



APPLICATION & INTAKE

THIS FORM MUST BE FILLED OUT COMPLETELY

DATE OF APPLICATION _____

WHAT'S YOUR PROJECTED RELEASE DATE? (If currently in another facility/program) _____

WORK ELIGIBILITY

AS A RESIDENT OF DAVID'S COURAGE, OBTAINING FULL-TIME EMPLOYMENT IS A REQUIREMENT OF THE PROGRAM. YOU MUST BE PHYSICALLY CAPABLE OF WORKING A FULL-TIME JOB FOR YOUR APPLICATION TO BE CONSIDERED. IF YOU ARE CURRENTLY ON DISABILITY OR APPLYING FOR DISABILITY, YOU WILL NEED TO LOOK FOR A DIFFERENT PROGRAM. ARE YOU ABLE AND WILLING TO OBTAIN AND MAINTAIN A FULLTIME JOB WHILE IN THE DAVID'S COURAGE PROGRAM? YES _____ NO _____

DEMOGRAPHIC

NAME _____ DATE OF BIRTH _____ GENDER _____ RACE _____

CURRENT LOCATION (Home/Facility Name) _____ CURRENT MAILING ADDRESS _____ CITY, STATE _____ ZIP _____

PHONE NUMBER _____ SOCIAL SECURITY NUMBER _____ MOTHER'S MAIDEN NAME _____

ADDICTION & RECOVERY

ARE YOU CURRENTLY BATTLING AN ADDICTION? _____ IF YES, EXPLAIN: _____

ARE YOU WILLING TO REMAIN ALCOHOL AND DRUG FREE WHILE IN THE PROGRAM? _____

01. PRIMARY DRUG CHOICE: _____ HOW USE? (SMOKED, ORAL, INJECTION, ETC...): _____

FREQUENCY (DAILY, WEEKLY, MONTHLY): _____ AGE WHEN FIRST STARTED: _____

02. SECOND DRUG CHOICE: _____ HOW USE? (SMOKED, ORAL, INJECTION, ETC...): _____

FREQUENCY (DAILY, WEEKLY, MONTHLY): _____ AGE WHEN FIRST STARTED: _____

03. THIRD DRUG CHOICE: _____ HOW USE? (SMOKED, ORAL, INJECTION, ETC...): _____

FREQUENCY (DAILY, WEEKLY, MONTHLY): _____ AGE WHEN FIRST STARTED: _____

EVER LIVED IN ANOTHER RECOVERY/HALF-WAY HOUSE? _____ IF YES, WHERE? _____

HOW LONG & WHAT WAS THE RESULT? _____

LONGEST YOU HAVE BEEN SOBER/CLEAN IN THE LAST 12 MONTHS? _____

GETTING CONNECTED

WHO REFERRED YOU? (SELF, LAWYER, SUPERVISION OFFICER, TREATMENT CENTER, FIREND, FAMILY, AQUAINTANCE) _____

HOW DID YOU MAKE INITIAL CONTACT? (APPOINTMENT, PHONE, WALK-IN, MAIL (EMAIL) APPLICATION, SUPERVISION OFFICER) _____

DO YOU KNOW ANYONE CURRENTLY ENROLLED IN THE DAVID'S COURAGE PROGRAM? _____ IF YES, WHO? _____

WHAT IS YOUR RELATIONSHIP TO THEM? _____

SPIRITUAL

DO YOU HAVE A RELATIONSHIP WITH JESUS CHRIST? _____ DO YOU HAVE A HOME CHURCH? _____ IF SO, WHERE? _____
BRIEFLY EXPLAIN YOUR SPIRITUAL JOURNEY (USE BACK OF APPLICATION IF NEEDED)

EDUCATION & EMPLOYABILITY

HIGHEST COMPLETED LEVEL OF EDUCATION? (9, 10, 11, HS, GED, BA, MA, TRADE) YEAR COMPLETED IF TRADE, WHAT SKILL? _____

ARE YOU INTERSETD IN FURTHERING YOUR EDUCATION? _____ IF SO, HOW? _____

ARE YOU CURRENTLY EMPLOYED? _____ IF SO, WHERE? _____

LONGEST YOU'VE KEPT THE SAME JOB? _____ HOW MANY JOBS IN THE LAST 12 MONTHS? _____

DRIVING & IDENTIFICATION

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ IF NO, WHY NOT? _____

DO YOU HAVE A VALID STATE ID? _____ DO YOU HAVE A SOCIAL SECURITY CARD? _____ DO YOU HAVE YOUR BIRTH CERTIFICATE? _____

CURRENT CASE & HISTORY

HOW MANY TIMES HAVE YOU BEEN ARRESTED? _____ HOW MANY TIMES IN PRISON? _____ LONGEST JAIL/PRISON TERM? _____

DO YOU HAVE A PENDING CASE OF ANY KIND? YES NO IF SO, WHAT? _____

DO YOU CURRENTLY HAVE PROBATION OR PAROLE (CIRCLE ONE)? YES NO

CURRENT CHARGE? _____ NAME OF LAWYER? _____ NAME OF JUDGE? _____

IF YES, WHAT COUNTY & NAME OF SUPERVISOR: _____

DO YOU HAVE TO REGISTER WITH THE SHERRIFF'S OFFICE FOR ANY PAST OFFENSES? _____ IF SO, WHY? _____

PLEASE LIST YOUR TWO MOST RECENT ARRESTS:

