



**PrescreenApplication**

330 Frederick St. - Hagerstown, MD 21740  
Phone: 301-739-7748 Fax: 301-739-4001

427 East Patrick St. - Frederick, MD 21701  
Phone: 301-662-7003 Fax: 301-694-8527

Email: [Admissions@wellshouse.org](mailto:Admissions@wellshouse.org)

**Please complete ALL applicable sections - MUST BE LEGIBLE**

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**Date:**

**Full Name:**

**Date of Birth:**

**SSN:**

**Gender Identity:**

**Gender (check all that apply):**

Male                      Female                      Transgender Male                      Transgender Female  
Nonbinary                      Prefer not to answer

**Are you a United States citizen?**    Yes \_\_\_\_\_ No \_\_\_\_\_

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**Treatment History**

**Have you been in treatment at Wells House before?**

☐ Yes    ☐ No

**If currently in treatment, where?**

**Name of Case Worker/Counselor/Contact Person:**

**Best phone number to contact you or your case worker:**

**When would you be available to start treatment at Wells House (*if you are in treatment right now, what is your discharge date?*)**

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## Insurance Information

**Do you have insurance at this time?**

☐ Yes    ☐ No

**Insurance Type (Check one):**

☐ Medicaid    ☐ Medicare    ☐ Other Private Insurance

**MA #:** \_\_\_\_\_

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## Legal History

**Are you a registered sex offender?**

☐ Yes    ☐ No

**Do you have any pending legal issues at this time?**

☐ Yes    ☐ No

**If yes, please list the charges and which state they occurred:**

**Do you have any active warrants at this time?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE:** All warrants must be resolved *BEFORE* an interview can be completed.

**If yes, please list the warrants and what state issued the warrant:**

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## Substance Use History

What is your primary drug of choice?

When was your date of last use?

How often do you use this substance?

Most recently, how would you use it?

How old were you the first time you used it?

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What is your secondary drug of choice?

When was your date of last use?

How often do you use this substance?

Most recently, how would you use it?

How old were you the first time you used it?

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What is your tertiary drug of choice?

When was your date of last use?

How often do you use this substance?

Most recently, how would you use it?

How old were you the first time you used it?

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## Mental Health History

Please list any current mental health diagnoses (if known):

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## Required Supporting Documents

The following **must** be submitted to the Wells House Admissions Team **with this application**:

- A copy of the applicant's **most recent TB test results or Chest X-ray**  
(*Results must be within the past 12 months*)
- **Recent clinical evaluation(s)** – such as a Biopsychosocial or Substance Use Disorder Assessment and **Medication List**
- A **Psychiatric Evaluation** and/or **History & Physical**, if available
- A copy of the applicant's **State ID** and **Insurance Card**, if available

**Please submit this completed application and required documents to either of the below:**

**Email:** [Admissions@wellshouse.org](mailto:Admissions@wellshouse.org)

**Fax:** 301-739-4001 (Hagerstown) **or** 301-694-8527 (Frederick)