Cronin House
Intake Information Sheet for Individuals

Program Description

Cronin House is a 34 bed licensed mental health and substance abuse residential treatment facility serving men. 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, 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 and are able to ask questions about the program rules at the Community Meeting every morning.

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 convicted arsonists or registered 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 30-90 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, Drug 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.

Cronin House

Today's Date: _____

PERSONAL INFORMATION

Full Name *Last* _____ *First* _____ *Middle* _____

Alias or Maiden Name *Last* _____ *First* _____ *Middle* _____

Preferred Name *Last* _____ *First* _____ *Middle* _____

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# _____

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

Total Number of Children Living With You

Aged 0-17?_____
Aged 18 & Over?_____

_____

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? _____

Client # _____

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		

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 abuse 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

Client # _____