01. MONTH/YEAR: _____ CHARGES: _____

COUNTY/STATE: _____ SENTENCE: _____ SUPERVISION?: PROBATION OR PAROLE

OFFICER? _____ PHONE: _____ HOW OFTEN DO YOU MEET? _____

DRUG TESTED? _____ CAN WE MAKE A PHONE CALL TO YOUR PROBATION OFFICER? _____

02. MONTH/YEAR: _____ CHARGES: _____

COUNTY/STATE: _____ SENTENCE: _____ SUPERVISION?: PROBATION OR PAROLE

OFFICER? _____ PHONE: _____ HOW OFTEN DO YOU MEET? _____

DRUG TESTED? _____ CAN WE MAKE A PHONE CALL TO YOUR PROBATION OFFICER? _____

MEDICAL

ARE YOU CURRENTLY RECEIVING TREATMENT FROM A MENTAL HEALTH PROVIDER? _____ IF YES, WHERE? _____

IF NO, HAVE YOU EVER RECEIVED TREATMENT FROM A MENTAL HEALTH PROVIDER? _____ IF YES, WHERE? _____

DO YOU TAKE PRESCRIPTION DRUGS? _____ IF YES, EXPLAIN: _____

HAVE YOU EVER RECEIVED A MENTAL HEALTH DIAGNOSIS? _____ IF YES, WHAT? _____

HAVE YOU EVER RECEIVED A DIAGNOSIS FOR A PHYSICAL DISEASE, DISORDER, OR DISABILITY? _____ IF YES, WHAT? _____

ARE YOU ON ANY PRESCRIBED MEDICATIONS? _____ IF YES, WHAT? _____

_____ ARE YOU ABLE TO PROVIDE A 30 DAY SUPPLY OF ANY ABOVE MEDICATIONS? _____

WHEN WAS YOUR LAST PHYSICAL EXAM? _____ ARE YOU PHYSICALLY IN GOOD HEALTH? _____

DO HAVE FOOD ALLERGIES? _____ ANY OTHER ALLERGIES? _____

FAMILY

FAMILY SUPPORT? _____ LAST FAMILY CONTACT? WHO & WHEN? _____

END RESULT OF LAST FAMILY CONTACT? _____

HAVE CHILDREN? _____ IF YES, NAMES & AGES: _____

ARE YOU: SINGLE _____ MARRIED _____ DIVORCED _____ DOMESTIC PARTNERSHIP _____ DATING _____

EXPLORATORY

DO YOU HAVE HEALTH INSURANCE? _____ INSURANCE PROVIDER: _____

INSURANCE MEMBER ID#: _____ DO YOU HAVE FOOD STAMPS? _____ DO YOU RECEIVE DISABILITY? _____

REGARDING CHILD SUPPORT (Please circle one): RECEIVE PAY NEITHER IF YES, HOW MUCH? _____

DO YOU HAVE ANY UNPAID/CURRENT COURT OR SUPERVISION FEES _____ IF YES, HOW MUCH? _____

ARE YOU A VETERAN OF THE ARMED FORCES? _____ DO YOU HAVE A FAMILY MEMBER IN THE MILITARY? _____

NEXT STEPS

HOW WOULD YOU RANK YOUR TRANSITIONAL PRIORITIES? (#1 AS THE MOST IMPORTANT & #8 IS THE LEAST IMPORTANT)

_____ PERMANENT HOUSING

_____ FAMILY RESOLUTION

_____ OBTAINING A JOB

_____ SPIRITUAL GROWTH

_____ FURTHER EDUCATION

_____ MENTORING/LIFE COACHING

_____ RECOVERY

_____ CHURCH FELLOWSHIP

The David's Courage Program is a person-driven organization. Place an X by services that most interest you.

- | | | |
|--|---|---|
| <input type="checkbox"/> CELEBRATE RECOVERY | <input type="checkbox"/> BIBLE STUDY FELLOWSHIP | <input type="checkbox"/> GROUP MENTORING |
| <input type="checkbox"/> INDIVIDUAL MENTORING | <input type="checkbox"/> EMPLOYMENT NETWORKING | <input type="checkbox"/> DRIVER'S LICENSE RESTORATION |
| <input type="checkbox"/> FINANCIAL MANAGEMENT | <input type="checkbox"/> LIFE SKILLS & COOKING | <input type="checkbox"/> SMART RECOVERY |
| <input type="checkbox"/> GARDENING/LANDSCAPING | <input type="checkbox"/> SUBSTANCE ABUSE COUNSELING | |

WHEN DO YOU WANT TO MOVE-IN? _____

HOW LONG DO YOU THINK YOU NEED TO BE A RESIDENT WITH THE DAVID'S COURAGE PROGRAM? _____

WHAT ARE YOUR GOALS AND OBJECTIVES WHILE A RESIDENT IN THIS PROGRAM? _____

WHAT WOULD BE YOUR IDEAL EXIT PLAN ONCE YOU COMPLETE THE 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 the David's Courage Program.

ADDITIONAL NOTES

I, _____, to the best of my ability, have provided correct and true information. If anything I have provided is revealed to be false, my application will be denied. I also understand the information I have provided will remain confidential and will only be used to provide team members of The Plus One Program with information that will help in my recovery and/or transition.

SIGNATURE: _____

DATE: _____