

ONESIMUS HOUSE RESIDENT INTAKE FORM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Next of Kin Emergency Contact: \_\_\_\_\_

Applicant hereby gives permission to Cornerstone Community Services to conduct a background check through a third-party provider. This check does not disqualify the applicant and is conducted after arrival. \_\_\_\_\_(signature)

Are you homeless? \_\_\_\_\_ Incarcerated or in Detox? \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous residence: \_\_\_\_\_

Physical health issues: \_\_\_\_\_

Mental health issues: \_\_\_\_\_

Prescribed medications: \_\_\_\_\_

Recent Criminal Record: \_\_\_\_\_

Court and Probation Supervision: \_\_\_yes \_\_\_no Requirements: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Requester's description of their spiritual background: \_\_\_\_\_

Marital Status: \_\_\_\_\_ # Children: \_\_\_\_\_ Custody: \_\_\_\_\_

How you came in contact with Onesimus House: \_\_\_\_\_

Help being requested: \_\_\_\_\_

Read and approved house rules?: Yes \_\_\_\_\_ (initials) Medications Protocol? Yes \_\_\_\_\_ (initials)

Understand and agree to pay the Recovery Program Fee? Yes \_\_\_\_\_ (signature)

Receiving Public Assistance? \_\_\_A.n.D. \_\_\_TANF \_\_\_SSI Other: \_\_\_\_\_

Other agencies currently providing help: \_\_\_\_\_

Current Sources of Income: \_\_\_\_\_

Employment skills: \_\_\_\_\_

Own car: \_\_\_yes \_\_\_no License: \_\_\_yes \_\_\_no Insurance: \_\_\_yes \_\_\_no

Education: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

## **Medications Protocol**

Resident shall sign a medical information release upon entry into the program prior to any medical visits.

Resident is hereby counseled to have medical records transferred here - prior to any medical visits.

Residents shall not seek psychiatric medications during any visit to Valley Medical Clinic or the local Emergency Rooms. If caught, you will not be allowed to return there. Valley Medical Clinic offers only primary medical care.

Residents shall first seek care at Rio Grande Clinic in Del Norte.

Residents shall attempt to avoid the emergency room unless it is an emergency. Discipline yourself and your schedule to go to the clinic during business hours.

All prescriptions must be logged into resident's file.

In general, psychiatric medications are strongly discouraged. Narcotic and addictive medications are strongly discouraged and only allowed with written permission by Staff. Specifically, pain killers are not allowed except for short-term, single incident treatments unless part of a signed pain management program. Any deviance from the pain management program will be deemed drug abuse. Over the counter medications are allowed unless abused beyond printed dosage requirements.

Residents caught "doctor hopping" or "pharmacy hopping" will be called before the CCS Board and may be asked to leave.

Residents must submit an appointment request to O.House management prior to making a medical appointment. Resident's appointment time must fit the approved travel dates.

Prior to medical appointments, Residents must make disclosure to medical clinics and psychiatrists of their participation in our drug and alcohol program.

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### **Resident Request for Medical Appointment**

Resident Name: \_\_\_\_\_ Date of this Request: \_\_\_\_\_

Type of Appointment Requested: \_\_\_\_\_

Doctor or Clinic Name: \_\_\_\_\_

Physical Symptoms: \_\_\_\_\_

Previous Diagnosis?: \_\_\_yes/no Diagnosis: \_\_\_\_\_

Desired appointment dates: \_\_\_\_\_

Comments: