

**Magnolia House Residential Recovery Program Application:**

Date of Application Filing: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Who to notify in case of emergency: \_\_\_\_\_

Your relationship to this person: \_\_\_\_\_

Phone number to this person: \_\_\_\_\_

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_

Do you have a boyfriend \_\_\_\_\_ His name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Marriage License is required! Common law marriage is not accepted!

S.C. Driver's License \_\_\_\_\_

If your license has been suspended what charges do you have and what would it take to get them back? \_\_\_\_\_

Are you Court Ordered for a recovery program? \_\_\_\_\_

Required Length of Program? \_\_\_\_\_

Are you on Parole? \_\_\_\_\_ Probation? \_\_\_\_\_

Agent's Name: \_\_\_\_\_

City/State \_\_\_\_\_

Public Defender's/Lawyer's Name \_\_\_\_\_

What is your drug of choice \_\_\_\_\_

How long have you been using substance? \_\_\_\_\_

Have you been in a Substance Recovery program before? \_\_\_\_\_

How Many? \_\_\_\_\_ Where and the length of stay? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the longest that you have ever been clean? \_\_\_\_\_

Time Period? \_\_\_\_\_

Have you ever served time in jail? \_\_\_\_\_ When? \_\_\_\_\_

How long did you serve? \_\_\_\_\_ Where? \_\_\_\_\_

What charges? \_\_\_\_\_

Do you have any outstanding charges/warrants that you are aware of? \_\_\_\_\_

What? \_\_\_\_\_

Do you pay court cost? \_\_\_\_\_ How much? \_\_\_\_\_

Do you pay restitution? \_\_\_\_\_ How much? \_\_\_\_\_

Are there any legal matters that you are currently working on or are supposed to be working on? \_\_\_\_\_ What? \_\_\_\_\_

Are you a listed sex offender? \_\_\_\_\_

Education Level \_\_\_\_\_ Did you graduate? \_\_\_\_\_

College \_\_\_\_\_ How many years \_\_\_\_\_

What did you major in? \_\_\_\_\_

What are your qualifications for employment?

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Do you receive food stamps? \_\_\_\_\_ How much? \_\_\_\_\_

Do you receive Medicaid \_\_\_\_\_ or Medicare \_\_\_\_\_

Do you have any financial obligations? \_\_\_\_\_

What obligations & How Much?

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Do you pay child support? \_\_\_\_\_ What is the monthly payment? \_\_\_\_\_

Who will pay the child support for you until future opportunity is acquired to take this responsibility for yourself if you are accepted into program? \_\_\_\_\_

Have you been committed to a mental health hospital in past? \_\_\_\_\_

Where? \_\_\_\_\_ Date? \_\_\_\_\_ Age? \_\_\_\_\_

Where? \_\_\_\_\_ Date? \_\_\_\_\_ Age? \_\_\_\_\_

Are you currently working with mental health or being seen by a psychiatrist? \_\_\_\_\_

Explain why: \_\_\_\_\_

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Counselors Name: \_\_\_\_\_ What office: \_\_\_\_\_

Phone Number \_\_\_\_\_

Was there history of Mental Illness in your family? \_\_\_\_\_

List any health problems and medication that you take:

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Do you ever hear voices or sounds? \_\_\_\_\_

Have you ever been to a Detox? \_\_\_\_\_ Date? \_\_\_\_\_

Where? \_\_\_\_\_

Have you ever overdosed? \_\_\_\_\_ Date? \_\_\_\_\_ On What? \_\_\_\_\_

Have you ever had a HIV test and TB test done? \_\_\_\_\_ What were the results? \_\_\_\_\_

Do you smoke cigarettes? \_\_\_\_\_ Vape? \_\_\_\_\_

Do you think that you are a healthy person? \_\_\_\_\_

Do you have children? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Where do they live? \_\_\_\_\_ With Whom? \_\_\_\_\_

If Social Service is involved with your children, state the case workers name and phone number. \_\_\_\_\_

Your Religious Preference? \_\_\_\_\_ Do you Journal? \_\_\_\_\_

Why do you feel that you need our Recovery program?

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Is everything true on this application? \_\_\_\_\_

Everything is kept confidential. Any false statements could keep you from staying in our program.

By signing below, I have been honest and open on my answers.

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