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This Information is confidential. It will not be held against you or used to judge you in anyway. We are a long term, faith-based program. We do require a \$300.00 Intake fee which is non-refundable. If you are serious in your desire to get help, please call us regularly to see if we have an opening available for you. Your contact with us will keep your application valid. If we do not hear from you, we will only keep your application for 60 days, after that you will have to reapply.

Personal Information:

Name: _____ Address: _____ City _____ State _____

Zip: _____ County: _____ Date of Birth: _____ Age: _____

Social Security: _____ Ethnicity: _____ Hair: _____ Eyes: _____

Height: _____ Weight: _____ Driver's License Number: _____ State: _____ Valid? _____

Education:

Highest Grade Completed: _____ Graduated /GED: Yes _____ No: _____

Contact Person:

Name: _____ Phone Number: _____

Marital Status:

Single: _____ Married: _____ Divorced: _____ Separated: _____ Widowed: _____

Number of times married: _____ Years married each time: _____

Does your husband support your decision to get help? _____

Husband's Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Parents:

Names of Living Parents: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's Phone Number: _____ Mother's Phone Number: _____

Father's Email: _____ Mother's Email: _____

Name of Deceased Parents:

How did they Die: _____

When did they die: _____

Is there a history of drug abuse in your family? If yes, please explain _____

Siblings:

Name and ages of siblings including yourself in the order of birth: _____

Hobbies & Interest: _____

Medical:

Please request any and all medical/ psychological information from previous health provider, physician, and counselors and submit upon arrival.

Physical: _____ Psych Evaluation: _____

Medicare Number: _____ Medicaid Number: _____

Primary Health Insurance Carrier Name and Number: _____

Physicians Name and Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Allergies: Yes _____ No _____ List of Allergies: _____

Current Medical Problems- Please be complete and specific: _____

Please list all past surgeries and hospitalizations: _____

Medications Currently Taking: _____

List any physical limitations you may have as indicated by a doctor: _____

Have you ever been to counseling / psychiatrist? Yes: _____ No: _____ How Long: _____

Have you ever been the victim of physical abuse? Yes: _____ No: _____ How Long: _____

Have you ever been the victim of sexual abuse? Yes: _____ No: _____ How Long: _____

Have you ever self-mutilated? Yes: _____ No: _____ If Yes, How and how recent? _____

Do you have or Have you ever contracted a sexually transmitted disease? Yes _____ No: _____

Sexual Preference: Heterosexual _____ Homosexual _____ Bisexual _____

Have you ever been involved in prostitution? _____

Have you ever been involved in a homosexual relationship? _____

Diet:

Are you on a special diet? Explain: _____

Do you have food allergies? _____

Have you ever been diagnosed with an eating disorder? Please Explain: _____

Legal Information:

Probation Officer

Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

List all arrest and results: _____

List pending court cases, dates and allegations: _____

List any outstanding warrants of your arrest: _____

Substance Abuse:

List All Alcohol & Drugs You Use or Have Used:

Drug: _____ How Often: _____ How Much: _____ Last Used: _____

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When was the last time you used drugs? _____ Alcohol? _____

How old were you when you first started using drugs? _____ Alcohol?

_____ Do you use tobacco/ smoke cigarettes? _____ When did you use last?

Have you ever been in a Drug or Alcohol Detox program before? _____

Please list the facilities: _____

Was it a religious program? _____

Explain how it helped or hindered your recovery? _____

How involved were your family in your recovery? _____

How willing are they to be involved in it now? _____

Spiritual:

What life controlling issues do you see in your life that you need or want to resolve? _____

Do you feel you have a need for God? _____

Have you ever committed your life to God? _____

What is your present relationship with God like? _____

Do you read the Bible? _____ Are you open to biblical solutions to our problems? _____

Are you a member of any church of religion? _____ Type of Religion: _____ Denomination: _____

Financial:

Explain current financial obligations: _____

Amount of current income and sources: _____

Please explain why we should take you into our recovery program?

Are you ready for your life to be changed? _____

How willing are you to do whatever it takes to make the change? _____

Applicant Signature: _____ Date: _____

Director: _____ Date: _____