



Gould Farm Admission Application

Please complete electronic form and email to admissions@gouldfarm.org or you may print and fax to (413) 645-1022 or mail to Gould Farm - PO Box 157 - Monterey, MA 01245

Demographic Information

First Name:	Middle Name:	Last Name:
Birthdate:	Social Security #:	Gender Identity:

Street Address:	City, State Zip:
Residence County:	Email:
Home Phone:	Cell Phone:
Other Phone:	

Race:	Citizen:
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Referred By:

Miscellaneous Info

Marital Status:	Education Level:	Diploma:
Employment Status:	School Name:	Education Status:

Current Contacts Info

Type	Name	Relation	Address	Contact Methods
				Email: Phone:
				Email: Phone:
				Email: Phone:
				Email: Phone:
				Email: Phone:

Current Provider Info

Type	Name	Email	Phone
Address		City, State, Zip	
Type	Name	Email	Phone
Address		City, State, Zip	
Type	Name	Email	Phone
Address		City, State, Zip	

Entitlements Info

Alongside this application, please send us a copy of both sides of applicants insurance card.

Insurance	ID Number	Private Insurance Group ID	Effective	Expires	Self-Pay/Co-Payment Amount
Income Source	ID Number	Amount	Effective	Expires	Payee?

Hospital Episodes and/or Mental Health and Addiction Treatment History

Admission Date	Treatment	Hospital/Facility	Hospital/Facility Phone	Reason/Outcome

Efficacy of past and current treatment:

Additional Psychiatric History Details:

Current Diagnoses Info

<u>Onset Date</u>	<u>Diagnosis Date</u>	<u>Condition</u>

Alcohol/Substance Use Info:

Alcohol Use Disorder:	Active:	Sobriety Date:
Substance Use Disorder:	Active:	Last Used Date:
Tobacco Use:	Active:	Quit Date:
Quantity / Rate:	Ever try to quit:	
Active Gambler:	Last Gambled:	Quantity:

Current Living Situation:

What is the person's current living situation? (check one)

Rent Own Friend's Home Relative's/Guardian's Home

Foster Care Home Respite Care Jail/Prison

Homeless living with friend Homeless in shelter/No residence

Other (Please explain)

Residential Care/Treatment Facility Type: (choose one)

Hospital Temporary Housing

Residential Program Nursing/Rest Home

Supportive Housing

Family History

Family History and Relationship, Parental/Familial Caretaker Obligations:

Pertinent Family Medical, MH, and SU History:

Developmental History and Status:

Social Support

Friendship/Social/Peer Support Relationships, Pets, Community Supports/Self Help Groups (AA, NA, SMART, NAMI, Peer Support, etc.):

Religion/Spirituality and Cultural/Ethnic Information:

Legal Status and Legal Involvement History

Does Person Served have a Legal Guardian, Rep Payee or Conservatorship?

**Is there a need for a Legal Guardian, Rep Payee or Conservatorship?
If yes, please explain:**

Does the person have a history of, or currently involved with the legal system (i.e., legal charges)?

Immunizations

Yes, I have had the following immunizations

Tetanus Date last given:

TB Date last given:

We encourage all guests to have had a tetanus shot within the last 5 years.

Physical Health Summary

Does the person use complimentary health approaches (e.g. natural products, mind-body practices, yoga)?

Does person wish to consider using complimentary health approaches and want help finding a provider? If yes, please describe:

Trauma History

Does person report a history of trauma?	Yes	No
Does person report history/current family/significant other, household, and/or environmental violence, abuse or neglect or exploitation?		

Person Served Strengths/Abilities/Resiliency

Personal Qualities: (Examples: open, friendly, engaging, motivated, loyal, resourceful, caring, thoughtful)

Living Situation: (Examples: has maintained long-term stable housing, gets along with living companions)

Financial/Employment/Education: (Examples: graduated HS, attended college, currently working, hx of working, multiple work skills)

Health: (Examples: consistent good health, exercises regularly, self-cares for health issues as directed by physician, eats nutritional foods)

Leisure/Recreational/Community Involvement: (Examples: plays a sport, belongs to social group, attends the gym, volunteers for Red Cross)

Natural Supports: (Examples: family members, clergy, close friends, neighbors, advisors)

Spirituality/Culture/Religion: (Examples: enjoys religious services, participates in cultural events, meets regularly with rabbi)

If there are is any additional information that will help us in the admission process, please feel free to use the space below to write a brief narrative.