



Community Church

ARDY House Men's Recovery Home

Intake Application

brad.ardyhouse@urbanlightmuncie.com

765-808-5484

Date: _____

Intake Staff: _____

ARDY HOUSE INTAKE APPLICATION

PERSONAL DEMOGRAPHICS

First Name: _____

Last Name: _____ **MI** _____

Date of Birth: ____/____/____ **Age:** _____

Address: _____

City: _____

State: _____ **Zip Code:** _____

Telephone:

(Home) _____ **(Work)** _____ **(Cell)** _____

Email Address: _____

Driver's License / State ID: # _____ **State Issued:** _____

EDUCATION:

Highest Level of Education:

- ☐ High School not completed
- ☐ High School Diploma
- ☐ Trade School
- ☐ GED
- ☐ College Degree: Type _____
- ☐ Graduate Degree: Type _____
- ☐ Other _____

EMPLOYMENT:

Occupation: _____

Employed by: _____

How long employed: _____

Military Service: Yes _____ No _____ Branch _____ Years of Service _____

CRIMINAL HISTORY:

Have you ever been incarcerated: Yes _____ No _____

Date: _____

Probation / Parole: Yes _____ No _____

Name of Probation / Parole Officer _____

Sex Offender Registry: Yes _____ No _____

If on the Sex Offender Registry, what state? _____

RELIGION:

- ☐ Christian
- ☐ Buddhism
- ☐ Hinduism
- ☐ Islam
- ☐ Other _____
- ☐ Prefer not to say

REFERRAL SOURCE:

Referred by:

- ☐ Doctor _____
- ☐ Pastor / Church _____
- ☐ Former Client _____
- ☐ Website _____
- ☐ Insurance _____
- ☐ Community Agency _____
- ☐ Department of Corrections
- ☐ Other _____

MARITAL HISTORY:

_____ Single

_____ Never Married

_____ Engaged / How Long: _____

_____ Living Together / Date Started: _____ How Long: _____

_____ Married / Date Married: _____ / Months / Years Married: _____

_____ Separated / Date: _____ How Long: _____

Spouse / Significant Other's Name: _____

Phone number: _____

Previous Marriages / Significant Others:

- ☐ 1st Marriage / SO: Years Together _____
- ☐ 2nd Marriage / SO: Years Together _____
- ☐ 3rd Marriage / SO: Years Together _____

FAMILY HISTORY:

Your Children:

Name	Age	Gender	Biological/Step/Adopted

CHILDHOOD FAMILY EXPERIENCE:

Please describe your childhood experience below:

Home Environment: _____ Excellent _____ Very Good _____ Good _____ Fair _____ Poor

Child Welfare (CPS) Involvement: _____ Yes _____ No

Domestic Violence in the home: _____ Yes _____ No

Substance related issues in the home: _____ Yes _____ No

If yes, please explain: _____

Abuse	Witnessed	Experienced
Physical	☐	☐
Verbal	☐	☐
Sexual	☐	☐

HEALTH HISTORY:

Do you currently have medical insurance: Yes _____ No _____

Insurance Provider: _____

Policy Number: _____

Phone Number: _____

Primary Care Provider (doctor, nurse practitioner, etc.)

Name: _____

Office Phone: _____ City: _____ State: _____

Do you have any known allergies: Yes _____ No _____

If yes, please explain: _____

Prior Detox / Recovery History: Yes _____ No _____

Name of Provider: _____

City and State: _____

Date: _____

Completion of treatment: Yes _____ No _____

Name of Provider: _____

City and State: _____

Date: _____

Completion of treatment: Yes _____ No _____

Name of Provider: _____

City and State: _____

Date: _____

Completion of treatment: Yes _____ No _____

Name of Provider: _____

City and State: _____

Date: _____

Completion of treatment: Yes _____ No _____

Name of Provider: _____

City and State: _____

Date: _____

Completion of treatment: Yes _____ No _____

CURRENT SYMPTOM CHECKLIST

Directions: Please check all symptoms you are currently experiencing or have experienced in the past two weeks:

Mild = Impacts quality of life, but no significant impairment of day to day functioning

Moderate = Significant impact on quality of life and or day to day functioning

Severe = Profound impact on quality of life and day to day functioning

Symptom	Functioning	Symptom	Functioning
☐ Depressed Mood	☐ Mild ☐ Moderate ☐ Severe	☐ Sleeping Problems	☐ Mild ☐ Moderate ☐ Severe
☐ Eating Problems	☐ Mild ☐ Moderate ☐ Severe	☐ Elimination Problems	☐ Mild ☐ Moderate ☐ Severe
☐ Poor Concentration	☐ Mild ☐ Moderate ☐ Severe	☐ Mood swings during day	☐ Mild ☐ Moderate ☐ Severe
☐ Sad, cry often for no reason	☐ Mild ☐ Moderate ☐ Severe	☐ Grief	☐ Mild ☐ Moderate ☐ Severe
☐ Hopelessness	☐ Mild ☐ Moderate ☐ Severe	☐ Worthlessness	☐ Mild ☐ Moderate ☐ Severe
☐ Fatigue/low energy	☐ Mild ☐ Moderate ☐ Severe	☐ Irritability	☐ Mild ☐ Moderate ☐ Severe
☐ Thoughts of death / self-harm	☐ Mild ☐ Moderate ☐ Severe	☐ Body movements slow and difficult	☐ Mild ☐ Moderate ☐ Severe
☐ Personal grooming is difficult	☐ Mild ☐ Moderate ☐ Severe	☐ Elevated mood (energetic, feel as though you can do anything)	☐ Mild ☐ Moderate ☐ Severe
☐ Social Isolation (few friends/social contacts)	☐ Mild ☐ Moderate ☐ Severe	☐ Ongoing relationship problems	☐ Mild ☐ Moderate ☐ Severe

