



Application for Admission

Mission Statement

The Ford Street Project provides shelter, housing, substance abuse treatment and employment services to the homeless, addicted, and disabled in Mendocino County.

Ford Street Residential Program is a co-ed facility for clients that are 18 and over.

PLEASE PRINT CLEARLY, answer honestly. Marking yes does not disqualify you from our program.

Requesting services for Detox Residential Sober Living

Name _____ Today's Date: ____/____/____

Date of Birth: ____/____/____ Phone: _____

Current Address: _____

Do you have a valid Driver's License Yes No, or California ID Yes No

LEGAL INFORMATION

Have you ever been required to register as a Sex offender Arsonist Neither

Are you on Probation, Parole or Both Neither

Do you have any pending court appearances or charges? Yes No,

if yes, list the charges and court dates ? _____

HEALTH/ADDICTION INFORMATION

Use History

Alcohol / Drug	Last Use	Frequency	Method of Use

Can you climb stairs or walk a mile without restrictions? Yes No,

if no: Please explain: _____



Are you **presently taking** any type of medication?

Yes No, if yes, please list them

LIST CURRENT MEDICATIONS

Medication	Dosage	Prescribed For	Length of time taken

Have you ever had a mental health diagnosis? Yes No, if yes, for what?

Are you presently under a doctor's care? Yes No, if yes, for what?

Do you have any medical issues that may interfere with your treatment?

Are you having any problems with your teeth (such as cavities, etc.) that need to be taken care of? if yes, please indicate what: _____

Is there anything else you feel is important for us to know?

I affirm that the above answers are true. I understand that falsification of any documents or giving false information could result in immediate termination from or not being accepted to the program.

Applicant: _____ Date: _____