



SOLSTICE HOUSE RECOVERY HOME - Application

To be eligible for admission, the applicant must meet 3.1 level of care, have a diagnosed mental health disorder AND at least one of the following:

- The individual has a recent history of service utilization that highlights the need for co-occurring enhanced services. Within the past three months, an individual must have experienced at least one of the following events:
 - o An inpatient psychiatric hospitalization
 - o At least two emergency department and/or ESP visits
 - o Unsuccessful engagement and/or inability to succeed in other community-based services based on psychosocial or clinical complexity related to substance use and/or mental health disorders.

Today's Date:	Referral Source:
Contact Name of Referral Source:	Contact Phone Number:

Client's First Name:	Middle Name:	Last Name:
Age:	Date of Birth:	Social Security Number:
Address:		Phone Number:
Primary Language:	Secondary Language:	



What would you like to achieve while you are at Solstice House?	
How can we help you to achieve your goals?	
Who can you ask for help and support?	
What does it look like when you are successful?	
How will we know when you need support?	
Are you employed?	If unemployed, would you like to work?
Does client receive any Massachusetts state services?	

Veteran (Branch):	Dates:	D.C. Status:
Marital Status	# Of Children	Who has custody?



Emergency Contact Name:	Phone Number:

General Health (Symptoms/Diagnosis/Treatment/Medication):

Mental Health (Symptoms/Diagnosis/Treatment/Medication):

Drug Replacement Therapy (Methadone/Suboxone/Vivitrol/Dosage)

Legal Status

Legal Status Probation:	Parole:	Incarcerated:
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Specify if any are checked above (charges/length of status/jurisdiction/conditions):

Case pending/outstanding warrants:

Have you ever been a resident at Lowell House's Solstice House Recovery Home?

If so, when and D.C. status?



Treatment Admission History

Program Name	Date	Length of stay/D.C. status
1.		
2.		
3.		
4.		
5.		
6.		

Drug of choice:

Substance Use History (Drugs used/Method/Circumstances surrounding first use):

Periods of abstinence and known risk factors:

What positive activities do you like to do in your free time?



What positive activities would you like to try that you have not done yet?

Fax completed application to: 781-779-8396 or email to: solsticereferrals@lowellhouseinc.org

Required documentation must accompany your completed application:

1. Psychosocial Assessment from a treatment facility
2. Medication List
3. TB Assessment