



GATEHOUSE ACADEMY

ENRICHING THE LIVES OF YOUNG ADULTS

Private Residential Community

Application for Admission

10 South Jefferson Street · Wickenburg, AZ 85390 · (888) 966-4800

www.gatehouseacademy.com

Upon completion of application, please fax to 928-447-1900.

Application Instructions

We welcome your interest in Gatehouse. Please complete the following information as thoroughly as possible. This will assist us in determining the appropriateness of our program for the candidate. Our three separate and integrated campuses (Gatehouse residential, Wickenburg Therapeutic Health Services and Gatehouse Academy) provide the services necessary to assist each person in transitioning to successful living. Should the resident be accepted, the accuracy of the information in each section of this application will help us in effectively understanding the applicant.

Admission Requirements and Criteria

It is understood that upon physical admission to Gatehouse Academy, the admitting staff will do an assessment to ascertain whether or not the applicant/resident is sufficiently detoxified for admission. Gatehouse is not a medical facility. In the event the applicant does not meet the criteria for immediate admission, Gatehouse will require immediate transportation to a medical detox. Gatehouse assumes no responsibility for transportation, monitoring, or making arrangements for medical care prior to admission.

Additionally, it is understood if the applicant/resident is recalcitrant, refusing treatment, and unwilling to participate in the program at anytime during residency, Gatehouse reserves the right to immediately discharge and assumes no responsibility for transportation, monitoring, or making arrangements for transfer to another facility.

Gatehouse is a *voluntary* program that challenges young adults to participate in the recovery process. We are committed to this process and the integrity of our community.

Upon completion of the application, please fax to 928-447-1900.

Gatehouse Residential

Resident's Information

First Name: _____ Last Name: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Gender: ___ Male ___ Female Date of Birth: _____

Cell Phone Number: _____ email address: _____

Social Security Number: _____

Financial Sponsor Information (if other than resident)

Full Name: _____ Relationship: _____

Agency/Organization Name (if applicable): _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

Cell Phone Number: _____ email address: _____

Father's Information

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 Information

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): _____

Referral Source Information

How did you first come to know about Gatehouse?

If you found Gatehouse on the internet, please list key words/phrases that you used to find us:

Please tell us of any specific person who referred you to us (i.e. psychologist, educational consultant, psychiatrist, therapist, alumnus, school counselor, family friend, etc.)

_____ Please initial here if we have your permission to contact this person.

Name of Referral Source: _____

Their Relationship to you: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone: _____ Fax: _____ email: _____

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

Full Name: _____

Relationship to the Resident: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

Cell Phone Number: _____ email address: _____

Professional Involvements (Use additional pages if necessary)

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

Full Name: _____ Updates: ____ Yes ____ No

Program Name (if applicable): _____

Type of Services: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone/Pager: _____ email: _____

Dates of Service: From: _____ To: _____
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_____ By initialing here, I hereby authorize the release of information regarding the resident named above to Gatehouse and authorize Gatehouse to release information regarding this particular student 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: _____

Dates of Service: From: _____ To: _____
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Cell Phone/Pager: _____ email: _____

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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

Current Academic Status

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 differences 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?

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

Gatehouse Guidelines

I am committed to participate in the Gatehouse Private Residential Community agenda and recognize that the facility is neither a treatment center nor a medical center. These facilities are offered in the Wickenburg community.

I am committed to keep my living quarters and myself clean, neat, and tidy. I am committed to dress appropriately and to actively and cheerfully do my share in a weekly rotating schedule, maintaining in a general way the property and the main house. I am very aware that all 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 Gatehouse, 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.

The consequences for not complying with any of these guidelines is dismissal.

Resident's Signature

Date

Resident's Parent or Guardian Signature

Date