



NFTL INTAKE APPLICATION

Today's Date (Application) _____

Name: First: _____ Middle: _____ Last: _____

Social Security #: _____

Birthday _____

Email Address: _____

Phone Number _____

Referred By: _____

Why did you choose New Foundations? _____

Are you on MAT? _____

MAT Medication: _____

MAT Provider Name & Number _____

Will you be able to pass a 14 panel, Gabapentin, Kratom, and Alcohol Drug Screen? _____

Have you ever been convicted of or charged with Sex Offenses, Arson, or do you have a repetitive history of violence? _____

Seizures Unrelated to Withdrawl? _____

When Do You Want To Come In? _____

Have You Ever Stayed at NFTL? _____

If Yes, Reason for Leaving _____

Do You Have State Issued ID? _____

Names of Family Friends Partners NFTL: _____

List Most Critical Resources Needed: _____

List ALL Appts w/ 72 Hrs (Phase 0) _____

Need A Dirty Intake Contract? (Ex. Marijuana, Benzo <from treatment>? _____

Dirty Intake Type: _____

Race? _____

Sex? _____

Highest level of education? _____

Current Annual Income? _____

Where are you currently living? _____

Nickname/Alias? _____

List Other Sober Livings: _____

Current Employer (or SSI or Unemployed) _____

Will Children Be Visiting You? _____

List ALL criminal charges OR arrests: _____

Do you report to Probation or Parole? _____

If Yes, Probation/Parole County & State _____

If Yes, Probation/Parole Officer Contact Info _____

Do you have an active CPS Case? _____

List Details of CPS Case _____

EMERGENCY CONTACT: Name _____

ER CONTACT: Phone _____

ER CONTACT: Relationship _____

Main Drug of Choice: _____

Sobriety/Clean Date: _____

Will you be receiving financial assistance? _____

Name of Financial Assistance Provider? _____

Do you have Medicaid? (or eligible for medicaid?) _____

Currently in IOP Treatment? _____

If Yes, who is your provider? _____

List physical health conditions or None _____

List all mobility concerns/issues or None _____

Mental Health Diagnoses? (Past/Present)? _____

List All Medications Currently On: _____