

MAXWELL'S PLACE APPLICATION FORM

This form should be filled out before scheduling an interview for residency at Maxwell's Place. The details you provide will be utilized during the interview process to assess whether residency with us is currently the most suitable option for you.

Name: _____

Phone No.: _____ DOB: ____/____/____ Marital Status: _____

1. How did you hear about Maxwell's Place? Friend: _____ Or referred by: _____

Facility Phone No: _____ Name of your counselor: _____

2. Have you successfully completed a 28 day 12-Step inpatient treatment program? Yes No

When: _____ Where: _____

3. Have you ever been a resident at a facility similar to Maxwell's Place? Yes No

When: _____ Where: _____

For how long? _____

4. Are you a Veteran of the Armed Forces? Yes No Are you on Active Duty? Yes No

Where? _____

5. PRIMARY substance(s) abused? _____

Date(s) of Last Use: _____

6. Twelve Step Experience in the past? Yes No

When: _____ How long: _____

7. Do you currently have a physician? Yes No

Doctor's name and phone number? _____ Date of last exam? _____

Psychiatric Diagnosis? Yes No List _____

8. Medical Diagnosis(es) Yes No List _____

9. Communicable Diseases? TB? Yes No HIV? Yes No Hepatitis? Yes No

10. Do you have any Allergies? Yes No List: _____

11. Do you have Dietary Restrictions? Yes No List: _____

12. Do you have a history of seizures? Yes No List: _____

13. Please list all medications and dosages you are currently taking:

Medication: _____ Dosage: _____ Effective? _____

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Medication: _____ Dosage: _____ Effective? _____

Medication: _____ Dosage: _____ Effective? _____

Medication: _____ Dosage: _____ Effective? _____

14. Have you recently stopped taking medications without your doctor's permission? Yes No

15. Have you ever been convicted of assault, arson, or of an offense involving a child, juvenile, minor, or senior-aged person? Yes No List _____

PLEASE EMAIL THE APPLICATION TO: vanessa@maxwellsplace.org

16. Do you have any pending legal issues, court dates, or charges? Yes No

When and Where _____

17. Are you on probation or parole? Yes No For _____

Where _____ For how long _____

Probation/Parole Officer name and phone number: _____

18. What do you do for work? _____

Where are you working now? _____

19. Do you have a Driver's License? Yes No Do you have a car insured in North Carolina Yes No

Do you have a social security card? Yes No

20. Are you on Disability? Yes No Are you receiving benefits Yes No

21. Do you have any disabilities that would prevent you from working a full-time, first-shift job? Yes No

List _____

22. Why do you want to come to Maxwell's Place? _____

23. What is the most important thing in your life right now? _____

24. Are you open to getting a 12-Step sponsor? Yes No

25. Other than drinking / using, what is one thing you would like to change about yourself? _____

26. If admitted, are you willing to stay a minimum of 4 months? Yes No

27. Do you have the \$300 initial service fee to come to Maxwell's Place? Yes No

28. Is there anything else you think we should know prior to you becoming a resident at Maxwell's Place?

I acknowledge that Maxwell's residence will conduct a thorough background check and verify the information provided in this form. Initials: _____

I affirm, under penalty of potential disqualification from residency at Maxwell's Residence, that the details stated above are truthful and accurate. I grant Maxwell's residence, its representatives, and affiliates permission to conduct background checks and validate any statements made by me. Furthermore, I absolve Maxwell's Residence, its representatives and affiliates, and any third-party sources of any liability stemming from the use of this information. This authorization remains valid for a period of two (2) years from the date of signing, and a fax or photocopy of this authorization holds the same legal weight as the original document.

Signature: _____ Date: _____

Print: _____ Date: _____

Staff Signature: _____ Date: _____

Staff Print: _____ Date: _____

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