



[www.MiddlesexTransitions.com](http://www.MiddlesexTransitions.com)

[info@middlesextransitions.com](mailto:info@middlesextransitions.com)

## Residency Consideration Form

### Client Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_  
Health Insurance Plan: \_\_\_\_\_ ID#: \_\_\_\_\_

### History Present/Past

Program/Facility Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parole Officer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Probation Officer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Caseworker Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Private: \_\_\_\_\_ Phone #: \_\_\_\_\_

Drug of Choice:  Alcohol  Opiates  Cocaine  Other: \_\_\_\_\_

History of Use (how many years?) #: \_\_\_\_\_ Date Last Used/Drank \_\_\_\_\_

Do you have a felony criminal record?  Yes  No

If Yes, Explain: \_\_\_\_\_

Have you ever been arrested or convicted of a sexually based crime?  Yes  No

Are you a registered sex offender?  Yes  No

Have you ever been arrested or convicted of an arson related crime?  Yes  No





Please answer the following questions with yes or no.

Have you been treated for any of the following diagnoses presently or in your past;

Anxiety... Present \_\_\_\_\_ Past \_\_\_\_\_

Depression... Present \_\_\_\_\_ Past \_\_\_\_\_

Bi-Polar Present \_\_\_\_\_ Past \_\_\_\_\_

Schizophrenia Present \_\_\_\_\_ Past \_\_\_\_\_

Paranoid Schizophrenia Present \_\_\_\_\_ Past \_\_\_\_\_

Schizoaffective Disorder Present \_\_\_\_\_ Past \_\_\_\_\_

Seizures... Present \_\_\_\_\_ Past \_\_\_\_\_

Suicidal thoughts Present \_\_\_\_\_ Past \_\_\_\_\_

Have you ever attempted suicide or hurt yourself... Present \_\_\_\_\_ Past \_\_\_\_\_

If yes, explain:

---

---

**Make sure to complete the medication portion on page 2 of the Resident Agreement.**

Please answer the following back ground questions;

Do you have a valid and current Driver License or Identification? \_\_\_\_\_

Are you married? \_\_\_\_\_

Do you have children? \_\_\_\_\_

Are you currently employed (yes or no)? \_\_\_\_\_

If NO, when was your last job (month & year) \_\_\_\_\_ Where? \_\_\_\_\_

How do you support yourself financially? \_\_\_\_\_

What is your monthly income? \_\_\_\_\_

What is your source of income? \_\_\_\_\_



**List of Medications**

Medication 1: \_\_\_\_\_ Diagnosis \_\_\_\_\_

Medication 2: \_\_\_\_\_ Diagnosis \_\_\_\_\_

Medication 3: \_\_\_\_\_ Diagnosis \_\_\_\_\_

Medication 4: \_\_\_\_\_ Diagnosis \_\_\_\_\_

Medication 5: \_\_\_\_\_ Diagnosis \_\_\_\_\_

Medication 6: \_\_\_\_\_ Diagnosis \_\_\_\_\_

Goals while at Middlesex Transitions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Length of Residency: \_\_\_\_\_ months \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

I, (print name) \_\_\_\_\_, attest to the validity of the information I have provided above and understand any intentional withholding of required information or willful misrepresentation of identity will be grounds for dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_