

Upon completion of the application, please fax to 1 520 881 9942



**Resident Application Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Date of Birth: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Father's 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 Full Name:** \_\_\_\_\_ Living \_\_\_ Deceased \_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ email address: \_\_\_\_\_

Stepfather / Significant Other's Full Name (if applicable):  
\_\_\_\_\_

**Financial Sponsor (if other than resident)**

Full Name: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ email address: \_\_\_\_\_

**Referral Source Information**

How did you hear about V3 Tucson?

Referral Source Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

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

Full Name:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ email address: \_\_\_\_\_

## Therapeutic Health Services

*Professional Involvements (Use additional pages if necessary).*

Please list all mental health professionals (psychiatrist, psychologist, educational consultants, therapist, etc.) and treatment programs involved with the resident. Indicate those professionals/programs that will have an ongoing involvement with the resident and/or their family and should receive periodic updates from V3 Tucson.

Full Name: \_\_\_\_\_ Updates: \_\_\_\_\_ Yes \_\_\_\_\_ No

Program Name (if applicable): \_\_\_\_\_

Type of Services: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_ email: \_\_\_\_\_

\_\_\_\_\_ By initialing here, I hereby authorize the release of information regarding the resident named above to V3 Tucson and authorize V3 Tucson to release information regarding this particular resident only to this professional.

Full Name: \_\_\_\_\_ Updates: \_\_\_\_\_ Yes \_\_\_\_\_ No

Program Name (if applicable): \_\_\_\_\_

Type of Services: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_ email: \_\_\_\_\_

\_\_\_\_\_ By initialing here, I hereby authorize the release of information regarding the resident named above to V3 Tucson and authorize V3 Tucson to release information regarding this particular student only to this professional.

**Significant Medical History**

General health condition: Excellent: \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Does the applicant have any food restrictions? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

**Allergies**

\_\_\_\_\_

List/Explain any chronic conditions (asthma, heart murmur, diabetes, enuresis)

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

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:

- Depression
- Running Away
- Suicide threat or attempt
- Death of parent or guardian
- Hearing Voices
- Death of a 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:

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### **V3 Tucson Continuing Education**

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 difficulties 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?



## V3 Tucson Resident Guidelines

Upon admission to V3 TUCSON, residents will be asked to sign and agree to the V3 TUCSON guidelines listed below. We welcome you to view this document as a way of evaluating appropriateness for the V3 TUCSON program.

"I am committed to participating in the V3 TUCSON program, and recognize that the facility is neither a treatment center nor a medical facility. As such, V3 TUCSON is not licensed nor required by Arizona law to hold license for services offered.

I am committed to keeping my living quarters and myself clean, neat and tidy. I am committed to dressing appropriately and to actively and cheerfully doing my share in a weekly rotating schedule, maintaining in a general way the property and the main house. I am aware that all of 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 V3 TUCSON 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.

Tuition is non-refundable.

**The consequence for non-compliance with any of these guidelines is dismissal from the V3 TUCSON program. V3 assumes no responsibility for any items left behind.**

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Resident's Signature

Date

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Resident's Parent/Guardian Signature

Date

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V3 TUCSON Admission Staff Signature

Date