Wandermere House Application

"*A Safe Space for Lasting Change – Recovery Starts Here*"

Program Director: _____
Email: wandermerehouse@gmail.com | **Phone**: 509-879-9197

Applicant Information		*Please Print Clearly*
Full Name: (*First/Middle/Last)*		
Date of Birth:	**Age:**	**Race:**
DOC #:	**SSN: (***last 4)*	
Current Location:		
Counselor/Case Manager:	**ERD:**	
Criminal History		
Current Charge(s):		
Prior Charges: ☐ Yes ☐ No		
If yes, list previous charges:		
Sex Offense History: ☐ Yes ☐ No		
If yes, list previous charges and locations:		
Security Threat Group Affiliation(s): ☐ Yes ☐ No		
If yes, list affiliation(s):		
Family Information		
Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Other: _____		
Children: ☐ Yes ☐ No	If yes, number and ages: # _____ Ages:	
Child Support Obligation: ☐ Yes ☐ No	**Payment Amount: $**	
Emergency Contact		
Name: *(First/ Last)*		
Relationship:	**Phone:**	
Address:		
City:	**State:**	**Zip:**

Medical Information

Medical Conditions: ☐ Yes ☐ No

If yes, describe:

Current Medications: *(Name & Condition Treated)* ☐ N/A

Mental Health Conditions: ☐ Yes ☐ No

If yes, describe:

Substance Use History

Assessed with Substance Use / Co-Occurring Disorder: ☐ Yes ☐ No

Previous Treatment: ☐ Yes ☐ No

If yes, dates / programs:

Employment & Education

Highest Level of Education Completed:

Employment History / Skills:

Employment Goals After Release:

Current Barriers & Resources Needed

What challenges or barriers are you currently facing?

What resources or support do you need most right now?

☐ Housing ☐ Employment ☐ Education ☐ Transportation ☐ Legal

☐ Mental Health ☐ Substance Use Recovery ☐ Family Support

☐ Other: _____

Personal Statement
Why are you applying to Wandermere House and what do you hope to accomplish?

Acknowledgement	
I confirm that the information provided is true and accurate to the best of my knowledge.	
Applicant Signature:	**Date**:
Wandermere Staff Signature:	**Date**:

CONSENT TO SHARE INFORMATION & RELEASE OF INFORMATION

NOTICE: Signing below gives Wandermere House the right to share information with corresponding agencies on your behalf.

CONSENT: I allow Wandermere House to use my confidential information to provide, and coordinate services, treatment, and benefits for me or for other purposes authorized by law. I allow Wandermere House and the below listed agencies, providers, or persons to use my confidential information and disclose it to each other for these purposes. Information may be shared verbally or by computer, data transfer, mail, or hand delivery.

Employment Security Dept.
Social Security Administration
Department of Corrections
Child Support Enforcement
Health Care Providers
Mental Health Providers
Chemical Dependency Providers
Housing Program Providers
Department Social Health Services
Colleges and Education Providers
Attached Lists
Others

ADDITIONAL CONSENT: If your confidential records include any of the following information, you must also complete this section to include these records. I allow Wandermere House to share the following records:

☐ Mental Health ☐ HIV/AIDS and STD test results, diagnosis, or treatment

☐ Chemical Dependency (CD) services.

This consent is valid for length of time you are a program participant. I understand to be at Wandermere House I must sign this consent form. I understand that records shared under this consent my not be protected under State or Federal Laws.

A copy of this form is valid to give my permission to share records.

Signature: _____ **Date**: _____

NOTICE TO RECIPIENTS OF INFORMATION: If you have received information related to drug or alcohol abuse by the client, you must include the following statement when further disclosing information as required by 42 CFR 2.32: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part w. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.