



Personal Information

Name: _____ Application Date: _____
Social Security #: _____ Date of Birth: _____ Age: _____
Ethnicity: White Black Hispanic Asian American Indian
 Single Married Separated Divorce Widowed

Military Service

Branch of Service: _____ Years of Service: _____ DD214: _____

Family Involvement

Currently Involved with children: Yes (if yes list below) No

Name	Sex	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contact with:

- Parents _____
- Siblings _____
- Relatives _____
- Friends _____

Medical History

Hospital Preferences: St. Vincent Hamot Millcreek VA

Medical Conditions:

- Alcohol or Drugs
- Allergies
- Ambulatory
- Cancer
- Depression
- Dev. Challenged
- Diabetic
- Hearing Impaired
- Heart
- Infectious Disease
- Physical Disability
- Seizures
- Visually Impaired
- Other _____

Mobility

Are you able to navigate stairs unassisted? _____

Mental Health / Drug and Alcohol History

Are you currently being treated for a mental health disorder or have you ever seen a behavioral health counselor Yes No

Outpatient treatment

Inpatient Treatment

Facility_____

Facility_____

Doctor/Counselor_____

Doctor/Counselor_____

Diagnosis_____

Diagnosis_____

Medication_____

Medication_____

Aftercare: Do you still have contact with the facility/therapist Yes No

If yes, how often? _____

Alcohol Drugs Both

Choice of Drugs: Barbiturate Cocaine Crack Heroin Marijuana Speed

Other: _____

Treatment Program in Place: Yes No

Agency _____

Counselor(s) _____

Support Group(s) Attending

Where _____

How Often _____

Other Agency Involvement

Community Health Net Community Integration D/A Treatment Program

Family Services GECAC Homeless Case Management Stairways

Office of Children and Youth VA Hospital Vet Center

Other _____

Legal History

Child Custody PFA Other _____

Criminal History:

Incarcerated Yes No When _____

Offenses _____

Parole Yes No

Parole Officer: _____

Probation Yes No

Probation Officer _____

Employment

Current Employer _____ Work Hours _____

Supervisor _____ Phone _____

Sources of Income

Social Security/SSI/SSDI \$ _____ TANF \$ _____

Public Assistance \$ _____ Pension \$ _____

Unemployment \$ _____ VA Benefits \$ _____

Other (pls. specify): \$ _____

Emergency Contacts

Primary

Name: _____ Relationship: _____

Address: _____

Phone: _____

Secondary

Name: _____ Relationship: _____

Address: _____

Phone: _____

Participant Name: _____

Date: _____

Hopes and Dreams

1. What do you hope to accomplish through the Liberty House for Veterans Transitional Living Program?
Describe yourself at completion of this program.

Important persons in Life and Recovery

Provide a list of all of the people that are important to you or can help you in recovery including supportive people like clinicians, friends, family, employers, or clergy members.

First Name	Relationship to you	How has he or she been supportive?	Regular contact

Do you have an Advance Directive, Wellness Recovery Action Plan, or other wellness plan?

RECOVERY FOCUS AREAS

1. HOUSING

a. What is your living situation? Do you consider yourself homeless?

b. What is your ideal living situation?

c. What are the barriers keeping you from being in your ideal living situation?

Veteran Preference	Target Date	Referral Agency
1. __ 60 days		
2. __ 120 days		
3. __ 180 days		

2. MONEY/FINANCES

a. What are your primary sources of income? Do you have enough money to do the things you would like to do? Do money problems cause you stress or anxiety? How do you manage your money? Do you have a budget and/or savings?

b. What tools do you need to manage your finances better?

c. What are the barriers keeping you from being in your ideal financial situation? What kind of help would you like?

Veteran Preference	Target Date	Referral Agency
1. __ 60 days 2. __ 120 days 3. __ 180 days		

3. EMPLOYMENT

a. Are you interested in getting a new or different job now?

b. What are the barriers keeping you from being in your ideal work situation (i.e., transportation, skills training, job availability)? What kind of help would you like?

Veteran Preference	Target Date	Referral Agency
1. __ 30 days 2. __ 60 days 3. __ Not a focus		

4. RELATIONSHIPS

a. What are the barriers to forming or improving relationships (for example-I am shy, I have not talked with my family for years, do not know how to meet people)? What kind of help would you like?

5. EDUCATION/TRAINING

a. Are you satisfied with your education? Do you feel you have the training you need to do the kind of work you want to do? Are there things you would just like to learn more about?

6. PHYSICAL HEALTH

- a. If you want to make changes, what are they? What are your goals for staying physically healthy?
-
-

7. DAILY LIVING AND ROUTINE

- a. How do you spend your time? What does a “typical” day look like? Are you comfortable with this day? Are there places in the community where you feel comfortable and safe? How do you get to activities/appointments?
-
-
-

- b. If you want to make changes, what are they? What would your ideal day look like? How/where, with whom would you like to be spending your time? What kind of things do you like to do that you are not doing now?
-
-

- c. What are the barriers keeping you from spending your time the way you would want (for example - get nervous around people, do not know where to go or find resources, transportation)? What kind of help would you like?
-
-

8. SPIRITUALITY

How important is faith/spirituality in your life? What are some of your spiritual practices? How satisfied are you with your opportunities to participate in your spiritual practice or attend the congregation of your choice right now? Do you belong to a spiritual community, would you like to?

9. MENTAL HEALTH

- a. Are the symptoms an obstacle to accomplishing the things you would like to do? Are you on medication? How much are your medications helping you? Does your medication cause difficulties or side effects? How do you cope with your symptoms? What do you do to stay well?

What are the barriers keeping you from being as mentally healthy as possible (i.e., dislike the side effects of the medications, sporadic medication use)? What kind of help would you like?

10. SUBSTANCE ABUSE

- a. Do drugs and/or alcohol influence your life right now? If so, how?

-
-
- b. If you want to make changes, what are they? What are your goals for maintaining abstinence and/or for repairing the damaging effects, they have on your life?

What are the barriers to reaching these goals? (i.e., all my friends are using drugs; there are drugs in my building)? What kind of help would you like?

11. SAFETY

Do you ever feel that you are at risk to hurt yourself or someone else?

12. LEGAL ISSUES

What, if any, legal issues are you dealing with right now? (i.e., court appearance, probation requirements, Veterans' Court, etc.)

13. TRAUMA RELATED ISSUES

Is there anything that has happened to you that you are not comfortable talking about but feel that it has had a negative impact on your life?

Veteran Recovery Plan

Recovery Goals Focus List Overview

Recovery Area	Identified Goal	Time Frame	Date Goal Established
1. Housing			
2. Money/Finances			
3. Employment			
4. Relationships			
5. Education and Training			
6. Physical Health			
7. Daily Living & Routine			
8. Spirituality			
9. Mental Health			
10. Substance Abuse			
11. Safety			
12. Legal Issues			
13. Trauma Related Issues			