

# Matt Talbot Transitions Program

## Application for Admission

Today's Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Last 4 of Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

What is the best phone number(s) to reach you? \_\_\_\_\_

Do you give authorization for MTKO staff to leave a voice mail or message with any person at this number?  Yes  No

Are you currently Homeless?  Yes  No

Where are you currently residing? \_\_\_\_\_

For how long have you lived there? \_\_\_\_\_

Do you hope to eventually access permanent housing?  Yes  No

Do you have a substance use disorder?  Yes  No What is/are your diagnosis? \_\_\_\_\_

What is your drug of choice? \_\_\_\_\_

Date of your last drink? \_\_\_\_\_ Date of last drug use? \_\_\_\_\_

List any drug of substance that you have ever used: \_\_\_\_\_

Have you been admitted to or currently reside in a substance use treatment facility?  Yes  No If yes, how many times? \_\_\_\_\_

If yes, Name of the facility or facilities and approximate dates: \_\_\_\_\_

If yes, how many times did you complete residential treatment? \_\_\_\_\_

If you are coming from residential treatment, Are you willing to follow your discharge recommendations?  Yes  No

Do you want to remain abstinent from substances?  Yes  No What is your sobriety date? \_\_\_\_\_

Do you attend AA &/or NA meetings?  Yes  No How many AA/NA meetings do you currently attend each week? \_\_\_\_\_

When did you attend your most recent AA or NA meeting? \_\_\_\_\_

Do you have a recovery sponsor?  Yes  No

Are you working the 12 steps of AA/NA?  Yes  No

Have you ever been diagnosed with a mental health disorder?  Yes  No If yes, what are the diagnosis? \_\_\_\_\_

Are you currently taking medications for the above disorders?  Yes  No If yes, list the medications you are taking for the above disorders \_\_\_\_\_

Are you meeting with a Mental Health Counselor?  Yes  No If yes, what is your Counselor's name and what facility? \_\_\_\_\_

What other coping strategies do you use to cope with your MH disorder(s)?  N/A

Do you have a primary care doctor?  Yes  No If yes, what is your Doctor's name and what facility? \_\_\_\_\_

When was the last time you went to the Hospital or ER? \_\_\_\_\_

For what? \_\_\_\_\_

Do you take prescription medications for medical issues?  Yes  No Are you medication compliant  Yes  No

Do you have any chronic medical conditions? If yes, list. \_\_\_\_\_

Please list your medications and why they are prescribed. \_\_\_\_\_

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Place Client Information Label Here



2121 N. 27<sup>th</sup> Street, Lincoln NE 68503 Phone: 402-477-4116 Fax: 402-477-4118

**matt talbot**  
kitchen & outreach

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Do you have any legal charges pending  Yes  No If yes, for what? \_\_\_\_\_  
Are you required to register as a sex offender in any state?  Yes  No  
Have any of your crimes been violent in nature (assault, use of a weapon, domestic abuse)?  Yes  No  
List any legal charges and approximate future court dates: \_\_\_\_\_

Are you employed?  Yes  No If yes, name of your employer: \_\_\_\_\_  
If you do not have a job, do you plan to get one?  Yes  No If yes, where would you like to work? \_\_\_\_\_  
Are you receiving any benefits such as Social Security Disability, Supplemental Security Income, or Veterans Benefits?  Yes  No  
Do you receive SNAP benefits?  Yes  No Amount? \_\_\_\_\_ What is your current gross monthly income? \_\_\_\_\_

Current Marital Status:  Married  Never Married  Separated  Divorced  
Do you have children?  Yes  No Do you have child support obligations?  Yes  No if yes, How much? \_\_\_\_\_

If accepted to The Matt Talbot Transitions House, when would you be available to move in?  Immediately  Other  
If other, what date would you want to move in and explain why the date is in the future rather than now? Date: \_\_\_\_\_  
Reason: \_\_\_\_\_

Have you ever lived in another half way, ¾ way or transitional living house in the past?  Yes  No  
If yes, provide the name and location of the facility or facilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you answered yes to the previous question, please complete the next 2 questions.  
I left the previous living facilities for the following reason:  
 Successfully Completed  Incomplete  Relapse  Left Against Counselors Advice  
 Other: \_\_\_\_\_

I  did  did not owe money to the facilities I left in the past. I understand that if I leave the Matt Talbot Transitions Program while owing any money, I will not be considered for readmission until my account is paid in full.

### Emergency Contacts

Please list people you would want to be notified in case of an emergency.  
Name Relationship Telephone

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

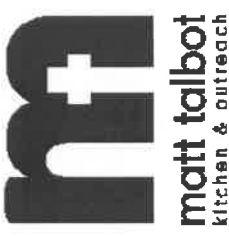
I have been provided, have read, understand and agree with the Matt Talbot Transitional House Rules  Yes  No Initial \_\_\_\_\_  
I understand that as a part of this application process I will have to provide information or update information in the Nebraska Management Information System (Service Point) and will have to complete a VI-SPDAT assessment to determine program eligibility.  
I have read and understand all of the questions on this application and have answered each question honestly and to the best of my ability. If admitted to the Matt Talbot Transitions House I agree to maintain a sober environment which will enable me and my peers to learn the benefits of maintaining a sober lifestyle and with the eventual goal of financial self-sufficiency and becoming a productive member of my community.

**(Fill out and return the NMIS consent and Service Point profile information sheet along with this application.)**

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Matt Talbot Transitions Program Application for Admission

Matt Talbot Transitions House  
Application for Admission

1. Why are you interested in the Matt Talbot Transitions Program?

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2. If you are accepted into the Matt Talbot Transitions House, how would you describe a "successful" stay?

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3. How will you make your stay at the Matt Talbot Transitions House "successful"?

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(Fill out and return the NMIS consent and Service Point profile information sheet along with this application.)

Applicant's Signature

Date

For Use by Matt Talbot Kitchen & Outreach Staff

This Applicant is:  Accepted  Not Accepted

Reason for Denial: \_\_\_\_\_

Move In Date: \_\_\_\_\_  
House Keys Returned  Yes  No

Reason for leaving:  Successful Completion  Relapse

Outstanding Debt to House: \$ \_\_\_\_\_

Move Out Date: \_\_\_\_\_

Death

Left Incomplete.

Date Repaid: \_\_\_\_\_

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