



## **RECOVERY PROGRAM APPLICATION**

Today's Date: \_\_\_\_\_ Name (Last, First, Middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

This application will contain private information. By completing this application, you are willing and accepting that confidential information will be reviewed by Las Vegas Rescue Mission staff. It is also understood that while the goal is to minimize who reads this, you are aware that the Las Vegas Rescue Mission cannot control complete privacy during the entire process.

### **GENERAL INFORMATION**

Phone number in which you can be reached: \_\_\_\_\_

If this is not your personal phone, please identify the name& relationship of the person to you:

\_\_\_\_\_

If no one answers, may we provide a detailed message that includes identifying our names, title, and agency; assessment appointment information; program details:  YES  NO

\*if you select no, please note we will not leave message. We will do our best to contact you but it will be your responsibility to follow up

Do you have a valid driver's License?  YES  NO

Driver's License or State ID number:

Issuing State:

Expiration Date:

Have you ever been in Military service?  YES  NO

If YES, do you have your DD214?  YES  NO

### **PROGRAM GOALS**

Why do you want to join this program?

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

Have you previously been in the LVRM Recovery program?  YES  NO



If Yes, Please describe the manner in which you left:

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(To be done by LVRM Staff: Spero checked Date: \_\_\_\_\_ Staff: \_\_\_\_\_)

What goals would you like to work on in program? (Check all that apply and rank the top 5)

- |  |  |                                       |  |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Employment      | <input type="checkbox"/> Housing       | <input type="checkbox"/> Education    | <input type="checkbox"/> Spiritual     |
| <input type="checkbox"/> Identifications | <input type="checkbox"/> Relationships | <input type="checkbox"/> Gambling     | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> Drug/Alcohol  | <input type="checkbox"/> Legal Issues | <input type="checkbox"/> Other: _____  |

## SPIRITUAL

The Las Vegas Rescue Mission is a faith based organization and Christianity is used in the structure of the Recovery Program as well as the environment. Biblical principles along with Christian teachings are incorporated. You are expected to participate in all aspects of the Recovery program including this. While you do not have to be a Christian to participate in the Recovery Program, respecting everyone's beliefs as well as the organizations values is required and expected.

Are you okay with the recovery program promoting Christian teachings and values?

- YES    NO

Are you currently involved with a church or religious organization?  YES    NO

Please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you attend church or another religious organization as a child?  YES    NO

Please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any current goals of a religious or spiritual nature?  YES    NO



Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **SUBSTANCE USE**

CAGE- AID Questionnaire: when thinking about alcohol, drug use, including illegal drug use and the use of prescription drug use other than prescribed...

Have you ever felt that you ought to cut down on your drinking or drug use?  YES  NO

Have People annoyed you by criticizing your drinking or drug use?  YES  NO

Have you ever felt bad or guilty about your drinking or drug use?  YES  NO

Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?  YES  NO

**What is the last substance(s) used, when you last use, and overall details of your use:**

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

## **GAMBLING**

Brief Biosocial Gambling Screen

During the past 12 months, have you become restless, irritable, or anxious when trying to stop/cut down on gambling?  YES  NO



During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?  YES  NO

During the past 12 months did you have such financial trouble as a result of your gambling that you had to get help with living expense from family, friends, or welfare?  YES  NO

**When is the last time you gambled something of value and any additional information about your history of gambling:**

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## HEALTH

The Las Vegas Rescue Mission also includes Work Therapy. While at the Mission, the expectation is that physical assistance will be a part of the program. This includes work environments such as: kitchen, warehouse, security, and janitorial services. As a resident, not an employee of the Mission, and will not directly, expressly, or by implication and will not receive financial compensation for hours worked. The following questions are derived from the World Health Organization Disability Assessment Schedule. This asks about difficulties due to health conditions. Health conditions include illnesses, diseases or other health problems that may be short or long lasting. This back over the past **30 days** and answer these questions about how much **DIFFICULTY** you had doing the following activities:

	None	Mild	Moderate	Severe	Extreme/Cannot Do
Concentrating on doing something for 10 minutes?					
Remembering to do important things?					
Learning a new task?					
Standing for long periods of time?					
Standing up from sitting down?					



Walking long distances					
Washing you whole body?					
Getting Dressed?					
Eating?					
Getting along with people?					

Are you currently under the care of a health care professional?

YES     NO

If yes, please list all:

Name: \_\_\_\_\_ Address/Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address/Phone: \_\_\_\_\_

Any health issues to note:

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If you are currently prescribed and/or taking medications, please list below:

MEDICATIONS	REASONS	DOSAGE	DATE STARTED



## MENTAL HEALTH

DSM- 5 Self Rated Level I Cross Cutting Symptom Measure (Adult) Instructions: The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem during the **past TWO (2) WEEKS**.

	During the past <b>TWO (2) WEEKS</b> , how much (or how often) have you been bothered by the following problems?	<b>None</b> Not at all	<b>Slight</b> Rare, less than a day or two	<b>Mild</b> Several days	<b>Moderate</b> More than half the days	<b>Severe</b> Nearly every day	<b>SCORE BY CLINICIAN</b>
<b>1</b>	Little interest or pleasure in doing things?	0	1	2	3	4	
	Feeling down, depressed, or hopeless?	0	1	2	3	4	
<b>2</b>	Feeling more irritated, grouchy, or angry than usual?	0	1	2	3	4	
<b>3</b>	Sleeping less than usual, but still have a lot of energy?	0	1	2	3	4	
	Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4	
<b>4</b>	Feeling nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4	
	Feeling panic or being frightened?	0	1	2	3	4	
	Avoiding situations that make you anxious?	0	1	2	3	4	
<b>5</b>	Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	0	1	2	3	4	
	Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4	
<b>6</b>	Thoughts of actually hurting yourself?	0	1	2	3	4	
<b>7</b>	Hearing things other people couldn't hear, such as voices even when no one was around?	0	1	2	3	4	
	Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	0	1	2	3	4	
<b>8</b>	Problems with sleep that affected your sleep quality over all?	0	1	2	3	4	
<b>9</b>	Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	0	1	2	3	4	
<b>10</b>	Unpleasant thoughts, urges, or images that repeatedly enter your mind?	0	1	2	3	4	
	Feeling driven to perform certain behaviors or mental acts over and over again?	0	1	2	3	4	
<b>11</b>	Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	0	1	2	3	4	
<b>12</b>	Not knowing who you really are or what you want out of life?	0	1	2	3	4	
	Not feeling close to other people or enjoying your relationships with them?	0	1	2	3	4	



## ACKNOWLEDGMENT

I, \_\_\_\_\_, hereby apply for admission to the Recovery Program at the Las Vegas Rescue Mission. I hereby certify that I have completed this application to the best of my ability and as truthfully as possible. The next step after the application will be to schedule and complete a full clinical assessment. Recommendations will be made at that time by appropriate credentialed staff. If admitted, I acknowledge that my continued residence at the Mission and participation shall be determined by the recovery Staff, dependent on my continued need, my cooperation and my willingness to help others situated, including such voluntary assistance as I may have the privilege of rendering.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Reviews by Staff (staff name and date)

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_