

*WESTERN NEW YORK COMMUNITY RESIDENTIAL PLACEMENT APPLICATION*  
**TO BE COMPLETED BY REFERRING AGENCY AND APPLICANT**

Please complete this section carefully. Adequate diagnostic information and documentation is essential to a prompt and informed intake decision.

Client Name \_\_\_\_\_

Residence prior to entering treatment (if applicable)

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Reason for not returning to previous address at this time \_\_\_\_\_

1. Are you currently receiving Social Services benefits? \_\_\_\_\_ Are you receiving SSI or SSD benefits? \_\_\_\_\_

If yes, complete the following:

Case name & number \_\_\_\_\_ Case Worker \_\_\_\_\_

Amount of benefit \_\_\_\_\_ Medicaid # \_\_\_\_\_ Managed Care Provider \_\_\_\_\_

2. Have you ever been refused/sanctioned for Social Services or Social Security benefits? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

3. Are relationships an addiction or a problem for you? \_\_\_\_\_  
How are relationships a factor in your chemical dependency and recovery? \_\_\_\_\_

4. Education – circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 \_\_\_2yrs \_\_\_4yrs \_\_\_Grad  
Please indicate diplomas, degrees, trade school certificates here \_\_\_\_\_

5. Are you currently receiving medical treatment? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Current medication(s) \_\_\_\_\_

Physician name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Clinic name and location \_\_\_\_\_

Primary care physician/clinic & location (if different from above) \_\_\_\_\_

Date and results of last TB test \_\_\_\_\_

6. List previous alcohol and drug detox, inpatient, outpatient and/or residential treatment history.

FACILITY NAME	MONTH & YEAR	LENGTH OF STAY/INDICATE COMPLETION
---------------	--------------	------------------------------------

7. Have you used drugs other than alcohol? \_\_\_ If yes, describe

TYPE

FREQUENCY

ROUTE OF INGESTION

DATE OF LAST USE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Has an Alcohol Dependence Diagnosis been assigned to the client? \_\_\_\_\_

If yes, by whom? \_\_\_\_\_ Date this diagnosis was given \_\_\_\_\_

9. Has a Substance Abuse Diagnosis been assigned to the client? \_\_\_\_\_

If yes, by whom? \_\_\_\_\_ Date this diagnosis was given \_\_\_\_\_

10. Are you receiving or have you ever received mental health treatment? \_\_\_\_\_

If yes, answer the following:

EVENTS LEADING TO TREATMENT	PROGRAM	LENGTH OF STAY	DATES	STAFF CONTACT
-----------------------------	---------	----------------	-------	---------------

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Has a Mental Health Diagnosis been assigned? \_\_\_\_\_

If yes, by whom? \_\_\_\_\_ Date this diagnosis was given \_\_\_\_\_

12. Legal information:

a. Current Probation \_\_\_\_\_ Probation Officer's Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

b. Current Parole \_\_\_\_\_ Parole Officer's Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

c. Are you mandated to treatment? \_\_\_\_\_

d. Current pending court appearance - explain \_\_\_\_\_

e. Do you have any outstanding warrants? \_\_\_\_\_ If yes, explain \_\_\_\_\_

f. Have you been convicted of any crimes? \_\_\_\_\_ Have you been incarcerated? \_\_\_\_\_

If yes, list the charges with approximate dates \_\_\_\_\_

g. Has the applicant assaulted others or violently acted out? \_\_\_\_\_ If yes, explain \_\_\_\_\_

h. Has the applicant accidentally or intentionally set fires? \_\_\_\_\_

Has the applicant been charged or convicted of arson? \_\_\_\_\_ If yes, explain \_\_\_\_\_

i. Does the applicant possess a history of rape or sexual abuse? \_\_\_\_\_ If yes, explain \_\_\_\_\_

NOTE: YOU MUST RETURN THE MOST RECENT PSYCHO SOCIAL ASSESSMENT AND A RELEASE WITH THIS APPLICATION FORM.

NOTE: AN INTERVIEW APPOINTMENT WILL NOT BE SCHEDULED UNTIL THIS APPLICATION, THE PSYCHO-SOCIAL ASSESSMENT AND THE HISTORY AND PHYSICAL ARE RECEIVED BY THIS AGENCY.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff member's signature

\_\_\_\_\_  
Date/phone number