

**NEAM, THE BRIDGE HOUSE PROGRAM, ADMISSIONS FORM**

**New England Aftercare Ministries, Inc.,**  
*The Bridge House Program*  
 18 Summit St. Framingham, MA 01702  
 Intake Tel: 508-872-6194 ext. 105  
 Intake Fax: 508-302-0090

Interview _____
Accepted/Rejected: _____
Letter Sent: _____
Arrival Date: _____
Arrival From: _____

**PLEASE PRINT AND USE BLACK INK IF POSSIBLE**

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

*If no address -- PLEASE provide the city and state where you most recently lived (above)*

**Check which living arrangement best describes your situation prior to entering treatment:**

\_\_\_ Shelter \_\_\_ Jail \_\_\_ Friends \_\_\_ Family \_\_\_ Streets \_\_\_ Hotel or room rental \_\_\_ Apt/House

- Have you ever served in the military? \_\_\_ Yes \_\_\_ No
- If yes, do you have VA benefits? \_\_\_ Yes \_\_\_ No

**Substance(s) of choice:** \_\_\_\_\_ **Date of last use:** \_\_\_\_\_

**INSURANCE: Mass Health ID #:** \_\_\_\_\_ **Type of Plan:**

<input type="checkbox"/> MBHP	<input type="checkbox"/> BMC	<input type="checkbox"/> Fallon 365
<input type="checkbox"/> Welforce	<input type="checkbox"/> Optum	<input type="checkbox"/> CCA

**Other Insurance:** \_\_\_\_\_

**LEGAL:** Do you have any outstanding warrants or legal cases? \_\_\_ Yes \_\_\_ No

**CHECK ALL CURRENT ISSUES THAT APPLY:**

<input type="checkbox"/> Probation	<input type="checkbox"/> Open Case	<input type="checkbox"/> Batterers Program
<input type="checkbox"/> Superior Probation	<input type="checkbox"/> Suspended License	<input type="checkbox"/> Need ID
<input type="checkbox"/> Anger Management	<input type="checkbox"/> Violence	<input type="checkbox"/> Child support

**Most recent or open case:**

CRIME	COURT	STATUS

**Total time incarcerated:** \_\_\_\_\_ **Longest Time Incarcerated:** \_\_\_\_\_ **# of Incarcerations:** \_\_\_\_\_

**MEDICAL/MENTAL HEALTH:**

<b>PCP (name)</b>	<b>City:</b>
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If not on MAT (Medically Assisted Treatment) do you have interest in MAT? \_\_\_ Yes \_\_\_ NO

- Are you on SSI/SSDI? \_\_\_ Yes \_\_\_ No
- Or are you planning on (or in the middle of) applying for SSI/SSDI \_\_\_ Yes \_\_\_ No

Please describe any medical problems? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHECK OFF ALL MEDICAL CONCERNS**

<input type="checkbox"/> Mobility problems	<input type="checkbox"/> Seizures	<input type="checkbox"/> Asthma
<input type="checkbox"/> Head Trauma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sleep problems
<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Other Allergies	<input type="checkbox"/> Other

Please describe below *any medical/physical limitations (including allergies)?* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please describe *any mental health problems?* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHECK OFF BELOW ALL PAST or CURRENT MENTAL HEALTH CONCERNS or HISTORY:**

<input type="checkbox"/> Depression	<input type="checkbox"/> Sec 35 hx	<input type="checkbox"/> Trauma/PTSD
<input type="checkbox"/> Anxiety	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Suicidology
<input type="checkbox"/> Anger/Violence	<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Psych Hosp
<input type="checkbox"/> Grief	<input type="checkbox"/> Bipolar I II	<input type="checkbox"/> O/D history

Please list all medicines \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IF NOT PCP – who prescribes your meds (Name, City and State):**

**HISTORY OF SUBSTANCE DEPENDENCY TREATMENT:**

Number of detoxes \_\_\_ Number of TSS/CSS \_\_\_ Number of residential programs \_\_\_

Please List below any halfway house (ASAM 3.1) residential programs that you have attended:

<b>CENTER</b>	<b>Dates Attended</b>	<b>Length of stay</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VOCATIONAL INFO:** Can you work? \_\_\_ Yes \_\_\_ No Do you have a Mass ID? \_\_\_ Yes \_\_\_ No

Tell us about your most recent employment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you graduate from high school? (Check one): \_\_\_ Diploma \_\_\_ GED \_\_\_ Did not graduate

Have you had any additional education? \_\_\_ Yes \_\_\_ No (If yes, please list and describe below)

\_\_\_\_\_  
\_\_\_\_\_

**LIVING BACKGROUND:**

What is your marital status? \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed  
\_\_\_ un-married domestic partner

Please give details on the number of children you have -- boys or girls and ages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have other dependents (such as parents) \_\_\_ yes \_\_\_ no:

Do your children live with you or your wife/partner? \_\_\_ yes \_\_\_ not (if not, explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Upon completing Bridge House -- do you anticipate living with your wife/partner: \_\_\_ yes \_\_\_ no

Do you anticipate living with your children: \_\_\_ yes \_\_\_ no

Where do you expect to live after the Bridge House? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION:**

If you pay child-support, please give details: Amount in arrears \_\_\_\_\_ and how  
much you pay each week/month): \_\_\_\_\_

If pay or need to pay Court fees/fines please give details, including if you owe and how much  
you pay each month): \_\_\_\_\_

Detail other financial obligations do you have – such as past credit card debt or car loans,  
insurance etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SPIRITUAL ASSESSMENT:**

Do you have spiritual faith? \_\_\_ Yes \_\_\_ No

If yes how do you express your spirituality? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations in coming to the Bridge House?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you read the Bridge House program overview? \_\_\_ Yes \_\_\_ No

*In signing below – I agree that the information provided is as truthful as I my understanding allows and that I have read the Bridge House program overview and have a better idea of what to expect –including what my individual responsibility is to my own recovery while using the Bridge House program.*

PRINT NAME: \_\_\_\_\_

Applicant Signature : \_\_\_\_\_ Date \_\_\_\_\_

**INTERVIEWER NOTES AND COMMENTS:**

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\_\_\_\_\_  
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