

MANNA MINISTRIES - DEREK HOUSE
ADMISSION APPLICATION

629 Main Street ~ Bangor, Maine 04401
 Phone: 207.990.2870 ~ Fax: 207.990.2298

Screening Appointment: _____ (office use only)

 Notes: _____

Date: _____

Name: _____ Phone: () _____
 DOB: _____ SS#: _____ MaineCare # _____
 Street: _____ City/Town: _____
 State: _____ Zip Code: _____

Person to contact IF you can't be reached:
 Name: _____ Phone: () _____
 Street: _____ City/Town: _____
 State: _____ Zip Code: _____

Referral Source: _____
 Name/Agency Address Phone

Current Living Arrangement: _____

Relationship Status: [] Single, [] Married, [] Divorced, [] Separated, [] Widowed, [] Significant Other

Family History of: Substance Abuse [] yes [] no Mental Health Disorder(s) [] yes [] no

CHILDREN

AGE	WHO HAS CUSTODY	LIVING WITH WHOM	REASON
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Is DHHS involved with your family? [] yes [] no
 If "yes", Name of Caseworker/Office: _____

Pre-Intake Admission Procedure;

	Date	Response	Who Called
#1 Application Received	_____	_____	_____
#2 At Screening	_____	_____	_____
#3 At Intake	_____	_____	_____

Notes: _____

 _____ (Office use only)

EDUCATION

Highest Grade Completed: _____ High School, () GED, () Diploma, College Degree _____
 Indicate any learning disability: _____

EMPLOYMENT/FINANCIAL STATUS

Current Occupation [if any]: _____
Date of last employment and occupation: _____
Income Source(s) and Amount(s): _____
Health Insurance: Private (Ins. Co.) _____ MaineCare Medicare
 VA/Military Other (specify) _____ None
 Are you a Military Veteran? yes no

LEGAL STATUS/HISTORY

Current Legal Status:
 Legal proceedings pending - what/when: _____
 Probation - how long: _____ Probation Officer: _____
 Parole
 Drug Court - where: _____
 Other - please specify: _____
 None

Attorney's Name: _____ Phone: () _____
 Charges: _____

Total Number of Arrests: _____
Total Number of: OUI Convictions: _____ **Felony Convictions:** _____
Type(s): _____

SUBSTANCE ABUSE HISTORY

DRUG	Check 1 st 3 Drugs of Choice	Age: First Use	Age: Regular Use	Amount	Frequency	Age: Last Use
Alcohol						
Amphetamines						
Cocaine/Crack						
Hallucinogens						
Heroin						
Inhalants						
Marijuana						
Narcotics/Opiates [NOT heroin]						
Sedatives/Tranquilizers						
Steroids [muscle enhancers]						
Other [please specify]						

SUBSTANCE ABUSE TREATMENT HISTORY

Where	Type	When	Length of Stay	Sobriety After

HEALTH

Current Overall Health Status: Excellent, Good, Fair, Poor

Current Health Conditions: Heart Blood Pressure, Respiratory [breathing],

Diabetes, Musculoskeletal [arthritis], Vision, Hearing, Dental,

Infectious Disease [hepatitis, HIV/AIDS], Chronic Pain, Pregnancy, Head/Brain Injury, Seizures,

Other: _____

Allergies:

Environmental:

Food: _____

Physical Limitations and/or Special Needs:

Walking, Stairs, Daily Activities, Lifting, Hearing, Vision,

Other:

Current Medications [prescribed **AND** over-the-counter]:

Drug Name	Reason	Amount	How Often	Start Date

PSYCHOLOGICAL

Psychological Treatment History:

Hospital/Center	Type [Outpatient, Residential]	When	How Long	Problem(s) Treated

Mental Health Diagnoses:

Current Symptoms/Stressors: Depression, Anxiety, Fear, Sleep Difficulty,
 Restlessness, Inability to Control Behavior, Difficulty in Concentrating, Eating Problems,
Hallucinations [Audio/Visual], Rage/Anger, Disturbing Thoughts,
 Suicidal Thoughts, Other [please explain]: _____

• Have you ever attempted suicide? yes no - How many times: _____ Last Attempt: _____

• Have you ever engaged in self-harm and/or self-mutilation? yes no
 Cutting, Burning, Hitting Self, Other: _____
When: _____ How Often: _____ Last Time: _____

- Have you ever been a victim of: Domestic Violence, Physical Abuse, Sexual Assault
- Have you ever been charged w/: Domestic Violence, Physical Abuse, Sexual Assault
- Have you ever been convicted of: Domestic Violence, Physical Abuse, Sexual Assault

Personal Statement:

Why are you applying for admission into the Derek House Program at this time in your life?

Signature: _____ **Date:** _____

Interviewer's Notes:

WORSHIP SERVICE REQUIREMENTS

Phase 1A

You will be expected to attend church as group with other Derek House residents. Pastoral staff will choose church, provide transportation, and staff for supervision.

Phase 1B, 1C

You are allowed to visit area churches for the purpose of finding a home church. You will have to attend in small groups as staff and transportation allow or as other transportation and supervision can be arranged through the local church by the pastoral team. Derek House will provide a list of churches in the area that support the mission of Manna, Inc. and are willing to work with us in this mission (They must also have the same basic tenets of faith.)

Phase 2

- You need to have a home church, attend regularly and be actively involved in some area of ministry. You must attend all regular services provided by your home church, and become a part of men’s or women’s fellowship if available.
- You must sign a release for contact between our chaplain and the Pastor of your home church.
- You must arrange transportation to and from all church activities.

CHURCH SERVICES

- You are required to be on your best behavior while attending church services.
- Please bring Bible, notebook, and pen.
- Derek House residents are required to participate in the services; we ask that you leave the services ONLY when necessary
- When others are being prayed for, be respectful and pray for them or sit quietly.
- I Cor. 10:29-32 “Do everything for the glory of God. Don’t be a stumbling block to anyone.” For this reason smoking is not allowed on church premises.

BIBLE GROUPS AND BIBLICAL EDUCATION

Each resident will be required to attend weekly Bible groups and Biblical studies. Bible group and Biblical education are not to supersede weekly worship services. Each resident may join church related activities at local churches such as, but not limited to, men’s and women’s Bible studies, church sanctioned fellowship, choir, ushering, and children’s ministries.

Signing this form indicates that you have read and understood what is required of you at Derek House regarding worship services, church services behavior, Bible groups, and Biblical education.

Signed: _____ Date: _____

Staff: _____ Date: _____

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Derek House
P.O. Box 2763
Bangor, ME 04402-2763

DOB _____
SS# _____

Authorization to Release/Receive Information

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1966 (HIPAA), 45 C.F.R. parts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that generally Manna Inc., Derek House may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form, I will be given a copy of this form if I request it.

I, _____, consent to communication between Manna Inc., Derek House
and _____
(name, agency, address, phone)

to communicate with and disclose to one another the following information:

- Admission status Bio-psychosocial History Medical Consultation Aftercare Plan
- Presence in treatment Clinical Assessment Treatment Plan Discharge Summary
- Admission summary Psychological/Psychiatric Evaluation Progress in treatment Recommendations
- Other _____

The purpose of this disclosure is to:

- Schedule appointments Plan or coordinate treatment and services
- Facilitate meeting legal obligations Obtain/maintain employment, government, and other benefits
- Other _____

I understand that I may revoke this consent in writing at any time, except to the extent that action has been taken on it. Unless revoked, this consent will expire automatically: _____

(Specify date, event, or condition)

- I do do not authorize information to be faxed. I understand that there are confidentiality risks in fax transmissions.
- I do do not authorize disclosure of information that refers to treatment or diagnosis of drug or alcohol abuse.
- I do do not authorize disclosure of information that refers to treatment or diagnosis of HIV, ARC, or AIDS.
- I do do not authorize disclosure of information that refers to treatment or diagnosis of psychiatric illness.
- I do do not authorize re-disclosure of this information to The Center For Family Medicine.
- I do do not wish to review my Manna Inc., Derek House records before their release. If I do, a program director or designee will supervise my review and document the supervision below.

Client signature _____ Date _____

Witness Signature _____ Date _____

To be valid, all sections above must be completed.

The records were reviewed as required above:

Client signature _____ Date of review _____

Supervisor signature _____ Date _____

Revocation: by phone in person other _____ date _____ written confirmation—date received _____