



Transitional Housing Application

Date of application: _____ Referred By: _____

Discharge Date: _____ Phone: _____

Personal Information

Client Name _____ Age _____ Date of Birth _____

Social Security Number: _____ Gender _____

Address: _____

Phone: _____ County of Residence: _____

Female Only- currently pregnant? _____ (y/n?) Due Date _____

Relationship Status: Single Partnered Married Divorced Widowed

Employment Status: Full-time Part-time Unemployed Disabled Student

How far did you go in school? _____

Place of Employment: _____

School/University: _____

Source of Income: _____ SSI/SSDI _____ Other _____

Income per month: _____ Previous Military Service (Y/N?) _____

What branch _____ Dates Served _____

Do you have a photo ID? YES NO

Do you have a valid driver's license? YES NO

Do you have a vehicle? YES NO (Vehicles are not allowed on the property for a minimum of 30 days. All licensed drivers must have valid license, proof of insurance and registration to have a vehicle on the property.)

Substance Abuse History

Substance of Choice: _____

Date of Last Use: _____ Age of First Use: _____

Length of time using drugs and/or alcohol? _____ Yrs/Mos.

Overdose History? _____ (y/n?) What substances? _____

Date of last overdose? _____ Synthetic drug use? _____ (y/n?) If yes, what synthetic drugs did you use? _____

Previous Substance Abuse Treatment:

Location _____ Dates _____ Length of Stay _____
Successful Discharge _____ (y/n?)

Location _____ Dates _____ Length of Stay _____
Successful Discharge _____ (y/n?)

Location _____ Dates _____ Length of Stay _____
Successful Discharge _____ (y/n?)

Location _____ Dates _____ Length of Stay _____
Successful Discharge _____ (y/n?)

Location _____ Dates _____ Length of Stay _____
Successful Discharge _____ (y/n?)

Location _____ Dates _____ Length of Stay _____
Successful Discharge _____ (y/n?)

Have you ever attended AA/NA or recovery meetings in the community? YES NO

Have you ever had a sponsor? YES NO

Are you willing to volunteer/ do service work? YES NO

What method of RECOVERY do you feel will work for you? (AA, NA, Smart Recovery, Faith-based, Celebrate Recovery etc.) Please describe:

Medical Information

Primary Care Physician: _____ Phone: _____

Date of last Physical: _____

Insurance: _____ ID# _____

Medical History that Pinnacle should be aware of:

Are you currently on any MAT? (Suboxone, Methadone, Vivitrol) YES NO

Physical limitations to living in transitional housing (climbing stairs, walk to the bus, working full-time/part-time, doing chores etc.) YES NO

Do you have a history of seizures? YES NO

Food allergy or special diet? YES NO If yes, please describe _____

Current Medications:

Rx: _____ Reason _____ Dose _____

Rx: _____ Reason _____ Dose _____

Rx: _____ Reason _____ Dose _____

Rx: _____ Reason _____ Dose _____

Rx: _____ Reason _____ Dose _____

Rx: _____ Reason _____ Dose _____

Rx: _____ Reason _____ Dose _____

Rx: _____ Reason _____ Dose _____

Current Smoker? YES NO

CIGARETTES CHEW VAPE OTHER

Mental Health History (previous diagnoses and treatment history):

Previous inpatient hospitalizations for mental health (Please attach separate paper if there are multiple hospitalizations)

Date _____ Location _____ Length of Stay _____ Diagnosis _____

Date _____ Location _____ Length of Stay _____ Diagnosis _____

Date _____ Location _____ Length of Stay _____ Diagnosis _____

Are you currently feeling suicidal? YES NO

Have you ever felt suicidal? YES NO If yes, when/Explain.

Trauma History

Legal History

Are you currently on probation or parole? YES NO County: _____

Who is your current probation officer? _____

Phone Number: _____ Email: _____

Current Charge(s):

Offense #1: _____

Offense #2: _____

Offense #3: _____

Do you have any pending charges that you have not been sentenced for? YES NO If yes, Please describe:

Active warrants? YES NO

Previous legal history:

Date _____ Charge _____ Outcome _____

Date _____ Charge _____ Outcome _____

Date _____ Charge _____ Outcome _____

Date _____ Charge _____ Outcome _____

Date _____ Charge _____ Outcome _____

Family Information/Emergency Contact

Emergency Contact #1: _____ Relation _____ Phone _____

Emergency Contact #2: _____ Relation _____ Phone _____

Do you have children? YES NO

Age(s) of children: _____

Location of children: _____

Do you have visitation of your children? YES NO

Is there a custody order in place? YES NO

Who has custody of your child(ren)? FAMILY SPOUSE PARTNER FRIEND OTHER

CPS involvement? YES NO

Do you have a CPS case worker? YES NO If yes, please provide contact information:

Name: _____ Phone#: _____ Email _____

Interest and Motivation

Describe why you are interested in Pinnacle House?

How do you plan to stay clean and sober?

Have you read the rules and do you agree to adhere to them? YES NO

Do you have any questions about the rules or expectations of living in transitional housing at Pinnacle? YES NO

If yes, please explain:

- I have read all of the material on this application form including the limitations set forth on the attached pages. I have also answered each question honestly and want to achieve long term, stable recovery from alcoholism and/or drug addiction without relapse.

Client Signature _____ Date _____

- I understand that my application will be reviewed and a decision for housing opportunity will be given to me within 7-14 days of my application. All information in this application is used solely for the intended purposes of housing at Pinnacle Recovery Services. I understand that this information will not be shared with any other entity or provider without my consent.

Client Signature _____ Date _____

- I understand that if I am chosen to participate in Pinnacle Recovery Services housing program, that my treatment provider will be asked to give all discharge information to my intake coordinator prior to admission.

Client Signature _____ Date _____

- I understand that any false or misleading information given on this application will automatically disqualify me for housing services through Pinnacle Recovery Services housing program.

Client Signature _____ Date _____

Please send this completed application via email to meet.pinnacle@gmail.com or fax to 517-580-8659.

By completing this application, you will be placed on a waiting list for Pinnacle Housing in the order that this was received. Please note, that any prospective clients that were on the waiting list prior to this application, will remain in the order they were screened. Thanks for your interest in Pinnacle Recovery Services!!

