

Gastineau House Residential Treatment Application

Gastineau House (GH) is a drug- and alcohol-free residential substance abuse treatment program. It's designed for individuals who have completed residential treatment and/or need additional support and structure for their recovery.

The program houses up to 10 individuals at any given time. **Currently males only.*

The program's primary focus is substance abuse, but other issues that may threaten a resident's sobriety are also addressed and made a part of the individual treatment plan. Additional issues that will typically be addressed include physical health, mental health, family, employment, housing, and legal obligations.

For further information or to verify current availability at Gastineau House, please contact us at: (907) 780-3044 or (907) 780-3037.

When filling out your application, please provide a working telephone and/or message phone number, so that we can reach you and process your application as quickly as possible.

Applicant Name:	Date of Application:
Aliases:	Date of Birth:
Best Phone # to Reach You:	Email Address:
Present Address:	How long at this address?
Current Living Situation (check one) <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Hospital <input type="checkbox"/> Substance Abuse Treatment Facility <input type="checkbox"/> ADOC Community Residential Center (CRC) <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Jail <input type="checkbox"/> Living with Friends/Relatives <input type="checkbox"/> Psychiatric Facility <input type="checkbox"/> In a Vehicle <input type="checkbox"/> Substandard or Condemned Housing <input type="checkbox"/> On the Street <input type="checkbox"/> Domestic Violence Situation	Referral Source (check all that apply) <input type="checkbox"/> Rainforest Recovery Center <input type="checkbox"/> GHS Treatment Staff – Current Counselor: _____ <input type="checkbox"/> Other Inpatient Treatment Provider <input type="checkbox"/> Psychiatric Hospital Staff <input type="checkbox"/> Mental Health Outpatient Clinic <input type="checkbox"/> Outpatient Alcohol or Drug Program <input type="checkbox"/> Office of Children's Services – Current Caseworker: _____ <input type="checkbox"/> Other Social Service Staff <input type="checkbox"/> ADOC/Legal System – Current PO/Attorney: _____ <input type="checkbox"/> Friends or Family <input type="checkbox"/> Individual or Self-Referred <input type="checkbox"/> Other: _____
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Female Becoming Male <input type="checkbox"/> Female Formerly Male <input type="checkbox"/> Male Becoming Female <input type="checkbox"/> Male Formerly Female <input type="checkbox"/> Prefer Not to Disclose	What Pronouns would you like us to use to describe you? <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them
Please explain why you are applying to Gastineau House:	
How do you think you will benefit from attending treatment at Gastineau House?	

Gastineau House Residential Treatment Application

SUBSTANCE USE HISTORY	
1) Have you been told, or do you think you have a problem with alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Have you taken drugs not prescribed by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all applicable boxes: <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Meth <input type="checkbox"/> Opiates <input type="checkbox"/> Inhalants <input type="checkbox"/> Psychedelics <input type="checkbox"/> Heroin <input type="checkbox"/> Abuse of prescription drugs (painkillers, tranquilizers or psychotropic drugs)	
Have you previously attended substance abuse treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	When and where?
How long have you been clean and sober? Days: Months: Years:	
What changes have you made to ensure your sobriety?	
Are you currently involved in a 12-step recovery program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

HEALTH		
Please list any history of serious illness:		
List current medical problems and any medication being taken:		
Do you have mental health needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been involved in counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	Where?
Do you or any family member have a physical or developmental disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Have you or any household member been in a domestic violence situation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Have you ever attempted suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe when and how:		

CRIMINAL HISTORY	
Please list <i>ALL</i> criminal arrests, convictions and sentences, location and the month/year of these incidents:	
Do you have any pending charges or warrants? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
Are you presently on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	P.O. Name and Phone Number:
Have you ever been convicted of arson? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you required to register as a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list your current employer and work schedule:	
What is your total gross income to date for this month? \$	Last month's income: \$

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INCOME INFORMATION

Current Source(s) of Income (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Employment Income |
| <input type="checkbox"/> Social Security Disability (SSDI) | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> General Public Assistance | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Temporary Aid to Needy Families (TANF) | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Permanent Fund Dividend |
| <input type="checkbox"/> Veterans Benefits | <input type="checkbox"/> Other |
| | <input type="checkbox"/> No financial resources |

RESIDENTIAL HISTORY

Birthplace:

How long have you lived in Alaska?

If you have relocated to this area within the past year, please explain the reason for your move:

FAMILY HISTORY

Do you have children? Yes No

Are you in contact with your children? Yes No

Is OCS involved with your family? Yes No

If yes, current caseworker:

EMERGENCY CONTACT NUMBERS

Name

Relationship to You / Phone # or Email Address

VEHICLE INFORMATION

*You must have a valid driver's license and current vehicle registration and proof of insurance in order to keep a vehicle on the GHS campus.

License#/
State of
Registration:

Make/Model/Color:

MILITARY

Have you ever served in the military? Yes No Which branch, and dates:

I verify that all of the above information is true, factual and complete. I authorize Gastineau Human Services to verify my information and references. Any false information I provide may affect my program entrance and treatment status. I also understand that Gastineau Human Services operates an alcohol and drug free campus and will not tolerate violence or threats of violence against any program participants, visitors or GHS employees.

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Printed Name: _____

Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Admission requirements for Gastineau House include having the following items sent directly to GHS by the referring treatment provider:

1. Most recent Substance Abuse/Mental Health Assessment and treatment recommendations with signed Release of Information (ROI).
2. Discharge Summary from the referring treatment provider, if completed by the time of admission. *Successful completion of 3.5 treatment with a recommendation for 3.1 level of care at discharge is required for all individuals stepping down from inpatient services.
3. Most recent physical exam or doctor's evaluation, with signed Release of Information (ROI).
4. Name of current medical provider, with signed Release of Information (ROI) if possible.
5. Documentation of medical and psychiatric stability.
6. Medical Clearance:
 - Most recent TB test results.
 - Proof of full COVID-19 vaccination status and/or negative COVID-19 test results before moving into the residence.
7. Current medication list, as applicable.
 - Medication-Assisted Treatment (MAT) clients must have uninterrupted medical oversight and should remain with their current provider. If a provider will not continue to follow the client while at Gastineau House, the client and program staff/case manager will need to secure a new prescribing physician prior to admission to GH.
 - Vivitrol clients should have a current doctor and appointment schedule for injections.
8. If you are under the supervision of the Alaska Department of Corrections, we will verify your current legal status with a signed Release of Information (ROI) for your Probation/Parole Officer. *Individuals with active arrest warrants may not start treatment until the warrant is resolved.
9. If you are living at the CRC at the time of application, you must be in good program standing and meet all of your financial obligations (i.e. you must turn in all of your paychecks, etc.) to the CRC before being eligible for Gastineau House services.

As you become stable in your recovery, part your treatment will include working toward establishing a permanent home beyond Gastineau House. This will include providing verification of employment and proof of income.

10. Before starting treatment, we will ask you to complete a GHS Behavioral Health intake packet and provide a current Medicaid card or information for us to verify current eligibility. We also can help you apply for benefits if you meet current income requirements.