



P.O. Box 55703
 Birmingham, AL 35255
 1.888.735.8605

**Living in Balance Chemical Addiction Program
 Referral/Screening Application**

Applicant's Name: _____ Date of Birth: _____

Current Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Telephone Number/Contact Number: _____

Social Security Number: _____ Race: _____ Gender: _____

Referring Agency/Contact: _____
 Address: _____

Phone: _____ Email: _____

Medical Information:

Diagnosis:

- HIV+ Asymptomatic _____
- HIV+ Symptomatic _____
- AIDS _____
- CD4 Count _____
- Date of last TB test _____ Results: _____ Positive _____ Negative

I certify that _____, is HIV-positive.
Applicant's Name

Physician(please print): _____ Date: _____

Physician(please sign): _____ Date: _____

Telephone: _____

Secondary Diagnoses/Other Health Concerns: _____

List of medications/regimen: _____

Diagnosis Statement

Diagnosis: Please include all DSM-IV diagnoses; Substance Abuse DSM IV coded Diagnoses substantiated by an adequate diagnostic database and when indicated, a report of a medical examination.

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V (GAF score): _____ Highest GAF past year: _____

Name of Diagnosing Staff/Credential: _____

Organization: _____

Address: _____

Telephone #: _____ Email address: _____

Substance Abuse Treatment History: (including detox)

Name of Program	Dates of Treatment	Outcome	Drug involved

Current Drug of Choice and Date of last use:

Homeless Verification:

I, _____, qualify as homeless because I am currently:

- Sleeping in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings.
- Sleeping in an emergency shelter.
- Being discharged from a correctional facility and have no other home plan.
- Staying in a hotel or motel.
- Living with family, friends, but aren't allowed to stay long term.
- Living in transitional or supportive housing for homeless persons but originally came from streets, emergency shelters, or motels.
- Being discharged from a hospital with no other home plan.

The term "homeless" or "homeless individuals" does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law.

Applicant's Signature

Date

Case Manager's Signature

Date

CLIENT NAME: _____

CLIENT CONTACT: _____

PHONE NUMBER: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

DISCLOSURE AND ACKNOWLEDGMENT [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may include employment history and reference checks, criminal and civil litigation history information, motor vehicle records ("driving records"), sex offender status, credit reports, education verification, professional licensure, drug testing, Social Security Verification, and information concerning workers' compensation claims (only once a conditional offer of employment has been made). Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request whether a consumer report has been run about you, and the nature and scope of any investigative consumer report, and request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Employment Screening Services, 1401 Providence Park Birmingham, AL 35242, toll-free 866.859.0143 or another outside organization. The scope of this notice and authorization is all-encompassing; however, allowing to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by ESS, another outside organization acting on behalf of _____ I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

California applicants or employees only: By signing below, you also acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.
Minnesota and Oklahoma applicants or employees only: Check this box if you would like to receive a free copy of a consumer report if one is obtained by the Company.
New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Signature of Employee or Prospective Employee

Date

APPLICANT INFORMATION: TO BE COMPLETED BY APPLICANT: PLEASE USE BLACK INK

The following is for identification purposes only to perform the background check and will not be used for any other purpose.

Print: Last Name	First Name	Middle Initial	Social Security Number
Date of Birth	Drivers License Number	State	Professional License Number State Type
Current Address:	City	State	Zip Code
Previous Address (Past 7 Years):	City	State	Zip Code
Alias Names (Other names I have been known by):			
Degree Obtained	Year Graduated	Name of School	City and State of School

AIDS Alabama SERVICES

Program Fees for Transitional Housing

AIDS Alabama provides case management, mental health, substance abuse and psychosocial services to persons living with HIV and residing in the Transitional Housing Program. Although some specific services are billed to Ryan White Care or Medicaid funds, the cost of this programming far exceeds reimbursement. AIDS Alabama charges a Program Fee to all consumers in this program.

AIDS Alabama charges consumers for these services according to the following formula:

Income (monthly)	Program Fee
\$0.00 - \$100.00	\$0.00
\$101 - \$300.00	\$25.00
\$301.00 - \$500.00	\$75.00
\$501.00-\$675.00	\$100.00
\$676.00-\$1,000.00	\$125.00
\$1,000.00+	\$150.00

IT IS IMPORTANT TO NOTE THAT NO ONE WILL BE REFUSED A SERVICE BECAUSE OF INABILITY TO PAY.

Acknowledgement:

Consumer: _____ # _____

I agree to this fee _____

Consumer signature/Date

Intake staff signature/Date