



Hebron House: Residential care for women with drug and alcohol addiction

APPLICATION FORM- CONFIDENTIAL

Section A- Personal Details of Applicant

Name:	Age:	Date of Birth:
Address:	Telephone Number:	National Insurance Number:

PLEASE SIGN THIS AUTHORITY FOR RELEASE OF INFORMATION TO ENABLE THIS APPLICATION TO PROCEED

- I hereby give my permission for all care professionals with whom I have been involved, to release to Hebron Trust any relevant information which may be required for the purpose of considering my application.
- Hebron Trust may release to the local GP surgery such details as will be required for my future medical care.

Organisation	Name and Address	Telephone Number	Initial and Date if consent is given to share information
Drug/ Alcohol Team			
Social Worker			
GP			
Psychiatrist			
Other Relevant			

Name of individual filling in this form: _____

Signature of individual filling in this form: _____



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Section B- Drug/ Alcohol History

How much are you using and how often? (delete as appropriate)

Daily/ Almost Daily/ Less Frequently

Route of Administration:

Oral/ Inhale/ Smoke/ Inject/ Other (if other please describe)

Have you ever detoxed from your drug of choice? Yes/ No

If yes, please explain _____

For how long have you been using alcohol/drugs?

What are your primary drugs of choice (including alcohol) at present?

(Please list in order of importance)

What is your longest period of abstinence? _____

Please list all other drugs (including prescribed drugs) you are taking.

Drug/ Medication	Average Daily Amount

Please tell us of any other compulsive behaviours (e.g self-harm, OCD etc.)



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Section C- Current Circumstances

Are you currently: (delete as appropriate)

Employed/ Unemployed/ Student/ Other

If other, please explain _____

Do you have a partner? Yes/ No

Are you: Married/ Separated/ Divorced/ Engaged/ Other

If other, please explain _____

Are they supportive of you going to rehab and getting into recovery ? Yes/ No

Do you have children? Yes/ No

Please describe your relationship with your family and tell us briefly about your present situation and that of your children, if you have any.

Have you ever been either a victim or perpetrator of violence? Yes/ No

If yes, please explain _____

What are your hobbies and interests?



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Section D- Motivation

Do you have previous experience of residential treatment? Yes/ No

If yes, please explain _____

Please explain, in your own words, why you want to stop using drugs/ alcohol:

In what ways do you want to change?

Please tell us about any short or long- term goals you may have:

At Hebron Trust, our recovery programme explores spirituality based on Christian principles. How do you feel about this?

Section E- Accommodation

What are your current accommodation arrangements?

Do you have funds for a deposit of privately rented accommodation if relocation is required? Yes/ No



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Section F- Finances

Income

Are you in receipt of any of the following? (Delete as appropriate)

Employment Support Allowance (ESA)/ Housing Benefit

If you have confirmed receipt of any of the above:

How often is the benefit paid? _____

When do you get paid? _____

How much do you receive? _____

How is the benefit paid? (i.e Bank Account/ Post Office Account)

Are there any deductions being taken from your benefit? Yes/ No

If yes, which benefit is this from and how much is this?

Do you need support and information to claim benefits? Yes/ No

If you are in employment, please can you provide your employers contact details:

If you are in employment, how are you wages paid and how much is the total after tax and national insurance deductions?

Do you need help and support to get paid work? Yes/ No

Do you have any outstanding debts? Yes/ No

If you have answered Yes, please use the space below to provide details of the debts, i.e. how much are the debts, how often are they paid and to whom.



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Do you need help managing these debts? Yes/ No

Do you currently pay for your own medications? Yes/ No

If No, under what circumstances _____

Section G- Legal Aspects

Please use the space below to list any previous convictions or pending court cases you may have:

Have you had a Community Care Assessment? Yes/ No

If Yes, please give details _____

Enclosed with this application form are the details of our structure of care. Do you accept our house rules and take part in the therapeutic community? (delete as appropriate) Yes/ No

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Our programme is based on the traditional Twelve Steps philosophy within a therapeutic community for women only.

We offer an emotionally and physically safe residential environment for women, within which you can risk change and begin to take responsibility for your life again. Our programme has a high staff to resident ratio, based on frequent and regular one-to-one counselling and group work.

Please sign and date and return the completed application form to the address provide below.

Signature: _____ Date: _____

Hebron Trust, 10-12 Stanley Avenue, Norwich NR7 0BE

Tel: 01603 439905 Fax: 01603 700799



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Consent to Share Information

Prior to you being offered a place at Hebron House, we will contact your GP and other health professionals to request supporting information for your application.

Please complete, sign and return the consent form below:

Letter of Authority

I agree that Hebron Trust can contact my GP surgery and other health professionals to request supporting information.

Name: _____ Signature: _____

(PLEASE PRINT)

Date: _____