

The FarmHouse Sober Living

1702 UNION ST., BANGOR, ME 04401 - 207 888-8824
INFO@FARMHOUSERECOVERY.COM

Screening & Assessment

Name: _____ DOB: ___/___/_____

Phone/Text: _____

Pronouns: _____

Name on State ID if different than above: _____

Sober Date: ___/___/_____

How did you hear about The FarmHouse? _____

What is your needed/ expected move in date be? _____

Have you participated in SOBER LIVING / recovery FACILITIES yes___ no___

List Names & what years participated: _____

Length in lifetime engagement in recovery: _____

The FarmHouse is a 12-Step abstinent based facility and is a medication assisted treatment-free facility (No member may be engaged in MAT treatment such as Suboxone® or methadone). Prohibited controlled substances include amphetamines, benzodiazepines, marijuana, codeine, Adderall, Dexedrine, hydrocodone, morphine, and oxycodone.

Medication Screening. List your current medications below:

- Are you willing to be responsible for your own medicine.
Yes___ No___
- The FarmHouse requires weekly random urine drug screens.
Are you willing to participate in regular and/ or random urine analysis testing?
Yes__ no__

What types of Rx's and/or illicit drugs have you used and/or been addicted too?

Criminal History:

Arrests? yes ___ / no ___

If yes, please explain and include dates and location

Current bail conditions/ obligations? yes ___ / no ___

If yes, please explain and include dates and location

Currently on probation? yes ___ / no ___

If yes, will you sign a release for The FarmHouse to communicate with probation?
yes ___ / no ___

Are you in the Drug Court or Diversion program:
yes ___ / no ___

If answered yes to above, please provide info below of probation/case mgt information

- Name: _____
- phone # _____
- In what County is probation/diversion held? _____

Health & Wellness:

Please list current clinical services

Please list current recovery programs:

The FarmHouse requires members to have a 12-Step sponsor.

- Do you currently have a Sponsor / Recovery Coach: yes ___ / no ___
 - If "no", are you willing to get a sponsor/recovery coach within 30 days? yes ___ / no ___
- Do you currently attend recovery/wellness groups such as 12 steps? yes ___ / no ___

Income:

Do you currently have employment, disability benefits, or other source of income? yes ___ / no ___
please explain below:

Do you receive SNAP benefits? yes ___ / no ___

Are you willing to apply if you meet eligible requirements? yes ___ / no ___

Emergency Contact:

Name _____

Relationship: _____

PHONE: _____

ADDRESS: _____

Are you willing to sign a release for your emergency contact? yes ___ / no ___

Transportation:

Do you have means to transportation? yes ___ / no ___

Do you own a vehicle? yes ___ / no ___

- MAKE/MODEL: _____
- Registered: yes ___ / no ___
- Inspected: yes ___ / no ___
- Insured: yes ___ / no ___
- Plate #: _____
- Driver License #: _____

By signing below is a understanding that the information provided is true and accurate information between yourself and liaison.

This information will not be used against you nor no other person in the program gain access to the farmhouse screening/assessment form.

The appropriate delegated person/ liaison will process the assessment form with owner. If approved will be part of intake and subject to be added and reviewed during intake process.

Applicant Signature:

Print Name:

Date

Once completed please contact:

Jennifer Sinclair-207-888-9924/ jennifer.sinclair@mainehealthequity.org