

Explain:

Do you have a Valid Driver's License?

If No, explain why:

Do you have a State Identification Card? State issued?

Religious Data:

Current Religious Preference: During childhood:

Are you a member of a church? If yes, where?

Relationships:

	Current Status	Recent Serious Problems	
	Explain relationship status: Good/Close/Estranged or Unhealthy ?	*Why are there problems? What type of issues?*	*How Long? in months/years*
Spouse or Significant Other			
Mother			
Father			
Siblings			
Close Friends			
Other Family			
Neighbors			
Co-workers			

Please explain "why" this is the program for you:

By signing this form, I attest that all information is true and correct, to the best of my knowledge. I also understand that any falsified, omitted or misleading information may be probable cause for denied entry or immediate discharge from the program at any time.

Signature: Date:

Men's Program

125 W. Lakeview Ave., Eustis, FL 32726

Phone: 352-308-8899

james@grit4u.com Do Not Use

rick@handinhandrecovery.org

Women's Program

1215 E. Orange Ave., Eustis, FL 32726

Phone: 352-771-2468

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annie@handinhandrecovery.org