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## Application Screener

(if the Question does not apply to you answer no or N/A)

### Name \*

First Name

Last Name

Birthdate

Race

### Phone Number \*

Phone Number

Male or Female

Age

Gender Identity

### Email

example@example.com

Marital Status

### What Type of Insurance do you Have? \*

### Are you Employed? \*

YES

NO

### Are You Pregnant? \*

YES

NO

### Today's Date \*

Month Day Year

Emergency Contact

### Clean Date \*

Month Day Year

### Do You have work restrictions? If Yes what? \*

### Are you currently on probation or parole? If yes, county and Officer? \*

### Have you ever been convicted of a violent offense? If yes, explain

**Have you ever been convicted of a Sex offence? If yes risk Level? \***

**Date of last use of ANY substance. \***

Month Day Year

**Substances used? Method of Use? How often? \***

**Are You on a MAT program? \***

YES

NO

**Have you Had NARCAN administered? If yes, when? \***

**Do you have any issues getting around? Like trouble walking, trouble climbing stairs, etc.? \***

**Do you have any Mental Health Issues? Depression? Anxiety?\***

**Do You have any Medical Health issues? High blood pressure, Diabetes, Heart problems, etc?**

**Please List All medications you are currently taking.**

**Are you currently at a Treatment Facility? If yes where and How long have you been there? \***

**Expected Discharge Date**

Month Day Year

**Have you been to Our treatment center Before? If yes what happened? What has changed? \***

**Is there anything else you would like us to know about you? \***