



## RESTORE Structured Aftercare and Recovery Home

### Application for Admission

Program being applied for: <input type="checkbox"/> Men's Recovery Program <input type="checkbox"/> Women's Aftercare <input type="checkbox"/> Men's Aftercare	
Name:	Date:
DOB:	Age:
Phone #	Email
Current Address	
What about RESTORE appeals to you?	
How did you hear about RESTORE?	
Drug Use History	
Describe your last using experience:	
What is your drug(s) of choice?	What other drugs have you tried or used?
<b>When</b> did you last use?	<b>What</b> did you last use
Have you tried recovery before?	When?
Tell us about previous attempts at recovery:	

What symptoms have you had during withdrawal:	
Do you consider yourself an alcoholic or drug addict? <input type="checkbox"/> Yes <input type="checkbox"/> No	Age you started using:
Previous Programs you've attended:	
Name of Program	Address
Dates attended	Phone number and contact person:
Length of stay	Did you complete the program <input type="checkbox"/> Yes <input type="checkbox"/> No
If not, why?	
Name of Program	Address
Dates attended	Phone number and contact person:
Length of stay	Did you complete the program <input type="checkbox"/> Yes <input type="checkbox"/> No
If not, why?	
Name of Program	Address
Dates attended	Phone number and contact person:
Length of stay	Did you complete the program <input type="checkbox"/> Yes <input type="checkbox"/> No
If not, why?	
Are you aware the Restore is a faith-based program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a personal relationship with Jesus Christ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

If yes, what makes you a Christian? (Or not sure?)	
Legal History	
Do you have any legal matters pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Have you spent time in jail/prison? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what for?	Are you on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of parole or probation officer:  Phone:  End date of probation or parole:
Are you a 290 registrant? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often do you see your P-officer?
Do you have an open case with DCFS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of social worker:  Phone:
Name and ages of children:	
What children are you hoping to have live with you at RESTORE?	
Tell us about your DCFS case:	
Family History	
<input type="checkbox"/> Single (never married) <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed/Widower	
<input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried, living with significant other <input type="checkbox"/> Other, explain:	
Emergency Contact	Phone:
Address:	

Health Status

Describe your general health:

Do you have any health problems?  Yes  No If yes, please describe:

Are you taking any medications for physical issues?  Yes  No If yes, please list medications:

Have you been diagnosed with any mental health conditions?  Yes  No If yes, for what?

Are you taking any medications for mental health issues?  Yes  No If yes, please list medications and doses:

How did you hear about RESTORE?

Describe your last using experience:

Have you been tested for

TB  Yes  No

Hepatitis  Yes  No

HIV  Yes  No

Covid in the last 5 days  Yes  No

Would you like to share your HIV results, if any?

I agree to be drug and alcohol tested before being accepted to the program  Yes  NO

Your initials \_\_\_\_\_

With my signature below I will let you copy my ID/DL and if I have a vehicle I will provide proof of insurance and consent to it being copied for our records.

I understand that this application is part of the screening process and I have not yet been accepted into this Aftercare Recovery Home. I affirm that the information I have given here is accurate to the best of my knowledge. I understand that giving false information or lying on this form may prevent me from being accepted.

Signature:

Date:

Download and email this form to [MikeSisler@restore1.org](mailto:MikeSisler@restore1.org)  
Or Print and mail to: Restore, 3019 Justin Way, Concord, CA 94520