



Transitional Housing Application/Screen

Full Legal Name: _____ **Preferred Name:** _____

Date Of Birth: _____

Phone Number: _____ **Email:** _____

Gender: _____

Are you currently on Parole or Probation? Yes / No County? _____

Do you have any open warrants? Yes/No, if so what county? : _____

Do you have pending Court dates? Yes / No

(If applicable) Are your charges a direct result of your substance use? _____

Are you a registered Sex offender? Yes / No

Primary Drug(s) of Choice? _____

Amount of time clean/sober: _____

Frequency of Use: _____

Amount of Use: _____

Longest Period of Sobriety? _____

What support system(s) do you have in place? _____

Current Residence/Facility? _____

If you are currently at another facility, when is your anticipated discharge date? _____

Have you been discharged from any other facility for behavioral issues? If so, Why/When: _____

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The Orenda Center of Wellness, LLC

Mens Inpatient: 3619 Buckeystown Pike, Buckeystown, MD 21717 Phone: 240.341.4138 Fax: 240.454.0928
Women's Inpatient: 17645 Harbaugh Valley Rd, Sabillasville, MD 21780 Phone: 301.241.2716 Fax: 240.366.1851
Outpatient Services: 7540A N. Market St. Frederick, MD 21701 Phone: 240.831.4873 Fax: 240-439-8402

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Have you ever resided in a Sober living home? If so, when and where? _____

What are your reasons for wanting transitional housing? _____

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

How do you feel about living with multiple other clients? How do you deal with conflict? _____

What is something positive you can bring to other clients within the program: _____

Housing requires weekly rent, are you able to pay? Yes or No
(If No, a hardship financial assistance application must be completed by client and submitted)

Food and Hygiene to be supplied by you? Is this something you can provide? Yes or No

What is your source of income? _____

Do you receive any assistance such as food stamps/TDAP, ect? If so, what? _____

Do you have a sponsor? Yes or No

Current Medications? _____

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Have you had any surgeries/ hospitalizations in the past year? If so, when/what: _____

Do you have a history of Seizures? If so, what was the cause (withdrawl or diagnosis) and when was the last episode? _____

Do you need any accommodations for medical reasons? : _____

Do you have any scheduled upcoming appointments upon admission to our facility? (medical, ect) If so, what/when? _____

Please include any other information you feel is important: _____

Housing Requirements:

*Reminder of Items Limit

*7-day black out

*Pass Structure

*Required Meetings

*Chores

*Medication Procedures

*\$50 weekly rent (If client is unable to pay this, hardship application must be submitted and approved before client is admitted)

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