

Solutions House

CHEMICAL USE HISTORY:

Substances used on a regular basis:

Substance	Route of Administration	Date of last use

Residential History:

Facility Name	Date of attendance	Nature of Discharge

Psychological History:

Mental Health Diagnosis:

Diagnosis	Diagnosed By	Date of Diagnosis	Medications Prescribed

Legal History:

Do you have any active warrants out for your arrest? YES NO

Medical History:

Current medical conditions

Diagnosis	Diagnosed by	Date of Diagnosis	Medications prescribed

If taking medications, how do/will you pay for them? _____

Have you been prescribed medications that you are not taking? YES/ NO

History of suicidal thoughts: Last 30 days: Lifetime: Attempts:

If yes, did you have a plan? _____

History of Homicidal thoughts: Last 30 days: Lifetime: Attempts:

If yes, did you have a plan? _____

Do you hear voices or see things other people don't see? YES/ NO

If yes, please describe: _____

Solutions House

Physicians name, Facility, City: _____

Date of last appointment _____ For: _____

Date of last physical: _____

Date of last Hospitalization: _____ For: _____

Education and or Vocational

School	Dates attended	Degree or Certificate

Solutions House

Please include the following information with your application, if available:

- Admission information (if currently hospitalized or in residential treatment/facility)
- Psychosocial information or assessments
- Psychological testing
- Any medical information regarding ongoing treatments
- List of medications currently taking
- Progress notes (if hospitalized) or clinician notes from most recent counselor/psychiatrist/psychologist
- Level of Care recommendation (LOCUS) scores
- SSI/SSDI application status, if applicable
- Photocopy of all available identification
- Photocopy of proof of insurance
- TB test results
- Guardian/Payee contact information and legal documentation
- Brief summary by the client describing what he/she hopes to gain by living at Solutions House
- All pertinent legal documents regarding convalescent leave, probation, or parole status, if applicable

ADMISSION CRITERIA:

All persons admitted to the Solutions House shall be seriously mentally ill and defined as persons age 18 or older who have a severe or persistent mental disability which results in a long-term limitation of their capacity to function in primary activities of daily living and are unable to remain in the community without supportive treatment and services of long-term or indefinite duration. Solutions House does not discriminate against potential residents on the basis of race, creed, sex, religion, HIV status or sexual orientation.

If CRISIS PLACEMENT:

COMMENTS (FOR OFFICE USE ONLY)
