



Application for services

Level of care: ___ Men's Transitional Housing ___ Women's Transitional Housing

The Orenda Center of Wellness:

100 Tuscanney Drive Suite B1
Frederick MD 21702

Phone: 240-831-4873
Fax: 240-831-4116

PLEASE SEND COMPLETED REFERRALS TO admissions@theorendacenter.com

Full Name: _____

Address (prior to treatment or incarceration): _____

Phone number(personal) _____ Email: _____

Social Security #: _____ DOB: _____

Gender: _____ Race: _____ Marital Status: _____

Have you attended any of The Orenda Centers' treatment programs: YES or NO

Are you court ordered to attend treatment?: YES or NO

Referring provider: _____ Phone number: _____

Maryland Medicaid #: _____

Source of income: _____

Are you a registered sex offender?: YES or NO

Primary Substance Use Diagnosis: _____

Mental Health Diagnosis: _____

Are you currently enrolled in mental health treatment?: YES or NO Where: _____

Do you have any medical conditions?: _____

Are you currently pregnant? YES or NO If yes, how far along? _____

What medications are you currently taking? _____

Have you ever been in a sober living house? If so, where and when? _____

Why do you feel that transitional housing will benefit your recovery? _____

Do you have a sponsor? YES or NO

All clients must attend AA or NA meeting daily, as well as house required meetings on designated nights.

Please include any other information you feel is important: _____