☐ Generally anxious most of day	☐ Mild ☐ Moderate ☐ Severe	☐ Excessive worry most of day	☐ Mild ☐ Moderate ☐ Severe
☐ Confused, or jumbled thoughts	☐ Mild ☐ Moderate ☐ Severe	☐ Frequently agitated	☐ Mild ☐ Moderate ☐ Severe
☐ Nervous / fearful most of day	☐ Mild ☐ Moderate ☐ Severe	☐ Racing thoughts	☐ Mild ☐ Moderate ☐ Severe
☐ Tight chest, racing heartbeat	☐ Mild ☐ Moderate ☐ Severe	☐ Dizzy / room spinning	☐ Mild ☐ Moderate ☐ Severe
☐ Light-headed / Faint	☐ Mild ☐ Moderate ☐ Severe	☐ Panic attacks	☐ Mild ☐ Moderate ☐ Severe
☐ Chest pain / feels like heart attack	☐ Mild ☐ Moderate ☐ Severe	☐ Fretful / muscle tension / fidget a lot / can't sit still	☐ Mild ☐ Moderate ☐ Severe
☐ Losing or gaining at least 7-10 lbs within a month	☐ Mild ☐ Moderate ☐ Severe	☐ Phobias (i.e., snakes, heights, elevators, planes)	☐ Mild ☐ Moderate ☐ Severe
☐ Obsessions (thinking about the same thing over and over)	☐ Mild ☐ Moderate ☐ Severe	☐ Compulsions / rituals (doing the same things over and over)	☐ Mild ☐ Moderate ☐ Severe
☐ Binging / purging (eating a lot and throwing up or laxatives)	☐ Mild ☐ Moderate ☐ Severe	☐ Laxatives / diuretic abuse	☐ Mild ☐ Moderate ☐ Severe
☐ Anorexia (restricting food intake)	☐ Mild ☐ Moderate ☐ Severe	☐ Aggressive (intimidating, controlling, hurting others, damaging property)	☐ Mild ☐ Moderate ☐ Severe
☐ Guilt / Shame	☐ Mild ☐ Moderate ☐ Severe	☐ Health Complaints	☐ Mild ☐ Moderate ☐ Severe

☐ Self-mutilation (hurting yourself / cutting)	☐ Mild ☐ Moderate ☐ Severe	☐ Sexual Problems	☐ Mild ☐ Moderate ☐ Severe
☐ Victim of emotional trauma / abuse	☐ Mild ☐ Moderate ☐ Severe	☐ Victim of physical trauma / abuse	☐ Mild ☐ Moderate ☐ Severe
☐ Victim of sexual abuse	☐ Mild ☐ Moderate ☐ Severe	☐ Perpetrator of emotional trauma / abuse	☐ Mild ☐ Moderate ☐ Severe
☐ Perpetrator of physical trauma / abuse	☐ Mild ☐ Moderate ☐ Severe	☐ Perpetrator of sexual trauma / abuse	☐ Mild ☐ Moderate ☐ Severe

SUBSTANCE USAGE: (Alcohol, Drugs, Nicotine, Caffeine, etc.)

Type of substance	Amount	Frequency	First Use (age)	Last Date Used
☐ Alcohol				
☐ Marijuana				
☐ Opioids / Heroin				
☐ Prescription Medications				
☐ Hallucinogens				
☐ Cocaine				
☐ Meth				
☐ Benzodiazepines				
☐ Inhalants				
☐ Other(s)				

MEDICAL HISTORY Continue...:

Medications (Name)	Dosage	Frequency

Do you currently have any medical issues? Yes _____ No _____

If yes, please explain:

Medical Issue	What accommodation is needed?

What are you looking for in this program? (Use the area below for your answer)

Informed Consent

- I am aware that I am completing this application to apply for recovery services with the ARDY House. I acknowledge that I have been made aware that information in this application may be shared with service providers that partner with the ARDY House should I be accepted into the program. _____
- I understand that I need to provide accurate information about myself and my concerns to the Intake Staff so that I can receive effective services. I also agree to play an active role in my treatment. _____
- I understand that I may end services at the ARDY House at any time. I agree to inform the ARDY House staff should I wish to terminate the program. _____
- I understand that all information shared with the ARDY House is confidential. However, I am aware that confidentiality can be broken in the case that I could harm myself, someone else or if a court of law requires the staff to break confidentiality. _____

Confidentiality

Confidentiality and privileged communication remain rights of all staff; however, some courts have held that if an individual intends to take harmful, dangerous, or criminal action against another human being, or oneself, it is the staff's duty to warn appropriate authorities of such intentions. Staff are mandated by Indiana law to report any incidences of "Reasonable Suspected Child Abuse" (physical or sexual).

I have read the above statements and understand the staff's social and ethical responsibility to warn when harmful, dangerous, or criminal action is evident.

Name of applicant (Print)

Date

Signature of applicant

Signature of Staff