

First Name:

Last Name:

DOB

Veronica's Voice Residential Program Application

If you need more room for answers, use another blank sheet.

Nickname:

Age:

____ African American ____ American Indian or Alaska Native ____ Asian ____ Hispanic or Latino
____ Native Hawaiian or Other Pacific Islander ____ White

Current Address:

City, State, Zip:

Phone #:

Is it safe to leave a message for you at this #?

Emergency contact name:

Who are they to you?

Their Phone #:

Email:

By giving emergency contact information you are giving Veronica's Voice permission to contact them on your behalf.

Do you have children:

Ages:

What is the custody arrangement for your children?

What was your drug of choice?

How many years have you been using?

How long have you been sober?

Do you have a history of prostitution or trading sex acts for something of value?
years?

If yes, how many

Do you have a history of childhood abuse? If so, circle what applies: Emotional – Physical – Sexual – Spiritual

Please circle if you have any of the following health conditions? Asthma - Bad Sight – Dental Pain – Heart Disease – High Blood Pressure – Leg or Feet Pain – Respiratory Difficulty – Other:

Have you received a Mental Health Diagnosis?

If yes, what was your diagnosis?

Who provides you mental health treatment?

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What medications are you taking? Please list all of them.

Have you been hospitalized for psychiatric reasons?

If yes, list when and where:

If you have attempted suicide, explain how and when did you make the attempts?

What Inpatient Alcohol and Drug treatment program, Intensive Outpatient program, and/or Recovery programs have you been in? Please list all of them.

Do you have medical insurance?

Do you receive Social Security Income or Social Security Disability Income?

Do you have any arrest records?

If yes, what were you charged with?

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If currently incarcerated, what are your charges?

Are any of the charges felonies?

Have you been charged as a sexual offender? If yes, are you on the Sexual Offender Registry?

Do you have any warrants/pending charges in any state and/or county? If yes, please explain the warrants/pending charges.

If you are on parole or probation or will you be? List the city, state and county.

Do you have any other information regarding your parole or probation?

If incarcerated, do you have an out date? Date:

What is your highest level of education?

What kind of employment have you had?

Is there any other information we need to know in regards to your application?

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What do you know about the program? Why do you want to be in the program? Why do you think this program is right for you?

NEXT STEPS: your information will be uploaded in the order that it is received and you will be placed on our wait list. Once we have an opening we go down the list to make contact with the next person on the list. We will reach out 3 separate times and if we get no response back we then move to next person. If you are incarcerated, it is important that you include contact information of someone that we can reach that can get in touch with you.

Once contact is made we will set up the **Intake interview**. The program team will review intake interview information and if there are any other questions we will be back in touch with you or you contact person.

IF POSSIBLE: If the team approves, we will be in touch to set up a zoom meeting with the participants currently in the house. This gives you an opportunity to ask them any question you would have about the program and for them to ask you any questions they would have about your motivation to change, your commitment to sobriety and anything else that may come up.

IF NOT POSSIBLE: The team will have a discussion with the participants in the program and share about you and your current situation of not being able to do a zoom. We will answer any questions that they may have regarding your application and intake.

EITHER WAY the participants will have a discussion and vote on your participation. We then get back in touch with you or whoever your contact is to share the decision made. If it is a yes, we will work with you to decide what the next steps are.

NOTE: ONCE ACCEPTED, WE WILL NOT HOLD A BED SPACE LONGER THAN 5 DAYS.

____ YES I give permission to share my application and intake information according to any questions the current participants may have.

____ NO I do not give my permission to share any information about me to the current participants.

Signature

Date

Mail to: Veronica's Voice, PO Box 172472, Kansas City, KS 66117