

WisHope Prescreen Application

FAX: (262)753-6897

PHONE: (844) WIS-HOPE

WISHOPE.ORG

First Name: _____

Last Name: _____

Date of birth: _____

Gender: _____

Marital status: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

Email: _____

Are you employed? Yes No

Occupation: _____

Last date of substance use: _____

Emergency contact name: _____

Emergency phone: _____

Emergency contact relation: _____

CRIMINAL HISTORY: Are you on probation or parole? Yes No If yes, agent name: _____

Agent Phone: _____

Agent email: _____

Do you have any legal involvement? Yes No If yes, list any outstanding legal issues: _____

Do you have a history of violence to yourself or others while not under the influence? Yes No

Pending court dates: _____

Where? _____

Are you a registered sex offender?

Yes No

Have you been convicted of arson?

Yes No

MEDICAL HISTORY: Physical/Medical Diagnosis: _____

Suicidal thoughts? Yes No

Do you have a history of self-harm?

Yes No

Allergies: _____

Substance of Choice: _____

Other substance use: _____

Referred by: _____

MEDICATION: Are you currently on any medication? Yes NO

If so, please list them here: _____

Have you ever been on MAT? Yes No If yes, when: _____

TREATMENT: Have you ever been to treatment before? Yes No If yes, where: _____

INSURANCE: Insured Name: _____

Policy holder name: _____

Policy holder date of birth: _____

Insurance Provider Company name: _____

Insurance provider phone#: _____

Type of policy: _____

Member ID#: _____

Group ID# _____

If applying for housing: Housing costs are \$1,200 for women and \$800 for men per month, which includes \$50 per week for food card. How will this cost be paid? _____

If applying for residential treatment: Medicaid cost for room and board are \$30 per day. If on Medicaid, how will this cost be paid for? _____

What is your projected admit date? _____

