



ADDICT 2 ATHLETE Program Application



Please complete all pages of this form and return to Albuquerque Center fo Hope and Recovery, located at 913 2nd St. NW Albuquerque, NM 87102.

All Applicants **MUST** be approved by **ACHR** before starting the program A2A. All information is kept confidential, and used for program purposes only. Please be as truthful as possible, there are no disqualifying answers.

For questions please contact ACHR at (505) 246-2247.

Personal Information

Legal Name (Last, First, Middle)				
What name do you like to be called?			Other Names (maiden, alias, etc.)	
Date of Birth	Centennial Care #	Age		
Mailing Address				
City	County	Zip Code		
Home Phone	Alternate or Cell Phone	Email		
Occupation		Work Schedule (PT, FT, weekends)		
Employer		A2A Referral Source		
Emergency Contact Name:		Phone Number:		

Insurance Information (Unless Self Pay)

Carrier (Molina, BCBS, United Healthcare, Presbyterian)	Member ID/ SSN
Address on Insurance Card	

Substance Use N/A

What substance do you use most often?
Pattern of Use (daily, binge, etc.)
How long have you used this substance?
How long has it been a problem for you?
Date you last used the substance (month/day/year)

Other Substance Use N/A

What other drug do you use?

Pattern of Use (daily, binge, etc.)
How long have you used this substance?
How long has it been a problem for you?
Date you last used the substance (month/day/year)

Other N/A

What other drug do you use?
Pattern of Use (daily, binge, etc.)
How long have you used this substance?
How long has it been a problem for you?
Date you last used the substance (month/day/year)

Gambling

Types of gambling done? (sports, casino, etc.)
Pattern of Gambling (daily, weekends, paydays, etc.)
Amount of money gambled per occasion
How long have you gambled?
How long has this been a problem for you?
Date you last gambled?
Describe in detail how your drinking, drug taking and/or gambling affected your life. (Effects on family, relationships, employment, health, social life, etc.)

Treatment History

Have you recently participated in in-patient or out-patient treatment? Yes No

If you answered Yes:

Type, Agency
Reason for previous treatment
Approximate dates
How long did you remain alcohol, drug or gambling free after treatment?

What are your reasons for participating in Addict 2 Athlete?

Do you have any special needs or problems that we need to be aware of (Reading and writing, language preference, exercise related issues, etc.)?

Describe current medical problems that may affect your ability to exercise
List mental health issues experienced (panic attacks, depression, schizophrenia, etc.)?
Describe how these mental health issues have affected your life
Have you had any thought of suicide or self-harm? If yes, how long ago?

Criminal History

If you have a history of criminal convictions, please list the conviction, date, and sentence.	
Describe any outstanding or pending legal charges:	
When is your release date?	
Are you currently on probation/parole? Yes No	
If yes, what is the name and contact info for your PPO:	
Name:	Phone Number:
Would you like us to notify your PPO of your participation as compliance with programming?	
Yes No	
Is there anything else that you feel we should know?	

Carefully read and initial the following:

- I understand in order to be accepted in the Addict 2 Athlete program, I must remain alcohol and drug free for the duration of the 8 week program
- I understand that ACHR/A2A is not responsible for alcohol/substance detoxification
- I understand that ACHR is not responsible for my transportation to/from A2A groups
- I understand that I am only allowed to miss 1 group within the 8 week cycle. All other absences must made-up by the end of the week or I will be dropped and unable to participate in future A2A programs without refund
- I understand that there is no tolerance for gang activity while participating in A2A
- I understand the requirement of confidentiality & respect of others while participating in A2A
- I understand that homework will be given weekly & is to be completed prior to the next group
- I will respect Duke City Crossfit trainers, equipment and facilities
- I affirm that I am healthy enough for physical activity and hold no fault or liability against ACHR
- I give permission for pictures to be taken during A2A groups at appropriate times and with ample warning

Signature	Date
-----------	------