

## SERVICE-ENHANCED HOUSING, LLC RESIDENCY APPLICATION

Best Chance Offices

5907 Alice Ave NE Ste E-F  
Albuquerque, NM 87110

Service-Enhanced Housing 4-Plex

3308 Wellesley Ct NE  
Albuquerque, NM 87107

Contact

Manager: Stanley Weinstein  
Cell: (505) 256-3231

Please complete the following application for admission to Service-Enhanced Housing, LLC (a strategic partner with Best Chance). Work with your caseworker to email the completed application to [office@bestchancenm.org](mailto:office@bestchancenm.org), or mail or deliver in person to the Best Chance office. If completing on a computer, you can type directly into this form.

Today's Date

MM / DD / YY

**FIRST NAME**

**LAST NAME**

PHONE No.

EMAIL ADDRESS

MM / DD / YY

BIRTH DATE

NMCD#

MM / DD / YY

PRD OR RELEASE DATE

CASE MANAGER

CASE MANAGER PHONE

DRUG/ALCOHOL USE HISTORY

What was your drug of choice?

Age of first use:

Frequency of use (most recent pattern):

Delivery System (Inhaling, smoking, IV, etc):

Usual amount:

Date of last use:

DRUG/ALCOHOL TREATMENT HISTORY

None

Name of Center/City?

When:

How Long:

Outome:

Suboxone Used?

Yes

No

Methodone Used?

Yes

No

If yes, please explain:

MENTAL/BEHAVIORAL HEALTH TREATMENT HISTORY

None

Name of Center/City?

When:

How Long:

Inpatient or Outpatient Outome:

Clinical Diagnosis:

Are you currently seeing a psychiatrist?

Yes

No

If yes, whom?

Name

Clinic

Phone Number

Current mental health medications:

	Name of Medication:	Reason for medication:	Dosage/Frequency:	Prescribing Physician:
1.				
2.				
3.				
4.				

HEALTH/MEDICAL

Current health or medical problems:

Do you have any limitations that require special assistance?       Yes    No

If yes, please explain:

**CURRENT PRIMARY CARE PROVIDER:**

Name

Clinic

Phone Number

Current Medications:

	Name of Medication:	Reason for medication:	Dosage/Frequency:	Prescribing Physician:
1.				
2.				
3.				
4.				
5.				

Do you have any allergies?       Yes    No

If yes, please explain:

Please list any major health/medical problems that you have had in the past including injuries, head traumas, surgeries, or infectious diseases:

EDUCATION

What was the last year of formal education you completed?

Did you receive a high school diploma/GED?

 Yes  No

Please list any classes, degrees, or training that you received:

EMPLOYMENT/VOCATIONAL

Have you ever been enrolled in Vocational rehabilitation?  Yes  No

If yes, when and where?

What type of job skills do you have?

Do you have any physical problem(s) that would limit the type of work you can do and the amount of work that you can do?

What type of career are you interested in long term?

What type of job do you have/plan to look for if you are admitted to Best Chance Transitional Housing?

What job have you held the longest, and for how long?

