Name:

First: Click or tap here to enter text.Middle Click or tap here to enter text.Last Click or tap here to enter text.

Address Click or tap here to enter text.

City Click or tap here to enter text. State Click or tap here to enter text. Zip Click or tap here to enter text.

Phone Click or tap here to enter text. Date of Birth: Click or tap to enter a date.

Marital Status [ ]  Single [ ]  Married [ ]  Divorced [ ]  Separated [ ]  Widowed

Do you have children? [ ] Yes [ ]  No If so, how many? Click or tap here to enter text.

Please list the following information for your children:

|  |  |  |
| --- | --- | --- |
| **Name** | **Age** | **Gender** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Do you have custody of your child(ren)? [ ] Yes [ ]  No

If you do not have custody of your child(ren), please list who does and if reunification is a goal at this time.

Click or tap here to enter text.

Education:

Highest Grade Completed: [ ] 9th [ ] 10th [ ] 11th [ ] 12th [ ]  GED

Technical School / College

[ ] None [ ]  Certificate [ ] Associates [ ] Bachelors [ ]  Masters [ ]  Doctorate

Certificate or Degree if attended technical school / college: Click or tap here to enter text.

Last Places of Employment:

|  |  |  |
| --- | --- | --- |
| Place of Employment | Job Title | Dates of Employment (Beginning to End): |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date.-- Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date.-- Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date.- Click or tap to enter a date. |

Skills / Abilities

Click or tap here to enter text.

Do you have a valid driver’s license? [ ] Yes [ ]  No [ ]  Suspended [ ]  Revoked

Please list the following Driver’s License information if you have a valid Driver’s License:

DL Number: Click or tap here to enter text.

State: Click or tap here to enter text. Expires: Click or tap to enter a date.

Chemical Abuse History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Drug | First Age Used | Last Date Used | Average Amount | How often | Method Used |
| Alcohol | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Marijuana | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Opiates | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Benzodiazepines | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Amphetamines | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Methamphetamines | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Heroin | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Cocaine | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| MDMA | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| GHB | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| LSD | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Ketamine | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Codeine | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Tobacco | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other Drug(s):Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Please list any prior treatment history:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Facility | Date Began | Date Ended | Completed Program | Reason for non-completion |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | N [ ] Y [ ]  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | N [ ] Y [ ]  | Click or tap here to enter text. |

Please list any mental health disorders you have been diagnosed with (anxiety, depression, bi-polar, social adjustment disorders, schizophrenia, etc..) and the month/year you were diagnosed.

Click or tap here to enter text.

Are you currently prescribed any medications for a mental health disorder? [ ]  Yes [ ]  No

If yes, please complete the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Medication | Prescribing Physician | Strength | How many x per day? |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Have you ever had suicidal thoughts? [ ] Yes [ ]  No

If yes, did you have a plan? [ ] Yes [ ]  No Have you attempted suicide? [ ] Yes [ ]  No

Medical History:

|  |  |
| --- | --- |
| Weight | Click or tap here to enter text. |
| Height | Click or tap here to enter text. |
| Allergies | Click or tap here to enter text. |
| Diabetes |  [ ] Yes [ ]  No  |
| Epilepsy or Seizures |  [ ] Yes [ ]  No  |
| Hypertension |  [ ] Yes [ ]  No  |
| High/Low Thyroid |  [ ] Yes [ ]  No  |
| Chronic Diseases, illnesses, or disabilities that you are currently living with: | Click or tap here to enter text. |

Are you currently prescribed any medications for a medical condition? [ ] Yes [ ]  No

If yes, please complete the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Medication | Prescribing Physician | Strength | How many x per day? |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Have you experienced any of the following types of abuse in your lifetime?

[ ]  Emotional [ ] Physical [ ] Sexual

If you have experienced abuse, and are able to do so, please briefly describe the circumstances:

Click or tap here to enter text.

Are you currently on probation or parole? [ ] Yes [ ]  No

If yes, please list county, officer’s name, charge, and end of sentence date:

Click or tap here to enter text.

**Current & Past Incarcerations**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Beginning Date** | **End Date** | **Location** | **Reason** |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |

Do you have pending charges? [ ] Yes [ ]  No

If pending charges exist, please give a brief description of charges and court date if known.

Click or tap here to enter text.

Are you willing to submit to alcohol or drug testing upon admission as well as random testing?

[ ] Yes [ ]  No

Are you willing to participate in chores, groups, and Bible Studies on a daily basis?

[ ] Yes [ ] No

Are you willing to work a job when the staff of Restore 6:34 feels you are ready for employment?

[ ] Yes [ ]  No

Signature Click or tap here to enter text. Date Click or tap to enter a date.

**Emergency Contact**

Name: Click or tap here to enter text. Relationship: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

**Please list 2 references.**

Name: Click or tap here to enter text. Relationship: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Click or tap here to enter text. Relationship: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your salvation experience if you are a born-again Christian.

Click or tap here to enter text.

Please write a personal letter as to why you would like to be approved for admission into the Restore 6:34 program.

Click or tap here to enter text.