

Cronin House

Intake Information Sheet for Individuals

Program Description

Cronin House is a 30 bed licensed mental health and substance abuse residential treatment facility serving both men and women. 100% of our clients are required to have mental health and substance abuse diagnoses. Our program lasts 60 days and may be extended to 90.

Cronin House provides education, skills training, intervention, medication support, AA/NA meetings on site, and family education/support. We help our clients develop social, recovery, and independent living skills. In the past year we have developed a new group: *Seeking Safety*, addressing trauma, coping techniques for PTSD, and substance abuse. We have instituted a Client Council to provide leadership opportunities for clients.

What to expect

Cronin House is a safe healthy environment. We provide 3 meals a day and 2 snacks. Counselors are available for one-on-one sessions. Clients are welcomed by a Big Brother/Sister and are able to ask questions about the program rules at the Community Meeting every morning.



Cronin House

Intake Information Sheet for Individuals

Common Questions & Answers

What does it take to get into Cronin House?

We are looking for individuals who can benefit from a structured mental health and substance abuse recovery program. We screen to see if the person is able to actively participate in educational skill building groups and the community.

Note: We are not able to serve registered arsonists or sex offenders.

We Require

- Current TB test (last 90 days) or chest X-ray within last year.
- California ID and Social Security card. If you do not have an ID or Social Security card we will consider making exceptions on a case-by-case basis.

We Request

- That the client bring approximately 30 days-worth of medication. Our program is 60 days so please request at least one refill. Please continue taking your medication while you are waiting to come into the program.

Can I smoke?

No, our program does not permit smoking.

How much will it cost?

We charge on a sliding scale according to your income. If you have no income, government assistance is available for those who qualify. If you have Medi-Cal, Medi-Cal covers classes and therapy, and the client pays for the residential portion of the program.

Will I have roommates?

Yes, you will have roommates. Our rooms are airy with windows, closets, and fans. We supply bedding, pillows and towels.

How soon can I have visitors?

After you have been in the program for 14 days, you are eligible for 2 approved visitors, on the following Sunday. To be approved, visitors must attend the Thursday night Family Group Meeting at 6:30 pm, the Thursday before they visit.

How long do I have to wait before I can come in?

If you have *submitted all of the required items*: 1) the application, 2) a TB test in the last 90 days, and 3) *have been notified by our intake specialist that you are approved*, be prepare to enter the program at any time. While you are waiting, take care of yourself by accumulating clean time, seeing your psychiatrist to get your medications updated and seeing your doctor and dentist to take care of any physical and dental issues.

PLEASE FAX OR MAIL:
THE APPLICATION AND YOUR TB TEST RESULTS,
CRONIN HOUSE, ATTENTION: INTAKE COORDINATOR
2595 DEPOT RD., HAYWARD, CA 94545
PHONE: 510-784-5874
FAX 510-300-3392.

PERSONAL INFORMATION

Full Name Last _____ First _____ M.I. _____

Alias or Maiden Name Last _____ First _____ M.I. _____

Preferred Name Last _____ First _____ M.I. _____

What is your preferred gender? _____

Address _____

Street Address _____ *Apartment/Unit #* _____

City _____ *State* _____ *ZIP Code* _____

Phone _____ Message Phone _____

Do you give Cronin Staff permission to state what type of agency we're calling from? Yes No

Birth Date _____ Social Security No. _____ CA ID or Driver's License# _____

Years of Education _____ College _____ H.S. Graduate _____ GED _____

Ethnicity Caucasian/White African American/Black Chinese Vietnamese Laotian Cambodian Japanese Latino Native American Filipino Other Asian Other Southeast Asian _____ Other _____

Hispanic Not Hispanic Cuban Puerto Rican Mexican/Mexican-American Other Latino _____ Other Hispanic _____

Current Marital Status Never Married Married Divorced Partnered Separated Widowed

Total Number of Children Aged 0-17? _____
Total Number of Children Aged 18 & Over? _____
Living With You _____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____

Street Address _____ *Apartment/Unit #* _____

City _____ *State* _____ *ZIP Code* _____

Phone _____ Cell Phone _____

HOUSING INFORMATION

Do you have a permanent, stable residence? Yes No
Are you homeless? Yes No If yes, how long? _____

With whom are you living?

Self Spouse/Mate Parents Shelter Children Friends Relative Other Program

Who referred you to Cronin House (be specific)? _____

EMPLOYMENT & INCOME

If employed, your occupation: _____ State monthly income: _____

Are you receiving: AFDC SSI SDI General Assistance Other _____

HEALTH INSURANCE

Do you have Medi-Cal? Yes No If yes, which county? _____

LEGAL

Are you on Probation? Yes No Parole? Yes No What County? _____

If yes, name of Probation/Parole Officer: _____ City: _____

Do you have any outstanding warrants? Yes No Describe: _____

Do you have any restraining or stay away orders? Yes No Describe: _____

How many arrests in the past 24 months? _____

Describe arrest history: _____

Are you a registered sex offender? Yes No When? _____

Any charges/conviction of arson? Yes No Describe: _____

If any, please describe your past criminal history within 10 years:

Do you have any court dates and/or appointments upcoming? Yes No Describe: _____

HEALTH

Do you have any medical issues such as hypertension, diabetes, lupus, etc.? Yes No If yes, describe:

Do you have any physical limitations? Yes No If yes, describe: _____

Are you pregnant? Yes No

Are you currently on Methadone? Yes No If yes, which medical clinic: _____

Are you currently on Suboxone? Yes No If yes, name of prescribing doctor: _____

Have you ever experienced any head injuries? Yes No If yes, please describe: _____

Are you allergic to any medications or food? Yes No If yes, please describe: _____

Do you have any ailments or conditions for which you would like to seek medical attention within the next six (6) months? If yes, please explain: _____

Place of last psychological examination: _____

Date: _____

Have you ever attempted suicide? Yes No If yes, when? _____

Where? _____ How many times? _____

Have you ever been a victim of violence (physical, verbal, mental)? Yes No If yes, explain: _____

Are you currently experiencing hearing voices or hallucinations? Yes No

MENTAL HEALTH HISTORY

Mental Health Diagnosis Medication Prescribed

Mental Health Diagnosis	Medication Prescribed		

ALCOHOL AND DRUG HISTORY

How often do you drink alcohol? Daily 3-6 times in past week 1-2 times in past week
Whenever I do drugs 1- 3 times in past month Daily

What is your drug of choice? _____

How often do you use this drug? No use in prior month 1-3 times in past month 1-2 times in past week
3-6 times in past week Daily

When did you last use? _____

Do you use prescription drugs? Yes No Which one(s)? _____

What other drugs do you use? _____

Are you currently experiencing any detox symptoms such as: Runny Nose Restless Sleep Hallucinations
Blackouts Diarrhea Seizures Sweats Tremors Paranoia

Are you a cigarette smoker? Yes No

I certify that my answers are true and complete to the best of my knowledge.

If this screening leads to admission to Cronin House, I understand that false or misleading information may invalidate my screening application.

Signature of Applicant: _____ Date: _____

If applicable, signature of Provider: _____ Date: _____

PLEASE FAX OR MAIL
THE APPLICATION AND YOUR TB TEST RESULTS,
CRONIN HOUSE, ATTENTION: INTAKE COORDINATOR
2595 DEPOT ROAD, HAYWARD, CA 94545
PHONE: 510-784-5874
FAX 510-300-3392