

Date of Entrance: ____ / ____ / ____ Referred by: _____
Probation Officer: _____ Number: _____
Drug & Alcohol Counselor: _____ Number: _____
Lawyer/Public Defender: _____ Number: _____



CLIENT APPLICATION

PERSONAL INFORMATION

Name: _____ Birthdate: ____ / ____ / ____
Address: _____
Phone: (____) ____ - ____ Height: ____ ft. ____ in. Weight: _____
Race: (please check one) ____ Caucasian ____ African American ____ Asian/Pacific Islander
____ Latina ____ Indigenous American ____ Other: _____
Driver's License #: _____ State: ____ Other Valid ID: ____ Yes ____ No
Do you own a car registered in your name? ____ Yes ____ No License #: _____
Have you ever been in the military? ____ Yes ____ No
Do you receive unemployment, SSI, SSD, or any type of financial assistance? ____ Yes ____ No
If so, describe: _____

FINANCIAL INFORMATION

Do you have the financial means to pay as a client in our home? ____ Yes ____ No
If so, what sources are available to you to draw from? _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____
Address: _____
Email: _____ Phone: _____ Cell Phone: _____
Name: _____ Relationship: _____
Address: _____
Email: _____ Phone: _____ Cell Phone: _____

EDUCATION

What is the highest level of education completed? _____
Do you have any learning disabilities? If yes, explain: _____

What other training have you had? _____
Can you read? ____ Yes ____ No Can you write? ____ Yes ____ No

FAMILY INFORMATION

Marital Status: Single Married Separated Divorced Widowed

Spouse/Ex-Spouse's Name: _____

Address: _____

Phone: (____) ____ - ____ Occupation: _____

Are you involved in a romantic relationship? Yes No

Describe your relationship with your partner. _____

Children:

How many children do you have? _____ Abortions? Yes No If yes, how many? _____

Name: _____ Age: ____ Current Caretaker: _____

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Name: _____ Age: ____ Current Caretaker: _____

Do they have a Social Worker? Yes No Social Worker Name: _____

State Social Worker is located? _____ Social Worker's Phone #: (____) ____ - ____

Parents:

Father's Name: _____ Father's Phone #: (____) ____ - ____

Address: _____

Living? Yes No

Mother's Name: _____ Mother's Phone #: (____) ____ - ____

Address: _____

Living? Yes No

As a child, who did you feel closest to? Father Mother Someone Else: _____

If someone else, please explain: _____

EMPLOYMENT HISTORY

What is your trade/profession? _____

Name of last employer: _____

Type of work: _____ How many jobs have you held in last year? _____

Reason for leaving: _____

What career, job, or trade would you like to do in the future? _____

What type of work skills do you have? _____

Have you ever been arrested? Yes No If so, how many times? _____

LEGAL STATUS

Date: ___/___/___ Charged with: _____ Sentence: ___ Jail ___ Probation

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Date: ___/___/___ Charged with: _____ Sentence: ___ Jail ___ Probation

Currently on probation? ___ Yes ___ No Parole? ___ Yes ___ No Time Remaining: _____

Name of Probation/Parole Officer: _____ Phone: (____) ____ - _____

Name of Lawyer: _____ Phone: (____) ____ - _____

Address: _____

Have you been probated or committed to Captive Heart's home by the court? ___ Yes ___ No

Do you have any legal charges pending? ___ Yes ___ No If yes, where? _____

For what? _____

Do you have any outstanding warrants? ___ Yes ___ No If yes, where? _____

For what? _____

MEDICAL/HEALTH INFORMATION

Have you ever been in counseling? ___ Yes ___ No

Please list all mental health diagnosis: _____

Name of Primary Care Physician: _____ Phone: (____) ____ - _____

Please list all physical diagnosis: _____

Please list all medications: _____

Have you ever had the following?

Tuberculosis ___ Yes ___ No Present Condition: _____

Hepatitis ___ Yes ___ No Present Condition: _____

Herpes ___ Yes ___ No Present Condition: _____

Venereal Disease ___ Yes ___ No Present Condition: _____

Body Lice ___ Yes ___ No Present Condition: _____

Past or current medical issues (surgeries, dietary requirements, seizures, allergies)? ___ Yes ___ No

If yes, please explain: _____

Have you ever had an eating disorder (anorexia, bulimia, overeating)? ___ Yes ___ No

If yes, please explain: _____

MEDICAL/HEALTH INFORMATION (continued)

Have you ever been tested for HIV/AIDS? Yes No Present Condition: _____

If no, will you consent to an HIV test and other tests for sexually transmitted diseases? Yes No

Do you have any physical handicaps? Yes No If so describe: _____

What addiction(s) do you struggle with? _____

When was the last time you used drugs or alcohol? _____

Do you need transportation to Behavior Health Services? Yes No

Have you ever been involved in sex trafficking? Yes No

Have you ever been sexually assaulted? Yes No At what age(s)? _____

Was it someone you knew? Yes No

PROGRAM INFORMATION

Have you ever been in other programs? Yes No If so, explain: _____

What is the longest you have stayed in another program and why did you leave? _____

Why do you feel you are ready to make a change in your life? _____

Why do you want to be a part of this program? _____

What are your expectations of this program? _____

What would you like to do after you leave our home? _____

I do hereby agree that all the information contained in this application and any attachments is true, correct, and complete. I understand that any misrepresentation, falsification, or omission of information on this application may result in immediate dismissal from the home.

Applicant's Signature

Date

ADMINISTRATIVE NOTES

Interviewer's Name/Comments: _____

Notify the following person when the resident terminates the Program:

Name: _____ Phone #: (____) ____ - _____
Address: _____

