

Historic Triangle Substance Abuse Coalition
Transitional Housing Program
Application for Admission

CONFIDENTIAL

The purpose for this application is to assess eligibility for admission to the HTSAC Transitional Housing Program. Information disclosed is confidential and will be seen only by the HTSAC Transitional Screening Committee. Completion of this document is voluntary. In order to be considered, this application must be completed in full. Failure to complete this application will result in a decline in possible services.

Name: _____ Admit Date: _____
SSN: _____ Birth Date: _____ Discharge Date: _____
Sobriety Date: _____

Previous Address: _____
(or) Permanent Address: _____

Place of Employment: (If employed) _____
Address: _____ Phone: _____
Supervisor: _____

AA Sponsor (or Temporary Sponsor): _____
Home Phone: _____ Work Phone: _____

IN CASE OF EMERGENCY, NOTIFY (prefer nearest relative)

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Other Health Care Practitioners: _____ Phone: _____

Health Insurance: _____
Name of Carrier: _____ Policy# _____