BlueJay Living Application for Services

This application may ask about substance use or mental health history.
Any information you provide is protected under HIPAA and 42 CFR Part 2 (federal confidentiality law for substance use records) and may not be shared without your written authorization, except as permitted by law. Submitting this application does not waive those protections.

* Indicates required question

1. Legal Name

2. Preferred Name and Pronouns

3. Date of Birth

Example: January 7, 2019

4. Phone Number

5. Email Address

6. Current Address — or indicate “none / unhoused”

7. Emergency Contact — Name, Relationship, Phone

8. How did you hear about BlueJay Living?

Mark only one oval.

- Option 1

9. Are you being referred by a clinician, agency, or court? *

Mark only one oval.

- Yes
- No

10. If yes, please list referring person or agency / Contact information

11. Are you currently employed? *

Mark only one oval.

- Yes
- No

12. If so, where, and what are your work schedule?

13. Are you currently prescribed any medications? *

Mark only one oval.

- Yes
- No

14. If yes, please list your current medications

15. Are you currently on probation, parole, pretrial supervision, or do you have any other justice system involvement? *

Mark only one oval.

- Yes
- No

16. If yes, please provide the supervising contact — Name / Agency / Phone (i.e., Avatar Aang, Santa Fe Probation, 123-456-7890)

Housing Expectations

Please read before selecting:

BlueJay Living requires all residents to actively participate in a structured recovery support program as a condition of residency. Individuals who are not willing to participate in recovery programming do not currently meet housing eligibility requirements.
BlueJay Living will provide referrals for recovery programming and additional resources to support you during this time of transition.

17. Are you willing to participate in a recovery support program as a condition of housing? *

Mark only one oval.

- Yes
- No

18. Do you have any physical limitations or needs that would require accommodations to participate in the program (e.g., first-floor unit, accessibility features)? *

19. Is there anything else you'd like us to know about your housing situation?

Reasons for Treatment

20. What brings you to seek treatment at this time? *

21. What are your primary concerns? (Check all that apply) *

Check all that apply.

- [ ] Alcohol use
- [ ] Drug use
- [ ] Mental Health
- [ ] Both substance use and mental health
- [ ] Option 5
- [ ] Other: _____

22. Which substances have you used in the past 90 days? (Check all that apply) *

Check all that apply.

- [ ] Alcohol
- [ ] Cannabis/Marijuana
- [ ] Cocain/Crack
- [ ] Methamphetamine/Amphetamines
- [ ] Herion/Fentanyl/Other Opioids
- [ ] Benzodiazepines/Sedatives
- [ ] Prescription Stimulants (non-prescribed)
- [ ] None in past 90 days
- [ ] Other: _____

23. 23. For each substance selected above, describe your typical use (e.g., amount, frequency, route of administration). An example might be "Fentanyl, smoking ten pills per day" or "I drank about 10 shooters per day"

_____

_____

_____

_____

_____

24. Are you currently enrolled in any of the following? *

Check all that apply.

- [ ] Residential treatment (RTC)
- [ ] Partial Hospitalization (PHP)
- [ ] Intensive Outpatient (IOP)
- [ ] Outpatient (OP)
- [ ] Medical Assisted Treatment (MAT/MOUD)
- [ ] Not Currently in Treatment
- [ ] Other: _____

25. Have you previously received treatment for substance use or mental health? *

Mark only one oval.

- Yes
- No

26. If yes, describe previous treatment: type, facility/program, approximate dates.

_____

27. Do you have health insurance? *

Mark only one oval.

- Yes - Medicaid
- Yes - Commerical
- No
- Unsure

28. Insurance name / Member ID / Group number

_____

29. If uninsured, are you interested in assistance applying for Medicaid?

Mark only one oval.

- Yes
- No

30. I understand that this information will be used to support a referral to a community IOP/OP provider, and that submitting this application does not constitute enrollment in any treatment program *

Mark only one oval.

- ◯ I understand

31. I understand that I will have the opportunity to review available IOP/OP providers and make a voluntary selection before any referral is finalized. *

Mark only one oval.

- ◯ I understand

Finishing up

32. I confirm that the information provided in this application is accurate to the best of my knowledge. *

Mark only one oval.

- ◯ I confirm

33. I consent to being contacted by BlueJay Living staff to schedule next steps related to my application. *

Mark only one oval.

- ◯ I consent

34. I acknowledge the privacy notice at the beginning of this application and understand that information I have provided about substance use or mental health history is protected under HIPAA and 42 CFR Part 2. *

Mark only one oval.

- ( ) I acknowledge

35. Full Name (Typed as signature) *

_____

36. Date *

_____

Example: January 7, 2019