



Application for Residency

Name _____ Date of Birth _____

SS# _____ Phone _____

Address _____

City _____ State _____ Zip Code _____ County _____

May we identify ourselves as "Scalo House" if we need to call you at this phone number?

Yes (is OK) _____ No (needs to remain confidential) _____

Alcohol/Drug Use History:

Are you: Alcoholic: _____ Drug Addict: _____ Last drink or drug use: _____

Drugs of Choice: _____

Describe when and how you began using alcohol and or drugs: _____

Have you ever used needles? No _____ Yes _____ Shared needles? No _____ Yes _____

When/how often? _____

Other addictive patterns:

Food _____ Weight _____ Sex _____ Gambling (including lottery) _____ Work _____ Other _____

Current Legal Status:

Last Offense _____ Charge _____

Prior Record _____

Pending Court Dates _____

Probation/Parole Officer and County _____

Financial Status:

Employment _____

How long? _____

Other Income _____

Insurance/Medicaid/Medicare? _____

Medical/Physical Status:

Current Medical Problems or Needs _____

Doctor _____ Allergies _____

Medications _____

Prior substance abuse treatment and halfway houses:

List all substance abuse treatment and dates _____

Other psychiatric treatment or counseling _____

Describe your experience with 12-step programs _____

Do you go to meetings now? _____ Why/Why not? _____ How many a week? _____

Do you have a sponsor? _____ Who? _____

Who supports you in your recovery efforts now? _____

Did someone assist you in gathering the required information for this application process? _____

Who? _____

Do you have any other problems or concerns in your life right now? _____ What? _____

How are you dealing with these? _____

Why do you want to live at the Scalo House? _____

Level of education _____

Name, Address, Phone No., Relationship of a person who always knows where you are at all times _____

I have completed this application honestly and to the best of my ability. I(understand that if I am admitted to the Scalo House I need to have one month's supply of any prescription medications that I am taking, as well as a pharmacy label on each. Have you read the House Policy (rules) and understand them? _____ (initials)

Signature: _____ Date: _____

**Mail completed application to: Scalo House
117 Presbyterian Avenue
Madison, IN 47250**

Or FAX to: 812-265-9777

If you have any questions, please feel free to write or call us at (812) 265-9777. We will reply to this application within one week of receiving it.

Staff will review your application, and when all of your required information has arrived we will schedule a personal interview with you. You are welcome to tour the house as part of the application process, just call us and arrange it.

Please complete the enclosed release form(s). If you have an attorney, probation officer, past or present treatment provider, or other advocate that we may contact on your behalf, it may expedite your application process.

We do not discriminate on the basis of age, race, creed, ethnicity, religion, marital status, or sexual orientation.