

## New Beginnings Long-Term Treatment Program

To be eligible for the New Beginnings Program, you must:

- A. Be a resident of Kalamazoo County.
- B. Be a male with a history of alcohol or drug abuse.
- C. Be homeless (e.g. Living in places not intended for human habitation, living in other transitional housing facilities or homeless shelters or discharging from a facility where no housing placement has been identified).

Two things are essential to remain on the waiting list:

1. Make sure we always have your phone number or a contact number that you check regularly.
2. Call New Beginnings (269) 382-9820 ext. 146 every Monday before 5 p.m. to let the Case Manager know you are still interested and want to remain on the wait list. Leaving a voice mail message is fine. (If your phone number or contact number changes, please leave the new contact number on the message, and speak SLOWLY). It is not necessary for the Case Manager to call you back unless you have questions about the program or your eligibility. You will be contacted if an opening becomes available.  
If you do not call, you will be put on the bottom of the wait list.

**Wait time could be 2-6 months**

Please fill out the application **completely**. The section on treatment history needs to be completed. It helps us know where and approximately when your prior treatment occurred and about how long you were able to stay clean after each treatment episode. Please answer the following questions: (circle Y or N)

Y    N    Have you ever been involved with AA or NA on a regular basis?

Y    N    Did you (or do you) have an AA or NA sponsor?

Y    N    Have you ever worked at least through the 5<sup>th</sup> step of AA or NA?

Once your application is received, it will be reviewed by the Case Manager. When an opening occurs, you will be called in the order you are on the waiting list. You will then be interviewed by the Case Manager to determine need and appropriateness of placement into our program. If you are found to be appropriate, you will be asked to meet with the other residents (on a Monday or a Wednesday at 4:00 p.m.). The Case Manager will schedule this meeting. The residents will interview you at this time and give input as to whether or not they feel good about your level of commitment to the program.

# NEW BEGINNINGS APPLICATION

**Note: False statements or information on this application can be grounds for termination of admission.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current/Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Homeless? Y N If no, with whom do you live? \_\_\_\_\_

Number of times homeless in the past 3 years? \_\_\_\_\_ Where? \_\_\_\_\_

Length of time homeless? \_\_\_\_\_

**Home Phone or Contact:** \_\_\_\_\_ (A phone number is required)

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Referring Agency or Individual: \_\_\_\_\_

## USE HISTORY

Substance Preference: \_\_\_\_\_

Current Use: Amount per day: \_\_\_\_\_ Days per month: \_\_\_\_\_

Age you first used: \_\_\_\_\_ Last use: \_\_\_\_\_

Secondary Substance: \_\_\_\_\_

Current Use: Amount per day: \_\_\_\_\_ Days per month: \_\_\_\_\_

Age you first used: \_\_\_\_\_ Last use: \_\_\_\_\_

Previous occurrences of overdose, withdrawal, or adverse drug/alcohol reaction:  
\_\_\_\_\_

Suicide Attempts or threats: Y N If yes, how many and when: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you had significant clean time? Y N How long? \_\_\_\_\_

When? \_\_\_\_\_ Under What Circumstances? \_\_\_\_\_

**HISTORY OF PREVIOUS SUBSTANCE ABUSE/MENTAL HEALTH  
TREATMENT**

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Length of clean time: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Length of clean time: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Length of clean time: \_\_\_\_\_

**HEALTH HISTORY**  
**Physical or Mental**

Do you have any health problems? Y N If yes, where and what: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you on medications? Y N If yes, please list below and for what reason you are on the medication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special dietary needs? Y N If yes, please explain: \_\_\_\_\_

Are you on disability? Y N If yes, please explain: \_\_\_\_\_

Do you have allergies? Y N If yes, please list: \_\_\_\_\_

\_\_\_\_\_

**LEGAL HISTORY**

Have you been in jail or prison? Y N If yes, where and why? \_\_\_\_\_

\_\_\_\_\_

Do you have pending legal charges or court appearances? Y N Currently on probation? Y N

P.O. Name and phone number: \_\_\_\_\_

**EMPLOYMENT**

Are you currently employed? Y N If yes, where: \_\_\_\_\_

Describe your job: \_\_\_\_\_

\_\_\_\_\_

**GENERAL INFORMATION**

Why should New Beginnings admit you into the program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you expect to gain by coming to New Beginnings? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List your strengths: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List your weaknesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you resolve conflict? \_\_\_\_\_

\_\_\_\_\_

How do you think you'll respond to living in close quarters with other recovering people?

\_\_\_\_\_

\_\_\_\_\_

List your goals:

3 months: \_\_\_\_\_

6 months: \_\_\_\_\_

12 months: \_\_\_\_\_

