

APPLICATION FORM

Note: Completion of application form does not guarantee admission to Honest Beginnings Inc.

BACKGROUND INFORMATION (Please Print). Date: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Birth Date: ____/____/____

Veteran? _____ Branch: _____ Probation/Parole? _____ Location? _____

PO's Name: _____ PO's Phone #: _____

Do you currently have any open cases or warrants? If yes, please explain.

I'm taking the following medication(s): _____

Legal Information:

Are you legally Mandated to us? Y N Legal Charge? _____

On Probation? Y N On Parole? Y N

Outstanding Warrants? Y N

Have you ever been convicted of any violent sexual crimes? Y N

Supervision Officer Name _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Has release of information been signed? Y N

Addiction History Current recovery date _____

- Alcohol Type _____
- Amphetamines Type _____
- Benzoids Type _____
- Cocaine Type _____
- Hallucinogen Type _____
- Marajuana Type _____
- Opiates Type _____
- Other Type _____

Have you ever relapsed? Y N No. of times _____

Drug(s) of Choice? _____

Date of Last Use (if you know): _____/_____/_____

How long have you been drug and alcohol free?

- Less than a month – How many days? ____ ____
- One to three months
- Four to six months
- Seven months to a year
- More than one year

Referred By: _____ Entry Date: _____

Lived at Honest Beginnings before? _____ When? _____

1. How old were you when you first used drugs/drank?

2. Have you ever been in a Drug/Alcohol Treatment Center? When?

3. Have you ever been in a halfway house? When?

4. What is your highest level of education?

_____ High School Graduate _____ GED _____ College/University
 _____ Other (Please explain) _____

5. Have you ever been in prison? _____ How many times? _____

6. Have you ever been ARRESTED for a sex crime or arson? Y N

7. Where did you live before moving here? (City/State)

8. Are you employed? If yes, what kind of work do you do?

9. What are your means of transportation?

10. What is your source of income?

11. Check ONE: Are you Married _____ Single _____ Divorced _____ Separated _____

12. Have you ever received any DUI's or DWI's? Y N If yes, how many _____

13. Do you have any children? Y N If yes, how many? _____

13. What kind of problems has drinking and/or drug use caused you?

14. Are you prejudiced towards any group or race? _____

15. What kind of medical problems (physical or emotional) do we need to know about you?

EMERGENCY INFORMATION

Contact 1

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____

Zipcode: _____ Country: _____

Phone 1: _____

Phone 2: _____

Contact 2

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____

Zipcode: _____ Country: _____

Phone 1: _____

Phone 2: _____

Has a release of information been signed? Y N

Hospital Preference: _____

Insurance Company: _____

Policy Number: _____

PCP Name: _____

PCP Phone Number: _____

Allergies (if any): _____

When is the last time you were checked for a sexual transmitted disease?

Have you ever engaged in unprotected sex?

When is the last time you were checked for blood borne diseases?

HEAD MANAGER CONDITIONS (to be written by the Head Manager)

Conditions Prior To Entry:

Demographic Information

Sex: M F T

Race:

- Caucasian
- African American
- Native America
- Asian-Pacific Islander
- Hispanic
- Other _____

Professional License (MD, DVM, etc.)

Profession/Employment

Household Income (Check One)

- Less than \$10,000
- \$10,000 – 25,000
- \$25,000 – 50,000
- \$50,000 – 75,000
- Over \$75,000

Military Service Y N Branch _____ Type of Discharge _____

Previous Diagnosis (Check all that Apply)

- Substance Abuse
- Eating Disorder
- Mood/Personality Disorder – Type _____

Education (Check Highest Grade Completed)

- Less than HS
- HS/GED
- Some College
- 2 Year Degree
- 4 Year Degree
- Masters or PhD

Religious Preference

- Protestant/Christian
- Catholic
- Jewish
- Other _____
- None

Please answer the following questions below.

1. Who suggested that you come here (chose one option that best applies)?

- Family/Friend
- Employer/Coworker
- Treatment or human services professional
- Representative of the courts/judicial system
- No one
- Other: _____

2. How long have you been drug and alcohol free?

- Less than a month → How many days? ____ ____
- One to three months
- Four to six months
- Seven months to a year
- More than one year

3. In the past 30 days, where have you been living most of the time (chose one option that best

applies)?

- My own home/apartment
- Someone else's home/apartment
- In a medical, treatment, or other residential recovery setting
- In jail, prison, or another correctional setting
- In a shelter or another temporary housing facility
- Outdoors or on the streets
- Other: _____

4. Are you currently enrolled in school or a job training program?

- Not enrolled
- Enrolled full-time
- Enrolled part-time
- Other: _____

5. Are you currently employed (chose one option that best applies)?

- Employed full-time (35+ hours per week)
- Employed part-time
- Unemployed and looking for work
- Unemployed and not looking for work (e.g., retired, disabled, enrolled in school, etc)
- Other: _____

6. In the past 30 days, did you attend any self-help or recovery support groups?

- Yes → If yes, what type _____ how many? ____ ____
- No

7. How would you rate your quality of life?

- Very poor
- Good
- Poor
- Very good
- Neither poor nor good

8. What would you like to accomplish during your stay here?

9. What are your top 3 goals and why did you pick these?

10. What potential challenges do you see in improving your recovery?

11. What else would be helpful for us to know about you to best serve you?

BY MY SIGNATURE BELOW, I AGREE TO ANY AND ALL TERMS AND CONDITIONS SET FORTH ABOVE BY THE HOUSE MANAGER. IN ADDITION, I ATTEST THAT ALL INFORMATION I HAVE PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE:

Member Name

Date

Witness

Date
