



Director: \_\_\_\_\_ Date: \_\_\_\_\_

## INTAKE QUESTIONS

- Can you pass a drug screen? Yes \_\_\_\_\_ or No \_\_\_\_\_

- if No, what will you fail for \_\_\_\_\_

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- If you said No- are you willing to go to a detox facility? Yes \_\_\_\_\_ or No \_\_\_\_\_

- Do you have any violent or sexual offenses? Yes \_\_\_\_\_ or No \_\_\_\_\_

- If yes, please explain? \_\_\_\_\_

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- Are you able to work? Yes \_\_\_\_\_ or No \_\_\_\_\_

- If not, why? \_\_\_\_\_

- Are you employed? Yes \_\_\_\_\_ or No \_\_\_\_\_

- If not, why? \_\_\_\_\_

Do you understand and are you able to commit to the following:

- **Daily Household chores**
- **Weekly case management**
- **Weekly budgets**
- **30-day restriction (loss of phone and limited exit of the facility)**
- **Follow resident handbook (rules & guidelines)**
- **Attend classes & meetings required by Noble House, such as:**
  - **Nutrition**
  - **Parenting**
  - **Thriving Children (if you have children)**
  - **Untangling Relationships**
  - **Celebrate Recovery, a faith-based recovery program**
  - **House Recovery Meetings**
  - **House Manager's Meetings**
- **Pay service fees as calculated by staff**

Yes \_\_\_\_\_ or No \_\_\_\_\_

Are you willing to commit to working the Noble House Program, which is typically a 6-month commitment?

Yes\_\_\_\_\_ or No\_\_\_\_\_

### **BACKGROUND INFORMATION**

- What is your reason for needing to leave the current address or coming to Noble House? Please circle all that apply:

Eviction      Probation      Substance Use Recovery      Mental Health Recovery  
Court Order      Domestic Violence      Department of Child Services      Homelessness  
Other: \_\_\_\_\_

- Please explain what led you to this situation.

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

- Current Relationship Status: \_\_\_\_\_
  - How long have you been in this relationship? \_\_\_\_\_
  - Name of partner: \_\_\_\_\_

- Are you a military veteran? \_\_\_\_Yes or \_\_\_\_No
  - If yes, what branch did you serve? \_\_\_\_\_ Dates served: \_\_\_\_\_ to \_\_\_\_\_

- How did you hear of Noble House Ministries? \_\_\_\_\_

- Have you ever experienced homelessness? \_\_\_\_Yes\_\_\_\_ No....If Yes...When \_\_\_\_\_

- Have you ever lived in a shelter, DV shelter, or recovery home? \_\_\_\_Yes\_\_\_\_ No

- If Yes...Where \_\_\_\_\_
- If yes, were you evicted \_\_\_\_yes or \_\_\_\_No,
- If Yes...Why \_\_\_\_\_

- Do you have a valid Driver's License \_\_\_\_Yes or \_\_\_\_No

- Do you have transportation \_\_\_\_Yes or \_\_\_\_No

- Do you have medical insurance: \_\_\_\_Y \_\_\_\_N If yes, Name of Insurance: \_\_\_\_\_

- Are you prescribed any medications: \_\_\_\_Yes or \_\_\_\_No

***\*Please note that Noble House Ministries, Inc., doesn't allow controlled substance and/or Narcotic prescription medication on site***

Please list Medications: \_\_\_\_\_

Emergency Contact (must have at least one person listed): \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

- Do you have a Probation Officer? \_\_\_\_ Yes or \_\_\_\_ No
  - If yes, name of probation Officer. \_\_\_\_\_
- Have you been involved in a domestic violence situation? \_\_\_\_ Yes or \_\_\_\_ No
- Do you have any current protection orders? \_\_\_\_ Yes or \_\_\_\_ No
  - If yes, please provide exact details and include exact names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do you have a history of substance related charges or convictions? \_\_\_\_ Yes or \_\_\_\_ No
  - If yes, please describe your history of substance use below. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What drugs have you abused in the past?
  - Tobacco
  - Alcohol
  - Marijuana/Hashish/Dabs
  - Methamphetamines
  - Heroin
  - Cocaine
  - Fentanyl
  - Spice
  - Methadone
  - Vicodin/Norcos/Lortabs
  - Xanax/Klonopin
  - Percocet
  - Oxycodone/Oxycontin
  - Suboxone
  - PCP/LSD
  - Mushrooms
- What is your Sobriety Date? \_\_\_\_/\_\_\_\_/\_\_\_\_

- Are you involved in a recovery program? \_\_\_\_ Yes or \_\_\_\_ No

- If yes, please describe the program and with what agency:

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- Are you currently or have you been involved in a Mental Health treatment program? \_\_\_\_ Yes or \_\_\_\_ No

- If yes, please describe the treatment and with what agency:

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- Do you have an active or past DCS case? \_\_\_\_ Yes or \_\_\_\_ No

- If yes, Please explain in detail: \_\_\_\_\_

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- Name of caseworker(s) and county case is(was) in. \_\_\_\_\_

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- Do you have a criminal record? \_\_\_\_ Yes or \_\_\_\_ No

- If yes, please explain what charges are on your record and when the charges occurred.

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- What are your goals for the next 5 month?

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- What do you hope to learn from the program at the Noble House?

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- Do you feel that you have room for growth? \_\_\_\_ yes \_\_\_\_ no If so, in what areas? \_\_\_\_\_

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- Why do you think you are in the situation that you're in? \_\_\_\_\_

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- You will be engaging and residing with other women and children. How well do you do with an environment that can be “dramatic” at times?

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- After all the work you put into the program here at the Noble House, if accepted, what do you plan to do with the knowledge that you learned?

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***\*\*Who is your public defender/attorney - who do we send acceptance letter to, if accepted?***

***(\*Note we do not mail acceptance letters and can only email them.)***

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