

Angela Fisher
Gateway to Discovery
PO Box 432
Fort Dodge, IA 50501
(515) 302-8162
angela@hopesweethope.org



ENTRANCE REQUEST

Use the backside of this sheet if you need more space

Name _____ Alias: _____ Date: _____

Ethnicity: _____ Race: _____ Age: _____

Address: _____

DOB: _____ SS#: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Relation to Emergency Contact: _____ Referred by: _____

Number of children: _____

Names & Ages: _____

Custody Arrangement: _____

Referral Name _____

Agency _____

Phone: _____

Fax: _____

E-mail: _____

Substance History:

1. Drug Of Choice: _____ Date of Last Use: _____

Amount/Frequency/Method: _____

2. DOC: _____ Date of Last Use: _____

Amount/Frequency/Method: _____

3. DOC: _____ Date of Last Use: _____

Amount/Frequency/Method: _____

Most Recent Treatment Agency/Program/Date: _____

Treatment History:

Is the client signed up for ATR? _____

Number of Treatments Attended: _____

Where: _____

Inpatient Alcohol and Drug Treatment, Intensive out Patient, and/or Recovery: (please Circle all that apply)

Longest length of Sobriety _____

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Do you have a history of dealing drugs or Drug Trafficking (Yes or No?)

If yes please explain: _____

Prostitution History:

Number of Years if Prostitution: _____ When was the last time you prostituted? _____

Prostitution History: Did you work for someone, an agency or free-lance? (Circle all that apply)

Have you been Sexually Abused? _____

If so by whom? _____

Age of 1st abuse? _____

Do you still have a relationship/s with this person/s? _____

Have you experienced Domestic Violence: _____

By Who? _____

Do you still have a relationship/s with this person/s? _____

Explain: _____

Do you have a history of Human or Sex Trafficking (Yes or No?)

If yes please explain: _____

Mental Health:

Do you have a current or history of MH Diagnosis (Yes or No?):

Please explain: _____

Age of 1st Mental Health Diagnosis? _____

Do you agree with this diagnosis? _____

Why or Why not? _____

Who provides you with Mental Health treatment? _____

Would you be willing to receive MH Therapy? _____

List Medications and dosages: _____

Are these medications covered by insurance or other resources? _____

Do you take your medications as prescribed by physician? _____

Have you ever abused you MH medication? _____

Concerns regarding mental health: _____

Have you ever abused you MH medication? _____

At what age did you start taking MH medication? _____

Have you ever attempted suicide? _____

If so: number of times/when/where/how? _____

Have you ever been diagnosed with an Eating disorder?

Anorexia? _____ Bulimia? _____ Both? _____

How many treatments have you had for the Eating disorder? _____

How many time did you successful complete treatment? _____

How old was your 1st diagnoses? _____

Have you ever been hospitalized for any other psychiatric reasons? _____

If so Why/When/Where? _____

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Physical Health:

Physical disabilities, Chronic/ongoing conditions:

Medications you have or are currently taking for Chronic or ongoing conditions: _____

Times hospitalized in Past Year: _____

Past Surgeries? _____

Do you have Medical Insurance? _____ Who is your provider?: _____

List of Medication _____

Can you stand for long periods of time? How long? _____

How many pounds can you lift? 20lbs? 30lbs? 40(+) lbs.? _____

Criminal Justice:

Any Pending Charges/Cases if yes, please list: _____

Other Criminal History: _____

Felonies: _____

If yes, please list the year: _____

Are you on Probation or Parole: ANYWHERE: _____ County: _____

Name of P.O. _____ Phone Number: _____

Probation/Parole Officer/Phone: _____

Are you a registered sex offender? _____

Have ever been the preparatory of Violent Crime to another person? _____

Has you ever been convicted of a violent crime? _____

Is the client court ordered to attend treatment services? _____

Debt:

What is your debt? _____

Who do you owe and the amount owed? _____

Family History:

Who in your family do you have a relationship with? _____

Are you currently in a relationship?

What is your highest level of education? _____

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Where have you worked in the Past? _____

Personal History

Parents: Mother _____ your relationship with her _____

Father _____ your relationship with him _____

Siblings: _____ Gender/Age _____

_____ Gender/Age _____

_____ Gender/Age _____

Family traumas or secrets: _____ Sex _____ Age _____

Married, Single, Widower/d, Divorced, Separated (please Circle all that apply)

Times Married: _____

Current Husbands/Significant Other Name: _____

When married: _____ When Divorced/Separated _____

When married: _____ When Divorced/Separated _____

Number of Children: _____

List below:

Name _____ Sex _____ Age _____ Do you have custody? Yes _____ No _____

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If you do not have custody, who does? _____

Are your children in Foster Care? Yes _____ No _____

What are the circumstances of children's welfare at this time? _____

Have you ever run a household by yourself? Yes _____ No _____

If so describe: _____

As friends, do you prefer women or men? _____

If you are or have been incarcerated, what was the worst thing about living with other women? _____

What if any, was good about it? _____

What role did you play in your unit? That is, how did the other women see you? _____

What are your hobbies? _____

What do you do in your spare time? _____

What is a typical weekend like for you? _____



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What has your Faith Journey been like so far? _____

What is your worse fault? _____

What is your best trait? _____

Sources of Income: _____

Have you applied for assistance through other agencies, including Social Security? Details if yes.

Are you willing to apply for Food Stamps? Yes or No _____

I hereby agree to the release of any and all medical or other information required to verify the information provided herein. Further, I understand that providing false information herein is grounds for immediate dismissal from the Gateway to Discovery Program regardless of when discovered.

Signature of Applicant: _____ Date: _____

Person Completing Intake: _____ Date of Intake: _____

Once selected from the waiting list, the applicant will be required to attend a face-to-face interview in Fort Dodge with the Leadership Team and possibly Board Members of Gateway to Discovery. During the interview process the applicant will also meet current residents of Gateway to Discovery, as well as tour the program's social enterprise, Hope Sweet Hope Studios.

The applicant should plan on spending three hours in the interview and meet-and-greet processes. After the interview and meet-and-greet processes, the applicant may be asked to receive a mental and physical evaluation. For any questions regarding the entrance process of Gateway to Discovery, please call Mary at (515) 302-8162.

Note: Referrals must contact Gateway staff on a weekly basis to remain active on the waiting list. (515) 302-8162