

# Tabor House Resident Application

## GENERAL INFORMATION:

Has Client ever been a resident or applied to Tabor House before? Y/N if yes When: \_\_\_\_\_

Client Name: \_\_\_\_\_ Goes by: \_\_\_\_\_ Date: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ SSN#: \_\_\_\_\_

Gender: Male, Female Race: Black, White, Hispanic, other: \_\_\_\_\_

Clients Address: \_\_\_\_\_

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

Housing Status: Homeless, Shelter, Transitional, Supportive, Non-Homeless, Other: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

Insurance Source: None, Title19, SSDI, Employer, Saga, Medicare, other \_\_\_\_\_

Is Client married? Single, Married, Widowed, Divorced, Separated

Language: English (full), English (partial), Spanish (full), Spanish (partial),

## MEDICAL HISTORY:

HIV/AIDS Status: Positive, Negative, AIDS Diagnosis Date 1st diagnosed: \_\_\_\_\_

Transmission: MSM, IDU, MSM, IDU, Hetero Contact, Transfusion, Other/Unknown

PCP: \_\_\_\_\_ Date of Last Visit there: \_\_\_\_\_

HIV Doctor/Clinic: \_\_\_\_\_ Date of Last Visit there: \_\_\_\_\_

Is client currently taking HIV Medications? Y/N

Other Medical Problems: Diabetes, Heart Disease, High BP, Hepatitis A,B,C, TB, other? \_\_\_\_\_

Is client being treated for any of these? Y/N Does client have any physical limitations? Y/N

Current state of health: \_\_\_\_\_

Date of last TB test: \_\_\_\_\_ Results: \_\_\_\_\_

## MENTAL HEALTH/PSYCHIATRIC HISTORY

Does client have a mental health diagnosis? Y/N What is the diagnosis: \_\_\_\_\_

When was client first diagnosed? \_\_\_\_\_ Is client currently receiving treatment for their diagnosis: Y/N

Is client currently on meds for their diagnosis? Y/N **\*\*Please provide an updated Medication list\*\***

Who is prescribing clients psych meds: \_\_\_\_\_

**SUBSTANCE USE HISTORY:**

Drugs used: None, Heroin, Cocaine/Crack, Alcohol, Marijuana, Other:

Age of first use? \_\_\_\_\_ Drug: \_\_\_\_\_ Progressed to : \_\_\_\_\_

Date of Last Use? \_\_\_\_\_ What did you use: \_\_\_\_\_ How much: \_\_\_\_\_

Drug/s of Choice? \_\_\_\_\_

Frequency: Daily, Weekends, 2 or 3 X's/week, 3 to 5 X's/week, Occasional Binge

Have their been any medical side effects to client's drug use? Blackouts, seizures, hospitalizations, O.D.

Intravenous drug use? Y/N Ever Shared Needles? Y/N

**SUBSTANCE USE TREATMENT HISTORY:**      None      Yes

Has client ever been to detox? Y/N if yes how many times? \_\_\_\_\_ Most recent date: \_\_\_\_\_

Has client ever been to Treatment before: Y/N Please list

Where: \_\_\_\_\_ When: \_\_\_\_\_ How long there: \_\_\_\_\_

Did you complete the program? Y/N

Where: \_\_\_\_\_ When: \_\_\_\_\_ How long there: \_\_\_\_\_

Did you complete the program? Y/N

Are you on Methadone? Y/N Which Clinic? \_\_\_\_\_ How long? \_\_\_\_\_

Client's perception of presenting problem:

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

**Clients Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Case Manager/Counselors Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*Case Manager/Counselors please include a verification of clients HIV status, and copy of clients' current medications including doses and frequencies.

Tabor House Inc – Men's

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Tabor House Inc - Women's

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