



# Mary's House

520 Guilford Avenue  
Greensboro, NC 27401  
336.275.0820

## APPLICATION FOR ADMISSION

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

### PERSONAL DATA

Full Name: \_\_\_\_\_ Other Names Used: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Telephone number where you can be reached: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Martial Status:  Single  Married  Separated  Divorced  Widowed  Living With Significant Other.

If married, husband's name \_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_

Children: 1. Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Legal Custody  yes  no Living arrangements now \_\_\_\_\_

2. Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Legal Custody:  yes  no Living arrangements now \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal Custody:  yes  no Living arrangements now \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Legal Custody:  yes  no Living arrangements now \_\_\_\_\_  
(Use additional page if necessary)

Do your children have any special needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell \_\_\_\_\_ Other Contact Information \_\_\_\_\_

**Substance Abuse History:**

Initial Drug Used: \_\_\_\_\_ Age at first use: \_\_\_\_\_

Preferred Drug of Abuse: \_\_\_\_\_ Amount using currently: \_\_\_\_\_

Withdrawal? \_\_\_\_yes \_\_\_\_no Please list other drugs that you are using:

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

Have you sought prior help with your drug problem? \_\_\_\_yes \_\_\_\_no If yes, please list treatment center with the most recent admission first:

1. Name of Program: \_\_\_\_\_ Dates of Treatment \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Name of Program: \_\_\_\_\_ Dates of Treatment: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Name of Program: \_\_\_\_\_ Dates of Treatment: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If other treatment has been provided, please attach an additional sheet.

How much are you spending on drugs currently? \$ \_\_\_\_\_ day \$ \_\_\_\_\_ week

What is the longest period of time that you have not used drugs? \_\_\_\_\_

Have you ever been to a AA or NA meeting? \_\_\_\_yes \_\_\_\_no

Are you attending AA or NA now? \_\_yes \_\_no

**Educational and Employment History**

Highest level of school completed: \_\_\_\_\_ GED? \_\_\_\_\_

Last school attended: \_\_\_\_\_

Career Goals: \_\_\_\_\_

Last Employer: \_\_\_\_\_ Type of job \_\_\_\_\_

Employment skills you possess \_\_\_\_\_

Are you interested in additional schooling or career training? \_\_yes \_\_no. If yes, what type?

\_\_\_\_\_

Have you ever served in the military? \_\_\_\_yes \_\_\_\_no If yes,branch \_\_\_\_\_

**Personal Health**

How do you rate your current health? \_\_\_\_\_ excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor

Do you have any chronic health problems? \_\_\_\_yes \_\_\_\_no

What type of prescriptions drugs are you currently taking? \_\_\_\_\_

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Most recent hospitalization: \_\_\_\_\_ reason \_\_\_\_\_

Other hospitalizations: \_\_\_\_\_ reason \_\_\_\_\_

\_\_\_\_\_ reason \_\_\_\_\_

Have you ever received help for a mental or emotional problem? \_\_\_\_yes \_\_\_\_no

If yes, when and where was the treatment? \_\_\_\_\_

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

Are you currently under the care of a doctor? \_\_\_\_yes \_\_\_\_no Reason \_\_\_\_\_

Are you pregnant? \_\_\_\_yes \_\_\_\_no If yes, when are you due? \_\_\_\_\_

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List doctor providing care \_\_\_\_\_

Are you allergic to any medications? \_\_\_yes \_\_\_no If yes, list all medications or other substances \_\_\_\_\_

Do your children that would live with you at Mary's House have any health issues?

\_\_\_yes \_\_\_no If yes, please explain: \_\_\_\_\_

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

**Legal History**

Have you ever been arrested? \_\_\_yes \_\_\_no If yes, what charges? (be specific) \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of anything other than a minor traffic charge? \_\_\_yes \_\_\_no  
If yes, please list all convictions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any pending criminal charges? \_\_\_yes \_\_\_no If yes, what are the charges? \_\_\_\_\_

\_\_\_\_\_

Are you on probation? \_\_\_yes \_\_\_no If yes, please list the name of your probation officer : \_\_\_\_\_

\_\_\_\_\_ telephone number: \_\_\_\_\_ county of probation: \_\_\_\_\_

Are you on parole? \_\_\_yes \_\_\_no If yes, please list the name of your parole officer: \_\_\_\_\_

\_\_\_\_\_ telephone number: \_\_\_\_\_ length of time left \_\_\_\_\_

Do you have an attorney? \_\_\_yes \_\_\_no If yes, please list name and telephone number \_\_\_\_\_

\_\_\_\_\_

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**Other Information**

Are you currently homeless? \_\_\_yes \_\_\_no Being evicted? \_\_\_\_\_ date of eviction \_\_\_\_\_

How did you hear about Mary's House? (you may check all that apply)

Friend \_\_\_ Relative \_\_\_ Caseworker \_\_\_ Counselor \_\_\_ Treatment Center \_\_\_

Shelter \_\_\_ Prior Applicant \_\_\_ Name of referring individual: \_\_\_\_\_

Telephone number \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Do you intend to return to your home community after treatment? \_\_\_yes \_\_\_no \_\_\_not sure

Do you have family and friends that you consider supporting your recovery? \_\_\_yes \_\_\_no

If yes, who \_\_\_\_\_

Is there additional information that you think is important to your application that we have not asked? \_\_\_yes

If yes, please include it here.

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*By my signature, I am certifying that all the above information is true to the best of my knowledge and belief.*

*I have omitted nothing and have provided accurate answers to the questions asked.*

*I understand that Mary's House will review my application and I may be granted a face to face interview if I meet the basic qualifications for consideration of admission.*

*I also understand that the submission of this application does not guarantee me admission to the program.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



