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)

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Have you ever been involved with AA or NA on a regular basis?</th>
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<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td>Did you (or do you) have an AA or NA sponsor?</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>Have you ever worked at least through the 5\textsuperscript{th} step of AA or NA?</td>
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</table>

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: _______________________________________________________________________________
Additional Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature:______________________________________

Date:_____________________

Mailing Address:

New Beginnings
1910 Shaffer Street
Kalamazoo, MI 49048