

## APPLICATION TO RESIDE AT OVER HOUSE

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Race \_\_\_\_\_ Marital Status \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Referral Name and Phone # \_\_\_\_\_

(Case Worker) \_\_\_\_\_

### MEDICAL HISTORY

List your general state of health. \_\_\_\_\_ Do you have any medical problems that interfere or impact your life? \_\_\_\_\_ Do you take medication for any medical problem? If so what are you prescribed? \_\_\_\_\_ Have you ever been tested for hiv/aids? \_\_\_\_\_ If so what were the results \_\_\_\_\_

### EDUCATION/EDUCATION/MILITARY HISTORY

What is your highest grade of education completed? \_\_\_\_\_ What is your profession, skill or trade \_\_\_\_\_ Where was your last employment and reason for leaving? \_\_\_\_\_

\_\_\_\_\_ Are you currently employed or have Employment waiting? If so where? \_\_\_\_\_ What branch of the military

Did you serve in? \_\_\_\_\_ What years did you serve? \_\_\_\_\_ Type of Discharge? \_\_\_\_\_ Are you eligible for VA benefits? \_\_\_\_\_ Are you receiving benefits for a service connected disability? \_\_\_\_\_ Do you have a valid driver's license? \_\_\_\_\_

### ALCOHOL DRUG HISTORY

What is your drug of choice? (include alcohol) \_\_\_\_\_ List all other drugs used \_\_\_\_\_

What is your sobriety date? \_\_\_\_\_

Have you ever used drugs IV? \_\_\_\_\_. Have you ever had treatment for alcohol/ drug use? \_\_\_\_\_. If so please list where, dates and type of treatment

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What are your thoughts about AA/NA?

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### **FAMILY HISTORY**

Name and phone number of emergency contact \_\_\_\_\_

Are you currently paying child support? \_\_\_\_\_

### **LEGAL HISTORY**

List all arrests and time served

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Are you currently on probation/parole? \_\_\_\_\_. If so, name and phone number of your probation/parole officer \_\_\_\_\_

### **PSYCHIATRIC HISTORY**

Have you ever been diagnosed with mental illness? \_\_\_\_\_. If so what is your mental illness

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Have you ever received services for mental health counseling either as an outpatient or residential

setting? \_\_\_\_\_ If so where? \_\_\_\_\_

Why do you want to be admitted to the OVER house and how motivated are you to work a program of recovery?

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Please send completed form to David Nelsen, 5827 Oakridge Drive, Lincoln, NE 58615 and I will contact you regarding being accepted or denied admittance to OVER House.