

ELIJAH'S HOUSE

629 Main Street ~ Bangor, Maine 04401

Phone: 207.990.2870 EXT. 113 ~ Fax: 207.990.2298 ~ www.mannamaine.com

Guest Referral Information Form

** SUBMISSION OF THIS FORM DOES NOT GUARANTEE YOU A BED AT ELIJAH'S HOUSE. BEDS WILL BE FILLED BY ELIGIBLE RETURNING GUESTS AND THEN ON A FIRST COME FIRST SERVE BASIS. EACH GUEST WILL MEET WITH AN INTAKE SPECIALIST PRIOR TO ADMISSION. THIS FORM IS USED TO REDUCE THE TIME TAKEN TO ASSESS A PERSON'S APPROPRIATENESS**

Please provide all available information. Please be sure to PRINT NEATLY.

Date: _____

Name: _____ Phone: () _____

DOB: _____ SS#: _____ MaineCare # _____

Street: _____ City/Town: _____

State: _____ Zip Code: _____

Person to contact IF you can't be reached:

Name: _____ Phone: () _____

Street: _____ City/Town: _____

State: _____ Zip Code: _____

Referral Source: _____

Name/Agency

Address

Phone

Current Living Arrangement: _____

Relationship Status: Single Married Divorced Separated Widowed Significant Other

Family History of: Substance Abuse yes no Mental Health Disorder(s) yes no

CHILDREN

AGE	WHO HAS CUSTODY	LIVING WITH WHOM	REASON
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Is DHHS involved with your family? yes no

If "yes", Name of Caseworker/Office: _____

EDUCATION

Highest Grade Completed: _____ High School GED Diploma College Degree _____

Indicate any learning disability: _____

EMPLOYMENT/FINANCIAL STATUS

Current Occupation [if any]: _____

Date of last employment and occupation: _____

Income Source(s) and Amount(s): _____

Health Insurance: Private (Ins. Co.) _____ MaineCare Medicare VA/Military

Other (specify) _____ None

Are you a Military Veteran? yes no

LEGAL STATUS/HISTORYCurrent Legal Status:

- Legal proceedings pending - what/when: _____
- Probation - how long: _____ Probation Officer: _____
- Parole: _____
- Drug Court - where: _____
- Other - please specify: _____
- None

Attorney's Name: _____ Phone: () _____

Charges: _____

Total Number of Arrests: _____

Total Number of: OUI Convictions: _____ Felony Convictions: _____

Type(s): _____

SUBSTANCE ABUSE HISTORY

DRUG	Check 1 st 3 Drugs of Choice	Age: First Use	Age: Regular Use	Amount	Frequency	Age: Last Use
Alcohol						
Amphetamines						
Cocaine/Crack						
Hallucinogens						
Heroin						
Inhalants						
Marijuana						
Narcotics/Opiates [NOT heroin]						
Sedatives/Tranquilizers						
Steroids [muscle enhancers]						
Other [please specify]						

SUBSTANCE ABUSE TREATMENT HISTORY

Where	Type	When	Length of Stay	Sobriety After

HEALTH

Current Overall Health Status: Excellent, Good Fair Poor

Current Health Conditions: Heart Blood Pressure Respiratory [breathing] Diabetes

Musculoskeletal [arthritis] Vision Hearing Dental Infectious Disease [hepatitis, HIV/AIDS]

Chronic Pain Pregnancy Head/Brain Injury Seizures Other: _____

Allergies:

[] Environmental: _____

[] Food: _____

Physical Limitations and/or Special Needs:

[] Walking [] Stairs [] Daily Activities [] Lifting [] Hearing [] Vision [] Other: _____

Current Medications [prescribed **AND** over-the-counter]:

Drug Name	Reason	Amount	How Often	Start Date

PSYCHOLOGICAL**Psychological Treatment History:**

Hospital/Center	Type [Outpatient, Residential]	When	How Long	Problem(s) Treated

Mental Health Diagnoses: _____

Current Symptoms/Stressors: [] Depression [] Anxiety [] Fear [] Sleep Difficulty
 [] Restlessness [] Inability to Control Behavior [] Difficulty in Concentrating [] Eating Problems []
 Hallucinations [Audio/Visual] [] Rage/Anger [] Disturbing Thoughts [] Suicidal Thoughts
 [] Other [please explain]: _____

- Have you ever attempted suicide? [] yes [] no - How many times: _____ Last Attempt: _____
- Have you ever engaged in self-harm and/or self-mutilation? [] yes [] no
 [] Cutting [] Burning [] Hitting Self [] Other: _____
 When: _____ How Often: _____ Last Time: _____
- Have you ever been a victim of: [] Domestic Violence [] Physical Abuse [] Sexual Assault
- Have you ever been charged with: [] Domestic Violence [] Physical Abuse [] Sexual Assault
- Have you ever been convicted of: [] Domestic Violence [] Physical Abuse [] Sexual Assault

Personal Statement:

Why are you applying for admission into Elijah's House at this time in your life?

Signature: _____ Date: _____

Interviewer's Notes:
