

Transitional Living Corporation

"We absolutely insist on guiding young adults towards a life of excellence, leadership and service"
~ Mission Statement



Application for Admission

466 West Wickenburg Way · Wickenburg, AZ 85390 · (888) 730-0905

www.GatehouseAcademy.com

Upon completion of application, please fax to 928-447-1900.

Application Instructions

We welcome your interest in Transitional Living Corporation. Transitional Living Corporation is an Arizona Corporation that operates Gatehouse Academy (GA), Gatehouse Therapeutic Health Services (GTHS), Gatehouse College Campus (GCC), Hassayampa River Ranch (HRR) and Adventures In Recovery (AIR) and is affiliated with San Cristobal Academy (SCA).

Please complete the following information as thoroughly as possible. This will assist us in determining the appropriateness of our program for the candidate. Our separate and integrated campuses provide the services necessary to assist each person in transitioning to successful living. Should the resident be accepted, the accuracy of the information in each section of this application will help us in effectively understanding the applicant.

Admission Requirements and Criteria

Transitional Living Corporation is not a medical facility. In the event the applicant does not meet the criteria for immediate admission, Transitional Living Corporation will require immediate transportation to a medical detox. Transitional Living Corporation assumes no responsibility for transportation, monitoring, or making arrangements for medical care prior to admission, but we will help facilitate an appropriate referral if necessary.

Additionally, it is understood if the applicant/resident is recalcitrant, refusing treatment, and unwilling to participate in the program at anytime during residency, Transitional Living Corporation reserves the right to immediately discharge and assumes no responsibility for transportation, monitoring, or making arrangements for transfer to another facility.

Transitional Living Corporation is a voluntary program that challenges young adults to participate in the recovery process. We are committed to this process and the integrity of our community.

Upon completion of the application, please fax to 928-447-1900.

Transitional Living Corporation Residential

Resident's Information

First Name: _____ Last Name: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

Cell Phone Number: _____ email address: _____

Social Security Number: _____

Financial Sponsor Information (if other than resident)

Full Name: _____ Relationship: _____

Agency/Organization Name (if applicable): _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

Cell Phone Number: _____ email address: _____

SS#: _____

Father's Information

Full Name: _____ ☐ Living ☐ Deceased

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

Cell Phone Number: _____ email address: _____

Stepmother / Significant Other's Full Name (if applicable): _____

Mother's Information

Full Name: _____ ☐ Living ☐ Deceased

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

Cell Phone Number: _____ email address: _____

Stepmother / Significant Other's Full Name (if applicable): _____

Referral Source Information

How did you first come to know about Transitional Living Corporation?

If you found Transitional Living Corporation on the internet, please list key words/phrases that you used to find us:

Please tell us of any specific person who referred you to us (i.e. psychologist, educational consultant, psychiatrist, therapist, alumnus, school counselor, family friend, etc.)

_____ Please initial here if we have your permission to contact this person.

Name of Referral Source: _____

Their Relationship to you: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone: _____ Fax: _____ email: _____

Emergency Contact Information (if other than resident's parent(s))

Full Name: _____

Relationship to the Resident: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

Cell Phone Number: _____ email address: _____

Therapeutic and Medical History

Resident's Name: _____

Professional Involvements (Use additional pages if necessary)

Please list all mental health professionals (psychiatrist, psychologist, educational consultants, therapist, etc.) and treatment programs that have been involved with the resident. Indicate those professionals/programs that will have ongoing involvement with the resident and/or their family and should receive periodic updates from Transitional Living Corporation.

Full Name: _____ Updates: ____ Yes ____ No

Program Name (if applicable): _____

Type of Services: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone/Pager: _____ email: _____

Dates of Service:

From: _____

To: _____

Full Name: _____ Updates: ____ Yes ____ No

Program Name (if applicable): _____

Type of Services: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone/Pager: _____ email: _____

Dates of Service:

From: _____

To: _____

Full Name: _____ Updates: ____ Yes ____ No

Program Name (if applicable): _____

Type of Services: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone/Pager: _____ email: _____

Dates of Service:

From: _____

To: _____

Significant Medical History

Does the applicant currently have any medical or physical limitations or diagnoses? Yes: ☐ No: ☐

If yes:

Is the applicant on a restricted diet for either medical or personal reasons? Yes: ☐ No: ☐

If yes, what?

Does the applicant have any allergies? Yes: ☐ No: ☐ To what?

History of surgeries/broken bones

Has applicant ever been hospitalized other than for above described surgeries or fractures? If so, why and for how long?

Addiction

Please tell us applicant's addiction: (drug of choice, alcohol use, length of time using)

Medications

Name of Medication	Date Prescribed	Dosage/Schedule	Reason for Medication

Emotional/Mental Health Inventory

Has the applicant been given a diagnosis by a qualified mental health professional:

Diagnosis	Date Given	Name of Professional

Please check any of the following that apply to the resident:

Behavior	Yes	No	Behavior	Yes	No
Depression			Running away		
Suicide Threat or attempt			Death of parent or guardian		
Hearing Voices			Death of close friend		
Arson / Fire setting			Has been arrested		
Cruelty to animals			On probation		
Psychiatric Hospitalization			Violence towards others		

For any of the items that are marked "Yes", please provide explanation:

Legal History:

Has the applicant ever been arrested?

Yes: ☐ No: ☐

Date	Age	Charge	Pending?
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Any other current legal concerns?

Yes: ☐ No: ☐

If yes, Explain:

Does the applicant currently have a probation officer?

Yes: ☐ No: ☐

Name: _____

Does the applicant currently have an attorney?

Yes: ☐ No: ☐

Name: _____

Social Function:

With whom was the applicant living most recently? _____

Notes:

Does the applicant have children? Yes: ☐ No: ☐ Is the applicant married? Yes: ☐ No: ☐

If yes,

Name	Age	Living Situation/custody

Is the applicant Adopted Yes: ☐ No: ☐ If no, skip following 2 questions.

- If yes, at what age were you adopted? _____
- Was the applicant adopted from another Country? Yes: ☐ No: ☐
 - location _____
- Has the applicant ever tried to find his/her birth parents? Yes: ☐ No: ☐
 - If yes, Explain: _____
- Does the applicant have any siblings that are adopted? Yes: ☐ No: ☐

If yes, Explain: _____

Education & Vocation

Resident's Name: _____

Current Academic Status

What is the participant's current grade level?

If the applicant has not completed high school, how many credits are needed for graduation?

Please describe any college experience held by the applicant:

Please explain any known learning differences for the applicant.

Vocational/Employment Interests

Describe any particular vocational interests or skills that the applicant has:

Has the applicant ever been gainfully employed? If so, please describe:

Additional Comments

Is there anything else we should know about the applicant?

Upon admission to Transitional Living Corporation, residents will be asked to sign and agree to the Transitional Living Corporation Guidelines listed below. We welcome you to view this document as a way of evaluating appropriateness for the Transitional Living Corporation program.

Transitional Living Corporation Guidelines

I am committed to participate in the Transitional Living Corporation program schedule and recognize that the facility is neither a treatment center nor a medical center.

I am committed to keep my living quarters and myself clean, neat, and tidy. I am committed to dress appropriately and to actively and cheerfully do my share in a weekly rotating schedule, maintaining in a general way the property and the main house. I am very aware that all these activities are based on a process to encourage me to learn and to implement life skills. I will be courteous in my manner when interacting with others. I will also be prompt for all appointments in the 12-step community (attending at least 7 meetings a week) medical, dental, therapeutic, etc.

I clearly understand that to remain at Transitional Living Corporation, I must remain sober, abstinent and drug free.

I am committed to refraining from any intimate relationships as long as I am a resident of this facility.

The consequence for not complying with any of these guidelines is dismissal.

Resident's Signature

Date

Resident's Parent or Guardian Signature

Date