Admission Application

Name_____ Date of application_____

Current address _____

Phone _____Social Security #_____ Mothers Maiden name_____

Insurance company_____ Insurance number _____

Height _____ Weight _____ Hair color _____ Eye color_____

Date of Birth _____ Place of Birth_____
Race _____ Church Preference_____
Name of Pastor_____ Church Address_____

Father's Name_____Address_____
City_____State_____Zip_____Phone_____
Cell Phone_____E-mail_____
Date of Birth _____ Place of Birth_____
Employer _____ Marital Status_____

Mother's Name_____Address_____
City_____State_____Zip_____Phone_____
Cell Phone_____E-mail_____
Date of Birth _____ Place of Birth_____
Employer _____ Marital Status_____

Siblings Names (Please include natural, half or step)
_____Age_____
_____Age_____
_____Age_____
_____Age_____

Relatives Who Live Near (Grandparents, aunts, uncles, spouse, etc.)
_____Relationship_____
_____Relationship_____
_____Relationship_____
_____Relationship_____

Who referred you to David's Courage Program? _____

Do you currently know anyone enrolled at David's Courage? _____

Psychological Information

Have you ever received psychological testing or counseling? _____
If yes, when and with whom _____
_____
_____
If a Diagnosis was given, what was it? _____
_____
Have you ever been hospitalized for psychological or drug/alcohol treatment? _____
If yes, when and where_____
_____
What Diagnosis was given at this time? _____
What follow-up treatment was recommended? _____
Did you follow through with the recommendations? _____

Family History

Do you have family support? _____ Last family contact, who and when? _____
End results of last family contact? _____
Family members with emotional, behavioral, criminal, medical or physical problems;
_____Problems_____
_____Problems_____
Is there a history of suicide in the family? _____ If yes, whom? _____
Has someone close to you died in recent years? _____ If yes, whom? _____

School Information

Last School Attended_____
Last Grade Completed_____ Date_____
Did you receive an Individual Education Program (IEP) _____?
How many times have you been arrested? _____ How many times in Prison? _____

Current case and history

Do you have a pending case of any kind? ☐ Yes ☐ No
If yes, What? _____
If yes, What county and name of attorney? _____Phone number _____
Parole/Probation Officer_____Address_____
City_____State_____Zip_____Phone_____
Cell Phone_____E-mail_____
Do you have to register with the Sheriffs office for any past offenses? _____ IF so why? _____

Medical Information

Major illnesses, accidents or surgeries_____
_____
Current Medications/Dosages_____
_____
Who prescribed the medications? _____

Developmental History

Is there a history of sleepwalking or serious nightmares? _____ If yes, which? _____
Have you been sexually abused? _____ By whom and at what age? _____
Have you ever molested or been accused of molesting someone else? _____

Additional Information

Have you used alcohol? _____
To what degree? Frequency? Quantity?

_____
_____

Have you used drugs? _____
Primary drug choice _____ How used (smoked, injection, orally, etc) _____
Frequency used _____ Age when first started _____

Second drug choice _____ How used (smoked, injection, orally, etc) _____
Frequency used _____ Age when first started _____

Third drug choice _____ How used (smoked, injection, orally, etc) _____
Frequency used _____ Age when first started _____

Longest you have been sober/clean in the last 12 months? _____
Have you ever attempted suicide? _____
If yes, give details_____

_____
Have you ever set fires? _____
If yes, give details_____

_____
Have you been physically abused? _____
If yes, give details_____

_____
_____
Have you been emotionally abused? _____
If yes, give details_____

_____
_____
Have you ever been charged with sexual perpetration? _____
If yes, give details _____

_____
Have you ever been convicted of a violent offense? _____
If yes, give details_____

_____
_____
Have you been physically violent? _____
If yes, give details (violent towards people, property, animals, etc.)

_____
_____
_____

Exploratory

How many times have you been to the ER due to your addiction? _____

Have you been convicted of a Felony? _____ Do you have a current Felony charge? _____

Do you have health insurance? _____ Do you have food stamps? _____Do you receive disability? _____

Recovery Works is a state program that provides funding for those eligible to participate in treatment & recovery services. Want to hear more about Recovery Works? _____

Do you have any food allergies? _____

Are you allergic to anything else? _____

When would you like to move in? _____

How long do you think you need to be a resident at David's Courage? _____

What are your goals and objectives while in this program?

_____

What would be your ideal exit plan once you completed this program?

_____

_____

_____

Activity Participation: Regardless of your transitional housing need, All residents participate in a variety of activities, programs and classes to best achieve success in your transitional development. Refusal to participate in your recovery will result in your termination from David's Courage program.

I _____ have filled out this application personally and truthfully and understand that all information can and will be shared with all professional parties involved in my recovery.

Signature: _____ Date: _____

Thank you for taking the time to fill this out, so we may better serve you!