

# ARRIGONI HOUSING SUPPORT APPLICATION



Office use only:

SSN \_\_\_\_\_

Date received \_\_\_\_\_

Date of contact with applicant \_\_\_\_\_

Date of scheduled admission \_\_\_\_\_

Please fill out the following information and send to [residential.admissions@NUWAY.org](mailto:residential.admissions@NUWAY.org) along with your completed **Professional Statement of Need form and a copy of your ID**. Within 48 hours of receiving the application, an admissions team member will reach out to the applicant.

## Applicant information:

Full name (first, middle, last):

Date of birth:

Do you have a valid photo ID:  Yes  No If yes, please include a copy with your application

Phone number:

Email:

Current address:

Are you a US citizen?  Yes  No

Are you a US permanent resident?  Yes  No

Do you have a guardian?  Yes  No If yes, please identify the guardian and provide a copy of the guardianship paperwork.

Who referred you to Arrigoni/how did you hear about us?

If you are not able to coordinate an admission to Arrigoni, who should we contact? Name:

Phone number:

Agency:

## Financial information:

Do you have a legal rep payee?  Yes  No If yes, who?

Are you currently employed?  Yes  No If yes, where?

Are you currently receiving:

- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- Retirement Survivor's Disability Insurance (RSDI)
- VA benefits
- Unemployment benefits
- Medical Assistance (MA)
- County General Assistance (GA)

Health Insurance:

Insurance plan name and type:

Group ID:

Individual ID:

## Recovery information:

Drug(s) / Substance(s) of choice:

Date of last use:

Are you currently enrolled in a substance use treatment program?  Yes  No

If yes, where?

If yes, what was your admission date?  
What are the required programming hours?  
Do you have a scheduled discharge date?

If not currently in treatment:

Most recent treatment program name:  
Did you successfully complete this program?  Yes  No  
Discharge date for most recent treatment program:

Are you planning/willing to enroll in an outpatient program while at Arrigoni?  Yes  No

If yes, what program and what are the programming hours?

Do you need assistance in being referred to outpatient services?  Yes  No

Are you willing to attend recovery meetings weekly?  Yes  No

**Legal information:**

Pending charges/cases/warrants:

Have you been convicted of: Arson?  Yes  No  
CSC?  Yes  No If yes, what level?  
Domestic assault?  Yes  No

Currently on probation/parole?  Yes  No

If yes, location?

PO name:

PO phone number:

Have they pre-approved a move?  Yes  No

Currently on a commitment?  Yes  No

If yes, what county?

Case manager name and number:

**Medical information:**

Diagnosed medical conditions:

Current medications (including over the counter:

Do you use any Medication Assisted Treatment (MAT)?  Yes  No If yes, what type and who is your MAT provider?

Do you have any established medical providers?  Yes  No If yes, who/where?

Physical limitations/injuries/disabilities that would prevent daily activity or ambulation in facility:

Are you able to care for your health needs independently such as schedule medical rides, medication refills, etc.?  Yes  No

**Psychiatric/Mental Health information:**

Diagnosed psychiatric conditions:

Are you working with any Mental Health Professionals for therapy or psychiatry services?  Yes  No If yes, who and where?

**Additional information:**

What are your goals for enrolling in Recovery Housing with Arrigoni?

What other information is important for us to know in order to successfully partner with you?

**By signing below, I confirm that the above information is accurate and true to the best of my knowledge.**

Electronic signature:

Date: