

APPLICATION FOR ADMISSION
to
THE HAVEN

Name _____

_____ Date of Admission

Address _____

City & State _____ Phone _____

_____ Date of Discharge

Age: _____ Marital Status: M () D () S ()

Minor () Adult ()
Children

Next of Kin: _____

_____ Relationship

Address _____

City & State _____

_____ Phone

Occupation _____

Recommended by _____

_____ Status

Address _____

City & State _____

_____ Phone

Physician _____

Address _____

City & State _____

_____ Phone

Hospitalization
Number of times _____ Where and when _____

Drugs _____ Type _____

Jail () D.W.I. ()

Religious Preference _____

Education _____

A.A. Experience

Where _____

When _____

How Long _____

The undersigned applies for admission to THE HAVEN and agrees

1. to obey its rules and regulations,
2. to pay such charges for room and board as may be established from time to time as well as to pay all other charges incurred by or for the benefit of the undersigned, and
3. that THE HAVEN shall not be responsible for loss of money or valuables, unless the same have been delivered to the House Mother for safekeeping.

In the event of an emergency, the undersigned authorizes THE HAVEN

1. to summon any licensed physician, if the undersigned's physician cannot be immediately summoned, and
2. to transfer the undersigned to any section, including the psychiatric section, of Hillcrest Medical Center, St. John's Hospital or St. Francis Hospital.

Applicant

Date _____