Residential Programs Application

Thank you for your interest in SeaView's residential treatment options. We look forward to reviewing the applicant's information and considering them for admission. The information below will help us to better understand the applicant's situation as well as potential solutions in helping them get access to the appropriate services. Please note - the information is confidential, for our use only, and will not be released to anyone without applicant's written permission.

Program seeking Admission to:

☐ Adult Mental Health Residential ☐ Recovery Housing

Applicant Information:

Name:_____ Date of Birth:_____ Age:_____ SSN:_____

Street Address:_____ City/State:_____ Zip Code: _____

Sex: ☐ Female ☐ Male ☐ Transgender ☐ Other _____

Home Phone_____ Cell Phone_____

In an emergency, who do we call? Contact Name:_____ Contact Phone: _____

Is applicant employed? ☐ Yes ☐ No

Employer:_____ Length of Employment:_____ Position:_____

Highest Level of Education Completed: _____

Family and Significant Relationship Information:

Next of Kin/Legal Guardian:_____ Relationship:_____

Street Address:_____ City/State:_____ Zip Code: _____

Phone Number:_____ Is family involved with applicant? ☐ Yes ☐ No

Financial Information:

Name of Insurance Company:_____ Insurance Co. Phone # (Mental Health):_____

Policy Owner's Name:_____ Policy Owner's Date of Birth: _____

Policy Owner's SS#:_____ Insurance ID #:_____ Policy or Group#:_____

Policy Owner's Address (only if different than above): _____

Is the applicant eligible for SSI/SSDI benefits? ☐ Yes ☐ No

Is he/she currently receiving these benefits? ☐ Yes ☐ No

Social / Family Information:

Which best describes the applicant's relationship status? Choose all that apply:

☐ Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐ Living Together

Does the applicant have children? If so, please provide names and ages: _____

_____

_____

If the applicant has children, with whom do they live? _____

Housing Information:

Which best describes the applicant's current housing situation?

☐ Homeless shelter	☐ Domestic violence shelter	☐ Rental housing
☐ On the street	☐ Other transitional living program	☐ Parent/Legal Guardian's home
☐ Relatives home	☐ Friend's home	☐ Other adult's home
☐ Assisted Living Home	☐ Substance Abuse Treatment Center	☐ Psychiatric Hospital
☐ Military	☐ Educational Institution	☐ Correction/Detention Center

☐ Other: _____

_____

Has the applicant ever been homeless? ☐No ☐ Yes; If Yes, please explain: _____

_____

_____

_____

Does the applicant have any pets? If so, what type? _____

Medical and Mental Health History / Information:

Is the applicant currently being treated by a physician for any medical conditions? If so, please describe:

_____

_____

_____

_____

Is the applicant currently taking prescription, over-the-counter or herbal medication? ☐No ☐ Yes;

Medication name/dose: _____

_____

_____

_____

_____

Is the applicant currently being seen by a Psychiatrist or other mental health provider? ☐No ☐ Yes;

If yes, who? _____

Contact information: _____

What is the focus of treatment? _____

Current mental health diagnoses? _____

_____

_____

Does the applicant have any Intellectual or Developmental Disabilities? _____

_____

_____

Family History:

Is there any family history of mental illness or substance abuse? If so, please list relationship & diagnosis:

_____

_____

Please list family, friends, support groups and community groups:

_____

_____

List any history of emotional, physical, and/or sexual abuse:

_____

_____

Has a family member or close friend ever committed suicide? ☐ No ☐ Yes, (who) _____

Has applicant been having any thoughts of harming self or others?

☐ Yes ☐ No ☐ Self ☐ Other(s)

Has the applicant ever been involved in any significant legal actions, currently or in the past (e.g.: lawsuit, probation, parole)? If so, please state and under what circumstances:

_____

_____

Alcohol / Substance Use:

How often does the applicant have a drink containing alcohol?

☐ Never ☐ 1/month or less ☐ 2-4/month ☐ 2-4/week ☐ more than 4/week

How many drinks containing alcohol does the applicant consume on a typical day that they are drinking?

☐ 1 or 2 ☐ 3 or 4 ☐ 5 or 6 ☐ 7 to 9 ☐ 10 or more

Does the applicant use marijuana or other “street drugs”?

☐ No ☐ Yes; what type/quantity/frequency of use: _____

_____

_____

Does the applicant have a history of Alcohol/Substance Use? ☐Yes ☐ No

If yes, list substance(s), date of last use, treatment history.

Substance	**Date of Last Use**	**Treatment History**

Program Information:

Why is the applicant currently seeking admission to this program?

_____

_____

_____

What challenges have prevented the applicant for accessing permanent housing or living independently in the past? _____

_____

_____

What are some of the applicant's strengths?

_____

_____

What are some of the life skills/activities of daily living that applicant currently requires assistance with?

_____

_____

Please list the goal(s) that the applicant hopes to address and achieve in the program.

1._____ 2. _____

3._____ 4. _____

Referral Information:

Name:_____Relationship to applicant: _____

Street Address:_____City/State:_____Zip Code: _____

Phone Number:_____Fax/Email: _____

Please fax completed application to (907)224-7081