Kaylinn’s Promise Resident Intake Application

Confidential – Reviewed only by authorized staff. Complete electronically, then click “Submit by Email”.

SECTION 1 – Applicant Information

Full Legal Name:

Preferred Name: irth:

Age: Phone: l:

Current Address:

City/State/ZIP:

Emergency Contact Name: Parent

Emergency Contact Phone:

SECTION 2 – Medical & Behavioral Health Overview

Primary Care Provider:

Medical Conditions (Check all that apply):

☐ Diabetes ☐ Heart Disease ☐ Seizure Disorder ☐ COPD

☐ Asthma ☐ High Blood Pressure ☐ HIV/AIDS ☐ Hepatitis C

☐ Pregnancy ☐ Other

Current Medications (Name, dose, frequency):

Allergies (Food/meds/environment):

Physical limitations/mobility needs? ◉ No ◉ Yes

If Yes, describe:

Medical devices/equipment? ◉ No ◉ Yes

If Yes, list devices:

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SECTION 3 – Substance Use & Treatment History

Primary Substance(s) Used:

Date of Last Use: Longest Sobriety Period:

Previous Treatment (Names & dates):

Medication-Assisted Treatment (MAT)? ○ No ○ Yes If Yes, which medicati

Mental Health Diagnoses (Check all that apply):

☐ Depression ☐ Anxiety ☐ PTSD ☐ Bipolar
☐ Schizophrenia ☐ ADHD ☐ Personality Disor

Ever hospitalized for mental health? ○ No ○ Yes

If Yes, when/where:

Suicidal thoughts/self-harm history? ○ No ○ Yes

If Yes, when/circumstances:

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SECTION 4 – Legal & Background Screening

Any current legal cases? ◉ No ○ Yes

If Yes, describe:

On probation or parole? ◉ No ○ Yes

If Yes, Officer Name/Phone:

Felony convictions? ◉ No ○ Yes

If Yes, describe:

Violent offense history? ◉ No ○ Yes

If Yes, describe:

Sex-offender registration or sexual charges? ◉ No ○ Yes

If Yes, describe:

Protection or restraining orders? ◉ No ○ Yes

Consent to background check (OSBI or national)? ◉ Yes ○ No

SECTION 5 – Financial & Employment

Employment Status: Full-time ncome ($):

Employer:

Transportation available? ◉ Yes ○ No

Program Fee & Payment Notes:
- Weekly Resident Fee: $175/week
- Deposit: $175 (flexible plan available)
- Transportation Option (if required): +$25/week
- In-Home Medical Care: Licensed NP visits on-site; NP bills insurance/patient directly (no fees charged by Kaylinn’s Promis
- Payment Methods: Cash or Money Order only
- Agency/Organization Assistance: Allowed with pre-approved sponsorship agreement

SECTION 6 – Recovery Commitment & Statement

Attend at least 3 support meetings weekly? ◉ Yes ○ No

Maintain employment/school/meaningful day? ◉ Yes ○ No

Participate in random testing & follow house rules? ◉ Yes ○ No

Personal Recovery Statement (Why Kaylinn’s Promise & goals):

Submit by Email

If your email app doesn’t auto-attach, save the PDF and attach manually.