ST. PAUL CME CHURCH
THE CHESTINA/HALLELUJAH HOUSE

Residential Program Intake Form

Name____

Social Security Number____

Date of Birth_________________________ Place of Birth_____________________

Height_____________________________ Weight_________________________

Last year of School completed 1 2 3 4 5 6 7 8 9 10 11 12 GED

College____________________________ Degree______________ Year________
Technical School_______________________ Degree______________ Year________

Marital Status (Please Circle): Single Married Separated Divorced Widowed

If applicable, spouse' name____

Do you have any children? Yes No
If yes, please provide:

Name	Age	With whom does the child live?

Are you currently involved with DFCS? Yes No
If yes, please provide:

Case Worker	Phone #	Extension

With whom will your children reside while you are in the program?

Name	Address	Telephone Number

How long have you lived in the Savannah area?___________________________________

From where did you relocate?____

Are you homeless? Yes No

Do you have any relatives in the Savannah area? Yes No

How is your relationship with them? Good Average Poor

Please provide three(3) people that can be contacted in case of an emergency:

Name	Address	Telephone #	Relationship

Are you a Veteran of the U. S. Armed Forces? Yes No

Are you currently employed? Yes No How Long?____________________ Hours per week____________

If yes, please provided the following:

Employer	Address	Supervisor	Telephone #

What type of income do you receive? Please circle all that apply.
None Social Security Veteran's Benefits Spot Job SSI Unemployment Worker's Compensation
Other____

Have you been in a controlled environment (i.e. jail, prison, hospital) in the last 30 days? Yes No
If yes, please provide:

Name of Facility	City and State	Dates

Have you previously participated in a substance abuse program? Yes No

If yes, how many programs have you attended? 1 2 3 4 5 or more

Please provide the following information for the last program attended:

Name of Program	Address & Telephone #	Dates Attended	Type of Program (detox, 12 step, residential, etc.)

How did you hear about our program? Friend Family Church Other_____________________________

Why do you want to participate in our program?____

____

Are you a member of any Church or Christian Organization? Yes No

If yes, please provide:

Name of Church/Organization	City, State	Period of last active attendance

By signing this form, I recognize that St. Paul CME Church is not liable for any injuries or thefts that might occur while in the program.

____
Participant's Signature

____
Staff Signature

____
Date

____
Date

Contact Person____

Address____

Home Phone________________________________ Cell Phone___________________________________

THE CHESTINA/HALLELUJAH HOUSE

Medical Self-Assessment

Name____ Date______________________

Please circle all conditions you currently have of have had in the past:

Diabetes	High Blood Pressure	Heart Problems	Heart Attack
Cancer	Asthma	Epilepsy	Liver Disease
Emphysema	Migraine Headaches	HIV/AIDS	STD:
Tuberculosis	Brain Injury	Arthritis	Ulcers
Glaucoma	Thyroid Problems	Kidney Disease	Stroke
Other Seizure Disorder	Other:	Other:	Other:

Please provide all known allergies____

Have you had any surgeries? Yes No

If so, please provide:

Type of Surgery	Date of Surgery

Please provide the following for your primary care physican:

Name	Address	Telephone Number

If you do not have a primary care physican, please provide information for the last place you received medical attention.

Name of Facility	Address	Telephone Number

Please list all medication (prescribed and OTC), vitamins and/or herbal supplements you are currently taking (or have been prescribed):

Name	Dosage	How Often	1st Prescribed	By Whom	Last Taken

THE CHESTINA/HALLELUJAH HOUSE

This Is My Story

Name________________________________ Date________________________________

For the past____________ years/months, I have been using________________________.
I have been in __________treatment programs. I am presently living____________________.

This Is My Story

(Please use other side if necessary.)