

Name _____ Age _____ Date _____

Address _____ City _____

State _____ Zip _____ Phone (_____) _____ Email _____

Date of Birth _____ Social Security # _____

If you have a Probation or Parole Officer-Name _____ Phone
(_____) _____ FAX (_____) _____

What is your life-controlling issue(s) _____

How do you believe SFM can help you and what are YOU willing to do? _____

Have you ever been diagnosed with any Psychiatric or Mental disorders? _____ If so, what
was the diagnosis and when _____ Describe your mental
health _____ Are you currently taking medication
prescribed by a doctor? If yes, please list medications, diagnosis, and how long you have been taking each
medication _____

Do you have any physical disabilities that would prevent you from daily exercise or physical
work? _____

Have you been involved in any violence? Please describe _____

Have you had any assault charges including misdemeanor?-----

Have you ever had any sexual charges?

Do you think you are able to be told what to do for the next ten months without debating?

Mail application to P.O Box 36

Paragould, AR 72451 Be sure and leave your contact info