

**Integrity Recovery House  
Admissions Application**

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

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

**INSTRUCTIONS:**

Complete all sections of this application form. Incomplete and/or inaccurate applications will not be considered. If a particular section does not apply. Write "does not apply" in that section. Attached to this application are three "Release of Information" forms. They are to be completed for anyone with which you have legal involvement (judges, probation officers, attorneys, child protective services, etc.) and returned with the application.

1. Are you currently in treatment?  Yes  No  
If Yes, where?: \_\_\_\_\_  
\_\_\_\_\_
2. Please list any previous treatment and/or counseling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Did you complete previous treatment?  Yes  No  
If No, why not?: \_\_\_\_\_  
\_\_\_\_\_
4. What type of gambling or what mood altering chemicals have you used the most of over the last six months?: \_\_\_\_\_  
\_\_\_\_\_
5. Date of last bet or use of mood-altering chemicals: \_\_\_\_\_  
\_\_\_\_\_
6. Have you ever used any injectable drugs:  Yes  No
7. Are you currently under the care of a doctor:  Yes  No Name: \_\_\_\_\_
8. Are you currently seeing a psychiatrist or psychologist:  Yes  No
9. What diagnosis, if any, have you been given (depression, schizophrenia, borderline personality disorder, etc.)? \_\_\_\_\_
10. Has a mental health professional ever prescribed medications for you?  Yes  No

11. If yes, what medications? \_\_\_\_\_

12. Are you taking these medications now? \_\_\_ Yes \_\_\_ No

13. If you are not taking them, why not? \_\_\_\_\_  
\_\_\_\_\_

14. Have you ever had serious thoughts of suicide? \_\_\_ Yes \_\_\_ No

15. When? \_\_\_\_\_

16. Have you ever attempted suicide? \_\_\_ Yes \_\_\_ No

17. Do you have any current involvement with the legal system? \_\_\_ Yes \_\_\_ No  
What charges? \_\_\_\_\_  
\_\_\_\_\_

18. Do you have a probation officers? \_\_\_ Yes \_\_\_ No Name/phone number: \_\_\_\_\_  
\_\_\_\_\_

19. Will you need to appear in court at any time during your stay at Integrity Recovery House?  
\_\_\_ Yes \_\_\_ No When? (date) \_\_\_\_\_  
For what reason? \_\_\_\_\_

20. Why did you decide to seek treatment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Why have you decided you would like to come to the Integrity Recovery House? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. After reading a copy of the rules and responsibilities of guests at Integrity Recovery House, can you think of any rules that trouble you? \_\_\_\_\_  
\_\_\_\_\_

23. In your opinion, what are two things that might make it difficult for you to abstain from Gambling, Drug, or Alcohol use? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. If you have relapsed in the past, why do you think you did so? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
25. What are your thoughts and feelings about Twelve Step Programs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
26. How do you think your family or co-workers feel about you coming to the Integrity Recovery House? \_\_\_\_\_  
\_\_\_\_\_
27. Are you planning to go home after your completion of this program? \_\_\_ Yes \_\_\_ No
28. Why or why not? \_\_\_\_\_  
\_\_\_\_\_
29. In the following space, make a list of as many consequences you can think of that result from your gambling or use of mood-altering chemicals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
30. Do you have family in New Mexico? \_\_\_ Yes \_\_\_ No
31. What relation are they to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
32. What was your gross income last year? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
33. Are you able to pay for treatment and live at the Integrity Recovery House? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
34. Are you willing to seek employment, if necessary, in order to help pay for your treatment at the Integrity Recovery House? \_\_\_\_\_  
\_\_\_\_\_

