









**Application for Admission**

*All information provided as a part of this application will be considered confidential and shared among staff members for consultation only.*

|  |  |
|--|--|
| Today's Date   |  |
| <b>GENERAL INFORMATION</b>   |  |
| Applicant's Name (Last, First, Middle)   |  |
| Social Security Number   |  |
| Date of Birth (Month/Day/Year)   |  |
| Height/Weight/Color of eyes  |  |
| Color of skin/identifying marks  |  |
| Present Home Address (No PO Boxes)   |  |
| Home Telephone Number  |  |
| Marital Status (How long?)   | Married   Divorced   Widower   (___ yrs) |
| Do you have children?  | YES   NO                                 |
| If YES, list their ages.   |  |
| Which, if any, children live with you?   |  |
| Name and address of nearest relative in closest proximity to Buckingham  |  |
| Relationship to You  |  |
| <b>LEGAL ISSUES</b>  |  |
| Have you ever been charged with a crime? If YES, you must include a complete criminal history and/or presentence report. | YES   NO                                 |
| Do you have any unsettled legal matters and/or charges pending? If YES, list specific charges and/or court dates below.  | YES   NO                                 |
|  |  |
|  |  |
| Have you committed any violent and/or sexual crimes?   | YES   NO   If YES, list below.           |
|  |  |
|  |  |

**MEDICAL ISSUES**

|   |     |    |  |
|---|-----|----|--|
| Have you obtained all of the required medical tests for admission (HIV; tuberculosis; hepatitis A, B, and C)? | YES | NO |  |
|---|-----|----|--|

|  |     |    |                        |
|--|-----|----|------------------------|
| Are you currently under a doctor's care? | YES | NO | If YES, explain below. |
|--|-----|----|------------------------|

|   |     |    |                     |
|---|-----|----|---------------------|
| Do you have any medical problems or disabilities? | YES | NO | If YES, list below. |
|---|-----|----|---------------------|

|                                       |     |    |                     |
|---------------------------------------|-----|----|---------------------|
| Are you currently on any medications? | YES | NO | If YES, list below. |
|---------------------------------------|-----|----|---------------------|

| Name of Drug | How Often Taken | Purpose |
|--------------|-----------------|---------|
|              |                 |         |
|              |                 |         |

**EDUCATION / EMPLOYMENT**

|   |  |
|---|--|
| What is your completed level of education? If you graduated, what year? |  |
|---|--|

|                                  |  |
|----------------------------------|--|
| What is your present occupation? |  |
|----------------------------------|--|

|                             |  |
|-----------------------------|--|
| Employer's Name and Address |  |
|-----------------------------|--|

|                                       |  |
|---------------------------------------|--|
| How long since you last worked there? |  |
|---------------------------------------|--|

|                                       |  |
|---------------------------------------|--|
| Do you have any specialized training? |  |
|---------------------------------------|--|

**FAMILY HISTORY and BACKGROUND**

|  |  |
|--|--|
| What is (or was) your relationship with your parents, spouse, and/or children? |  |
|--|--|

|  |  |
|--|--|
| What is your life-controlling problem? |  |
|--|--|

|                      |     |    |                     |
|----------------------|-----|----|---------------------|
| Have you used drugs? | YES | NO | If YES, list below. |
|----------------------|-----|----|---------------------|

|  |  |
|--|--|
| How often have you attempted recovery? |  |
|--|--|

|  |  |
|--|--|
| Describe your struggle with addiction. |  |
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