



THE SALVATION ARMY
SOUTHERN AFRICA TERRITORY
HESKETH KING TREATMENT CENTRE



Application Form
(Confidential)

Please note:

- i. This form needs to be completed **FULLY** by a registered social worker, or registered social auxiliary worker. **PLEASE NOTE: ALL SECTIONS NEED TO BE COMPLETED IN FULL.**
- ii. **ALL PSYCHIATRIC AND MEDICAL REPORTS, A COPY OF ID DOCUMENT AND PARENT/GUARDIAN CONTRACT** need to accompany the application form, **if not the application will be considered incomplete.**
- iii. The accurate completion of this form is important in order to work effectively with applicant.
- iv. This document is ethically binding and therefore all questions needs to be answered honestly.
- v. All information supplied is treated in the strictest confidentiality.
- vi. Hesketh King Treatment Centre does not cater for special dietary requirements.
- vii. **NO SMOKING ALLOWED**
- viii. **The Patient Contribution Fee (R600) is compulsory and is not covered by the state subsidy.**

IDENTIFYING DETAILS OF THE APPLICANT

Full Names: -----
Date of Birth/ID Number: -----
Residential Address: -----
Telephone: -----
Faith/Church: -----

IDENTIFYING DETAILS OF THE PARENTS/GUARDIAN

Biological Father/ Guardian
Name and Surname: ----- **Age:** -----
Telephone: -----

Biological Mother/ Guardian
Name and Surname: ----- **Age:** -----
Telephone: -----

Siblings
Name and Surname: ----- **Age:** -----
Name and Surname: ----- **Age:** -----
Name and Surname: ----- **Age:** -----
Name and Surname: ----- **Age:** -----
Name and Surname: ----- **Age:** -----



Caregiver/Foster Parent

Name and Surname: -----

Telephone: -----

Age: -----

FAMILY HISTORY AND RELATIONSHIPS

Describe briefly the relationships between family members before active addiction:

Describe briefly the relationships between family members after active addiction:

Describe briefly the socio-economic circumstances of the family:

Housing (Wendy, own house, separate entrance, rooms, etc):

Environment (General issues, problems of the area):

Income of the family (How is the family financially supported):

Development of the person (Please mark where applicable):

Age	Normal	Problematic
0-5 yrs		
6-11yrs		
12-20 yrs		

Describe all developmental problems other than addiction (example. Hospitalization as a child or young child):



Other important relationships (peers, persons in his own age group):

EDUCATION

Name of current/last school attended: -----
Current Grade: -----
Highest Grade Passed: -----
Progress in school: -----

Disciplinary history: -----
Date of Leaving School: -----
Reason for leaving school: -----

EMPLOYMENT HISTORY

(Include casual jobs)

Company	Position held	Reason for leaving

MEDICAL HISTORY

HOSPITALIZATION

Date when Hospitalized: -----
Reason for Hospitalization: -----
Duration of Hospitalization: -----
Operations: -----
Serious Injuries: -----
Chronic Illnesses: -----
Medication: -----



PSYCHIATRIC HISTORY

Date when Hospitalized: -----

Reason for Hospitalization: -----

Duration of Hospitalization: -----

Psychiatrist: -----

Diagnoses: -----

Hallucinations: -----

(Hallucinations is hearing and seeing things that others do not hear or see)

Medication: -----

Suicidal thoughts: -----

ADDICTION HISTORY

Drug of choice: -----

Age of first usage: -----

Substance Use History:

	Drug of choice			
	<u>1st Choice</u>	<u>2nd Choice</u>	<u>3rd choice</u>	<u>Name drug</u> (example Dagga)
Inhalant				
Drug				
Alcohol				
Cigarettes				
Other				

Quantity of use:

Frequency, setting (alone, at home, with friends):



Methods used to obtain and administer the drugs:

PREVIOUS TREATMENT

In- Patient Treatment

Name of the Institution(s): -----

Period(s)/for how long: -----

Reason, if treatment was not completed: -----

Out-patient

Name of the Institution(s): -----

Period(s)/for how long: -----

Reason, if treatment was not completed: -----

Current treatment:

Motivation for current treatment:

CRIMINAL OFFENCES

Pending Cases: -----

Nature Of offence: -----

All previous convictions: -----



Probation Officer Details

Name and Surname: -----
Contact number: -----
Designated Court: -----

GANG INVOLVEMENT

Please tick the appropriate block		
<u>Involvement</u>	<u>Tick</u>	<u>Provide Details</u> (What type of gang and for how long)
I am involved in a gang		
I Am no longer involved in a gang		
I am not a gangster, I just moved with the gang		

CHILD CARE ACT INTERVENTION

Welfare intervention (YES/NO): -----
Welfare organization: -----
Type of intervention: -----
Details of Welfare Organization: -----
Other relevant information: -----

AFTERCARE

Organization: -----
Aftercare Worker: -----
Contact Details
Physical Address: -----
Telephone number: -----
Email: -----



COST OF TREATMENT

State subsidized placements are available for the poorest of the poor who have no financial support. **Please motivate in detail why the client and/or family qualify for a subsidized placement:**

The Patient Contribution Fee is compulsory upon admission and needs to be paid by parents/guardians . THIS FEE NOT COVERED BY THE STATE SUBSIDY AND IS THE RESPONSIBILITY OF THE FAMILY/GUARDIAN:

- Pocket Money:** Patients receive a parcel of sweets each week to the value of R25 per week.
- Drug Testing :** R200
- Family Program:** R200

AGREEMENT BY PATIENT

I, ----- (name of potential patient) undertake to give my full cooperation during the program.

----- Name of Patient	----- Signature	----- Date
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----- Name of Social Worker/S.Aux Worker	----- Signature	----- Date
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Information of Compiler of Application form:

Organization: -----

Address: -----

Telephone number: -----

E-mail address: -----