



HALFWAY HOUSE PROSPECTIVE RESIDENT APPLICATION

Path of Hope, Inc.

1677 East Center St. Ext. ~ Lexington, NC 27292

Office (336) 248-8914 Ext 113 ~ Fax (336) 248-2138

373 Hill Street ~ Asheboro, NC 27203

Office (336) 625-1637 ~ Fax (336) 248-2138

841 E Pritchard St ~ Asheboro, NC 27203

Office (336) 629-6137 ~ Fax (336) 248-2138

Applicant's Name (Print) _____

Social Security Number _____

Referral Date _____ Date available for admission _____

Sobriety Date: _____

Referral Agency _____ Phone # _____

Referral Source Name _____

Home Address _____

Home County: _____

Do you have Medicaid? Y/N If yes, what county is your Medicaid in? _____

Phone number you can be reached at: _____

Date of Birth: _____ Marital Status: _____

Do you have any children: Yes/No if yes how many: _____

What are their ages: _____ Do you have custody: _____

If you have custody, who will take care of your children while you are at POH? _____

Will your children be able to receive medical care? _____

Are any other agencies involved in the care of your child/children? Yes/No

If yes, who? _____

Do you receive any type of child support, food stamps, WIC, SSI, SSDI, etc.? Yes/No

Primary Diagnosis: _____

Previous treatment within last calendar year: _____

Are you currently on any medications? Yes/No if yes, you must have a signed doctor's order. Without a signed doctors order, you will not be allowed to take any medications.

Please list current medications: _____

NO CLIENT WILL BE ALLOWED TO TAKE BENZO'S OR OPIOID'S WHILE HERE

Do you have any physical disabilities? Yes/No If yes, please explain: _____

Do you have any pending charges/cases? Yes/No

If yes, please explain, list court dates: _____

You will need to provide your own transportation to court, probation.

Are you on Probation? Yes/No

If yes, who is your probation officer? _____

Address: _____

Phone Number: _____ Fax Number: _____

Do you have any past/current record of domestic violence, rape or child abuse? Yes/No If yes, please explain: _____

Before you can be admitted to Path of Hope, Inc. you must have the following:

_____ \$250 Deposit (this will take care of your 1st 2 weeks rent)

_____ N.C. Picture ID/Drivers License

_____ Social Security Card

_____ Proof of physical within last 30 days Date: _____

_____ Results of TB screening within last 6 months Date: _____

_____ 30 days' supply of prescriptions & **refills on each**

_____ Signed doctor's order to self-administer all prescriptions you are taking and for over the counter medications

_____ If you plan on keeping a vehicle for your personal use you must bring: driver's license, proof of valid insurance, and current registration.