

ADMISSION APPLICATION (REHABILITATION, REINTEGRATION, STEP TOWARD SUCCESS)

Instructions

Please check which element of care to which the applicant is applying. Complete referral packages* should be faxed to 716-362-0221 or scanned and emailed to intake@cazenoviarecovery.org. Thank you.

- Rehabilitation (Men):** Cazenovia Manor and Turning Point House
- Rehabilitation (Women):** Madonna House
Applicants may be women, pregnant women, or women with children preschool-age or younger
- Reintegration (Men):** Unity House** and Sundram Manor
**Verification of homelessness required for Unity House applicants
- Reintegration (Women):** Casa Di Vita and Somerset House
- Step Toward Success (Erie County):** apartments located in Buffalo and surrounding areas

* Complete referral packages must include a Psycho-Social Assessment and proof of income. The following items are also helpful in the intake process, but are not required:

- Current treatment plan
- Relevant consent forms
- Medical documentation including a history and physical exam, medical clearance for communicable diseases, lab work, and TB test with verification, etc.

Referral Completed By:

Name: Phone:

Applicant Information

Name: Phone:

Is the applicant homeless or at risk for homelessness? Yes No

If yes, please Explain:

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Birthdate:	<input type="text"/>	SSN:	<input type="text"/>	County of Origin:	<input type="text"/>
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Medicaid Number:	<input type="text"/>	Managed Care Number:	<input type="text"/>
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Managed Care Provider:

Sex: Male Female Gender (optional):

Is the applicant pregnant? Yes No If yes, please answer the following:

When is the due date? <input type="text"/>	Are they receiving prenatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If they are receiving prenatal care, where?	<input type="text"/>
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Where are they expected to deliver?	<input type="text"/>
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Race / Ethnicity: Asian or Pacific Islander Black or African American
 Hispanic or Latinx Native American or Alaskan Native
 White or Caucasian Multiracial or Biracial Other

Substance History

Does the applicant have a substance disorder diagnosis? Yes No

If yes, please list the relevant DSM / ICD Code(s) below:

Code	Description

Primary Substance:				
Onset	Frequency	Amount	Route of Ingestion	Date of Last Use
Other Substance:				
Onset	Frequency	Amount	Route of Ingestion	Date of Last Use
Other Substance:				
Onset	Frequency	Amount	Route of Ingestion	Date of Last Use
Other Substance:				
Onset	Frequency	Amount	Route of Ingestion	Date of Last Use

Treatment History (e.g. Detox, Outpatient, Inpatient, Community Residence, etc.):

Facility Name	Type	Dates	Successful Completion
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical / Mental Health

The applicant has: Medical diagnoses Mental health diagnoses
 Neither (skip to next section)

Do you have any allergies or dietary restrictions? Yes No

If yes, please describe:

If the applicant has medical or mental health diagnoses, please explain:

Is the applicant currently receiving mental health treatment? Yes No
 If yes, who is the provider?

Does the applicant have previous mental health treatment including hospitalization? Yes No
 If yes, please answer the following:

Events leading to mental health treatment	Program	Dates / Length of Stay

Does the applicant have a history of suicide attempts? Yes No
 If yes, please explain:

Legal

Is the applicant mandated to this element or level of care? Yes No
 If yes, by whom?

Please provide any legal entities with which the applicant has involvement:

Entity (Drug Court*, Probation, etc.)	Jurisdiction	Contact Person	Contact Number

Please check whether the applicant has any of the following:

- Outstanding warrants History of assault Convicted of any crimes
- History of incarceration History of setting fires Convicted of arson
- Order of protection History of rape, sexual abuse, or violent crimes

If the applicant has any of the above checked, please explain the circumstances:

** If you are a Drug Court making this referral, please include the applicant's NYS ID and a criminal justice release with the completed application.*

Financial (Proof of income must be submitted with the application)

Does the applicant currently receive cash assistance or public assistance? Yes No

If yes, from which county? Current monthly amount:

Does the applicant currently receive SSI / SSD benefits? Yes No

If yes, please provide: Self-Payee Rep Payee

Payee Name: Phone No.

Payee Address:

Current monthly income received from SSI / SSD:

Does the applicant have any other sources of income? Yes No

If yes, please explain:

Please email the completed application to intake@cazenoviarecovery.org or fax it to 716-362-0221.