

FAMILY HISTORY:

List parents/parenting figures, spouse, current boyfriend, brothers, and sisters (Do not list your children.)

NAME	RELATIONSHIP	AGE	RESIDENCE

Check the word that best describes your relationship with your parents as a child and now:

AS A CHILD: Very Good Good Average Fair Poor Very Poor

NOW: Very Good Good Average Fair Poor Very Poor

Are your parents still living? Father: Yes No Mother: Yes No

Father's Name: _____ Age: _____

Father's Address: _____
Street City State Zip

Father's Home Phone: _____ Work Phone: _____

Mother's Name: _____ Age: _____

Mother's Address: _____
Street City State Zip

Mother's Home Phone: _____ Work Phone: _____

Are you adopted? Yes No

Were you raised by anyone other than your parents? Yes No *If yes, please explain:* _____

When did you last see your parents? _____

When did you last live with your parents? _____

Occupation: Father: _____ Mother: _____

Parental marital status: Married Divorced Separated Remarried Living Together

If married, how long? _____ If other, how long? _____

How would you rate your parent's marriage? Very happy Happy Average Unhappy

How would you rate your childhood? Very happy Happy Average Poor Very Poor

Why? _____

Who did you feel closest to while growing up? Father Mother Other _____

MARITAL/INTIMATE RELATIONSHIP HISTORY:

Marital status: Single Married Separated Divorced Remarried Widow

List your present living arrangements: *(please check all that apply.)*

Living alone With parents With spouse With others (non-relatives)

With others (relatives- including children) Other _____

If you are currently married or have been married in the past, please list: *(Start with your most recent marriage.)*

PERSON MARRIED TO (First name only)	MONTH/YEAR	HOW IT ENDED (Separation, divorce, death)	MONTH/YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current spouse/boyfriend (circle one) *(Print full name):* _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: () _____ - _____ Work Phone :() _____ - _____

Describe your relationship with your spouse/boyfriend: _____

Describe any problems or concerns related to your relationship with your spouse/boyfriend: _____

Have you ever been sexually abused? Yes No

To your knowledge, has anyone in your family ever been sexually abused? Yes No

When: _____ Who: _____ By whom: _____

When: _____ Who: _____ By whom: _____

Sexual Lifestyle: *(please check all that apply)* Bi-sexual Heterosexual Homosexual
 Pornography Prostitution

How recent was your involvement with things listed above? _____

Do you have any children? Yes No *If yes, please list:*

NAME OF CHILD	AGE	WHERE LIVING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any positive or negative aspects of your relationship with your children: _____

LEGAL HISTORY:

Are you legally mandated to participate in a rehabilitation program? Yes No

If yes, by whom? Parole Board Court Other (*explain*): _____

If the above answer is 'Court', please list county and state mandate of origin: _____

Are you currently, or will you be, under legal supervision? Yes No

Method of reporting: Phone Letter In person Other (*explain*): _____

How often do you report? _____ For how long? _____ Time remaining? _____

Probation/Parole Officer's Information (*please print*):

Name: _____

Agency: _____ Phone #: _____

Address: _____
(Street) (City) (State) (Zip)

Are any of the following pending against you? (*Please check those that apply*):

Arrest Warrant Court Appearance Criminal Charges Sentencing Other (*please explain*): _____

List all arrests and convictions:

<u>Date</u>	<u>Charges</u>	<u>Sentence</u>	<u>Jail Time</u>	<u>Were drugs and/or alcohol involved?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SOCIAL INVOLVEMENT HISTORY:

Describe your involvement in the following:

Religion: _____

Recreation/Sports: _____

Peer Groups: _____

Community Affiliations: _____

Hobbies: _____

Other: _____

FINANCIAL STATUS:

Are you eligible for and/or receiving the following:

- Welfare Disability benefits Unemployment compensation
 Workman's compensation Other income (*please explain*): _____

Have you ever applied for food stamps? Yes No *If yes, what County and State?* _____
_____ When? _____

Do you have any outstanding debts? Yes No

If yes, please list all debt information below:

Owed to	Amount	Address	Phone	Payments

SIGNIFICANT LIFE EVENTS:

Describe any of the following that you have experienced and when:

Moves: _____

Losses (Personal/Financial): _____

Sexual Abuse: _____

Physical Abuse/Neglect: _____

Foster Home Placement or Institutionalization: _____

Ethnic Cultural Influences: _____

Other (*Specify*): _____

ACADEMIC HISTORY:

List the highest grade that you completed:

Grade School ____ Jr. High School ____ High School ____ College ____ GED ____

Are you currently in an education program? Yes No

If yes, list: _____
(Name of School) (City) (State)

Have you ever left an educational program before finishing? Yes No

If yes, please explain why: _____

Are you currently receiving or have you ever received vocational training? Yes No

If yes, please list below:

TYPE OF TRADE OR SKILLS	DATE OF TRAINING (Mo/Yr) to (Mo/Yr)	CERTIFICATION ISSUED Yes/No
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please rate your reading skills. Good Average Poor

Please rate your writing skills. Good Average Poor

Describe your future educational or vocational training goals and plans.

Educational: _____

Vocational: _____

OCCUPATIONAL HISTORY:

What is your vocational trade or profession? _____

How many jobs have you had in the last two (2) years? _____

List your present employment status:

- Unemployed (Have not sought employment in the last 30 days.)
- Unemployed (Have sought employment in the last 30 days.)
- Employed part-time or contract (Working less than 35 hours per week.)
- Employed full-time (Working 35 hours or more per week.)

List your two most recent jobs: *(Start with your most recent/present job)*

_____	_____
(Name of Employer)	(Position(s) Held)
_____	_____
(Dates Employed-Mo/Yr to Mo/Yr)	(Reason for Leaving)
_____	_____
(Name of Employer)	(Position(s) Held)
_____	_____
(Dates Employed-Mo/Yr to Mo/Yr)	(Reason for Leaving)

List your current average monthly income: \$ _____

Describe your primary source of income: _____

Describe your future occupational goals and plans: _____

Please list any skills: _____

Have you ever experienced, or do you presently have, any physical ailment, injury, or handicap that would prevent you from performing manual work-related tasks while enrolled in New Life?

Yes No *If yes, please explain:* _____

PREGNANCY HISTORY:

List number of pregnancies: _____

Have you experienced:

Miscarriages: Yes No

Abortions: Yes No

Other problems? *(Please specify)* _____

Do you think you could be pregnant now? Yes No Verified by a Doctor? Yes No

PSYCHOLOGICAL HISTORY:

Have you ever received mental health treatment? Yes No *If yes, please list:*

Date	Name of Clinic	Reason for Treatment	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has a family member or someone close to you ever attempted or committed suicide? Yes No

Have you ever thought about committing suicide? Yes No

Have you ever received psychiatric care? Yes No

If yes, explain and include any information on diagnoses and medications prescribed. _____

Are you currently taking psychiatric medications? Yes No *If yes, please list:*

<u>Medication</u>	<u>Taken for how long?</u>
_____	_____
_____	_____

Will you, as a resident of New Life, be willing to authorize doctors or agencies involved in previous treatments to release your medical records? Yes No _____ Initial

PERSONAL/FAMILY MEDICAL HISTORY:

Please check the appropriate box for any family member that has experienced any of the following problems:

	Grandparents	Father	Mother	Spouse	Brother	Sister	Children
Drug Abuse							
Alcoholism or Alcohol Related Problems							
Medical Problems							
Mental Health Problems							
Eating Disorders							

Describe any illness and developmental problem/concern you experienced as a child: _____

When were your teeth last examined? _____

Are you currently experiencing problems with your teeth? Yes No *If yes, please explain:* _____

Do you drink coffee, tea, or smoke cigarettes? (*Please list the amount consumed each day*):

Cigarettes: _____ packs smoked per day
Coffee: _____ cups consumed per day
Tea: _____ cups consumed per day

Please indicate which of the following best describes your past or present use of drugs/alcohol..

****Please state, Never, Once, Several Times, Regularly****

Alcohol _____	Barbiturates (downers) _____
Marijuana _____	Amphetamines (uppers) _____
Cocaine _____	Hallucinogens _____
Crack _____	Heroin _____
Opium _____	Crank _____
Glue _____	Others (<i>Specify</i>) _____

INSURANCE INFORMATION:

List your health insurance type: (*please check*)

No health insurance Other private insurance Blue Cross/Blue Shield
 Medicaid/Medicare Other public funds: _____

Insurance Policy Number: _____

Company: _____ Phone: _____

Physician's Name: _____ Phone: _____

Address: _____

SPIRITUAL HISTORY:

Are you born again? _____ Date _____ Place _____

What were the circumstances that led to this? _____

Describe current spiritual condition? _____

What is your denominational preference? _____

How often do you attend church? Never Occasionally Regularly

What church or religion are you currently involved in, if any? _____

How often did you attend church as a child? _____

What denomination? _____

Do you believe in God? Yes No Uncertain

Do you pray? Never Occasionally Often

How often do you read the Bible? Never Occasionally Often

Do you read books about other religions or beliefs? Yes No *If yes, please explain:* _____

What recent changes, if any, have you had in your spiritual life? _____

Are you or have you ever been a member of Christian Science, Jehovah's Witness, Mormonism, Scientology, New Age, TM, Eastern religions or others? *If yes, please explain:* _____

PERSONALITY INFORMATION:

Is it easy for you to express your feelings? Yes No Sometimes

Explain: _____

Is it easy for you to talk about yourself? Yes No Sometimes

Explain: _____

Do you enjoy being with other people or would you rather be alone? _____

Explain: _____

THE PROBLEM:

What problems would you like to overcome? _____

What attempts have you made to resolve these problems? _____

What are your greatest needs, in order of priority?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please list all programs in which you have participated, religious/non religious, residential/outpatient, as well as reasons for leaving.

Name of Program	Type of Program	Time spent in Prog.	Reason for leaving

Have you been in the New Life Program before? Yes No

Why did you leave? Dismissed by staff Left voluntarily Graduated Other _____

How do you think you will benefit from the New Life program? _____

What do you feel God's role is in your participation at New Life? _____

Describe what you are willing to do to make this program work for you. _____

What would you like to do after you leave the New Life program? _____

The undersigned Applicant fully acknowledges that the information provided herein is accurate and true to the best of her knowledge and that the Application Form has been completed and filled out by the Applicant in her own handwriting. The Applicant further understands that any false or incomplete information may cause and result in disqualification from admittance into the program, whether the Applicant is initially entering, or is currently a student within, the program.

(Applicant)

(Date)