



APPLICATION FOR PROGRAM ENTRY

PERSONAL DATA AND INFORMATION:

Date: _____

Name: _____
Last First MI

Address: _____
Street City State Zip

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

Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____

Social Security #: _____ - _____ - _____ Birth Date: _____ Age: _____

Driver' License #: _____

In case of an emergency, contact: Name: _____

Address: _____
Street City State Zip

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

Relationship: _____

WHO REFERRED YOU TO NEW LIFE WOMEN'S CENTER?

Name: _____
Last First MI

Address: _____
Street City State Zip

Phone: () _____ - _____ Relationship: _____

RACE/ETHNIC BACKGROUND : (Please check only one):

- Caucasian African American Asian Hispanic Filipino Cuban
- Puerto Rican Japanese Chinese Haitian American Indian Other: _____

Are you an American citizen? Yes Native or Naturalized
 No Explain: _____

For Office Use Only:

1 st contact:
2 nd contact:
3 rd contact:

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: 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 of: 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

Explain: Parents _____

Childhood _____

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

MARITAL/INTIMATE RELATIONSHIP HISTORY:

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

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

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: _____

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

How recent was your involvement with above checked items?

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: _____

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 left? _____

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 (*explain*): _____

List all arrests and convictions:

<u>Date</u>	<u>Charges</u>	<u>Sentence</u>	<u>Jail Time</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If charges listed above were not for alcohol/drugs specifically, were alcohol/drugs involved in the commission of the crime? (list charge) _____

SOCIAL INVOLVMENT 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, County/State: _____
Month/Year: _____

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:

Highest grade completed (Check one):

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 SKILL	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? _____

Present employment status (*check one*):

- 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 Held
_____	_____
Dates Employed - Mo/Yr to Mo/Yr	Reason for Leaving
_____	_____
Name of Employer	Position 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 job 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: _____ List number of living children: _____

Have you experienced:

Miscarriages? Yes No

Abortions? Yes No

Other pregnancy-related 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 Doctor Reason for Treatment Outcome (Diagnosis/Medication)

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

Have you ever thought about committing suicide? Yes No

Have you ever received in-patient psychiatric care? Yes No

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

Medication

Dosage

Taken for how long

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/Addiction							
Alcoholism or Alcohol Related Problems							
Medical Problems							
Mental Health Problems							
Eating Disorders							

Describe any illness and/or 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 _____ Marijuana _____ Opiates (Vicodin, Heroin) _____

Amphetamines (Ritalin, Adderall) _____ Cocaine (Powder, Crack) _____

Methamphetamines (Ice, Crank) _____ Inhalants (Glue, Comp. Air) _____

Benzodiazepines (Xanax, Valium) _____ Others (*Specify*) _____

Hallucinogens (LSD, Mushrooms) _____

INSURANCE INFORMATION:

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

- No health insurance Blue Cross/Blue Shield Other Private Insurance
 Medicaid/Medicare Other public funds (ie.: MCHD HCAP): _____

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 list:* _____

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? Yes No *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. _____

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 Program	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 New Life women's Center 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's Signature

Date