

Application for Brian's Safehouse

Name:

Email:

Phone:

Address:

Date of Birth and Current Age:

Birth Sex:

Height and Current Weight:

How would you rate your health?

Please list any medical or psychological conditions you have:

Please list current medications:

Have you ever tested positive for HIV? (This will not exclude you from acceptance.)

Have you ever tested positive for hepatitis? (This will not exclude you from acceptance.)

Sexual Orientation:

Marital Status:

Are you married?

Do you have a domestic partner or a common law spouse?

If yes, do you understand that you may not be able to communicate with them while in treatment?

Do you have any children?

If yes, list names and ages of each child:

Please list all chemicals, including alcohol, that you are currently using or have used in the past year:

Application for Brian's Safehouse

Name and date of substance(s) last used:

Have you ever overdosed? If yes, please explain:

Have you ever been suicidal?
If yes, did you have a plan?

Do you use tobacco?
If yes, how much per day?
Are you willing to quit?

Have you been in treatment before?
If yes, list facilities and dates of attendance:

Have you ever been arrested?
If yes, explain further about the crimes you have been charged with:

Do you have any pending charges?
If yes, please list them and provide the name of your attorney:

Are you a registered sex offender?

Are you currently employed?
If yes, where and for how long?

Are you able to function in a dorm setting?

Please finish this statement: With God's help, and as a result of this program, I would like to change my life in the following 5 areas:

Applicant's Signature: By signing my name, I acknowledge that these statements are to the best of my knowledge true.

Signature:
Date and time: