APPLICATION FOR ADMISSION

Name: _____ Age: _____

First *Middle* *Last*

Have you ever applied to or lived at Next Step Recovery? YES ☐ NO ☐

When? _____

Permanent Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ E-mail: _____

Social Security #: _____ DOB: _____ Birthplace: _____

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

Distinguishing marks (tattoos, scars): _____

In case of emergency, notify: _____

Telephone: (_____) _____ Relationship: _____

Family Information

Married/Cohabitating ☐ Divorced/Separated ☐ Single/Never Married ☐

Spouse/Significant other's name: _____

Do you have children? YES ☐ NO ☐

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Applicant's Parents:

Father's Name: _____ Deceased: YES ☐ NO ☐

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ E-mail: _____

Mother's Name: _____ Deceased: YES ☐ NO ☐

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ E-mail: _____

Substance Abuse Information

(**This information is confidential and will not affect your application)**

Please list in order of preference all drugs used; past to present. This must be completed.

Drug	Age at first use	Amount used at peak	Date of last use

Have you ever lived in a recovery house before? YES ☐ NO ☐

If yes…. Name: _____ Where? _____ When? _____

How long? _____ Why did you leave? _____

Have you ever been in a treatment program? YES ☐ NO ☐

Name: _____ Where? _____ When? _____

How long? _____ Did you complete? YES ☐ NO ☐

If no… Why did you leave? _____

Do you consider yourself an alcoholic / addict? YES ☐ NO ☐

Do you currently have a sponsor? YES ☐ NO ☐

Are you working or willing to work the 12 steps? YES ☐ NO ☐

Are you currently attending AA/NA meetings? YES ☐ NO ☐

If yes, how many per week? _____

Date of last use of drugs or alcohol: _____

Please be prepared to provide your most drug screen info.

Legal Information

Are you currently on probation? YES ☐ NO ☐

If yes, Probation Officer's name: _____

Where: _____ Telephone: (_____) _____

Are you on intense probation? YES ☐ NO ☐

What is your current offense? _____

List all Prior/Current Convictions:

Offense	Disposition	Date of Disposition

If currently residing outside N.C. or have lived in states other than N.C., a criminal background check(s) for those states must be submitted with this application.

Have you ever committed/been charged with arson? YES ☐ NO ☐

Have you ever been charged with cruelty to animals? YES ☐ NO ☐

Have you ever been charged/convicted of a violent crime? YES ☐ NO ☐

Have you ever committed/been charged with a sexual crime? YES ☐ NO ☐

Financial Information

Do you have the funds to cover the entrance fee? YES ☐ NO ☐

Do you have legal identification? YES ☐ NO ☐

Do you currently have a job? YES ☐ NO ☐

Full / Part time (circle one)

Name of company _____ Supervisor's Name _____

Telephone (_____) _____ How long have you been employed? _____

Do you have a current valid Driver's License? YES ☐ NO ☐

If yes, what is the Driver's License # and state issued: _____

Do you have your own vehicle? YES ☐ NO ☐

If yes, what is the name of your car insurance agency? _____

Policy # _____ Expiration date: _____

If you don't have a vehicle, how do you intend to get to and from work (buses come by house every hour)?

_____

Outstanding debts (child support, installment loans, IRS, etc.) _____

Arrangement for payments: _____

Are you court ordered to pay child support? YES ☐ NO ☐

Amount? _____ Are you behind? _____ YES ☐ NO ☐

Do you receive any ongoing financial reimbursement for any reason? (Such as, SSI, Disability, Medicaid, Trust Fund, etc.) YES ☐ NO ☐

If yes, explain: _____

If for some reason you cannot pay rent per week/month who can you call upon to help you?

Name: _____ Phone: _____

Educational Information

High school graduate? _____ GED? _____ Last grade completed: _____

College Graduate? _____ Years completed? _____

Difficulty reading? _____ Educational goals? _____

Medical / Mental Information

List any medical/mental issues: _____

_____

Are you under a doctor's care? YES ☐ NO ☐

If yes, give name: _____

Telephone: (_____) _____

Do you have dental problems? YES ☐ NO ☐

Current Dentist: _____ Telephone (_____) _____

History of:				
Seizures	YES ☐	NO ☐	If yes, Dates: _____
TB	YES ☐	NO ☐	If yes, Dates: _____
Diabetes	YES ☐	NO ☐	If yes, Dates: _____
Hepatitis	YES ☐	NO ☐	If yes, Dates: _____

Have you ever been hospitalized in a mental institution? YES ☐ NO ☐

Reason for hospitalization: _____

Voluntary _____ Involuntary _____ Outcome: _____

List Hospital(s) and Date(s): _____

Have you ever been diagnosed with a learning disability? YES ☐ NO ☐

If yes, which one? _____

Are you being treated for this disability? YES ☐ NO ☐

Have you ever heard voices? YES ☐ NO ☐

If yes, date of last incident? _____

Diagnosis: _____

Have you ever had visual hallucinations? YES ☐ NO ☐

If yes, date of last incident? _____

Diagnosis: _____

Are you suicidal? YES ☐ NO ☐

Have you ever tried to commit suicide? YES ☐ NO ☐

If yes, date of last incident? _____

Explain: _____

Have you ever been diagnosed with Bipolar Disorder? YES ☐ NO ☐

Have you had a TB test in the last year? YES ☐ NO ☐

Positive or negative: _____

Are you currently on medications? YES ☐ NO ☐

If yes, list names and reason for taking (prescribed and over-the-counter)

_____

_____

Have you ever been tested for HIV? YES ☐ NO ☐

Date _____ Results _____

Have you ever been a victim of a violent crime? YES ☐ NO ☐

If yes, please explain:

_____

_____

_____

On a scale of 1 to 10, how serious a problem do you think you have with drugs or alcohol?

(circle one) No problem 1 2 3 4 5 6 7 8 9 10 Very serious

On a scale of 1 to 10, how motivated are you to make changes in your life at this time?

(please be honest) Not at all 1 2 3 4 5 6 7 8 9 10 Very motivated

Affirmation

I affirm that my answers and information provided by me in this application are true and accurate. I understand that if I am accepted, any misinformation and/or dishonest answer may be grounds for my dismissal.

Signature: _____ Date: _____

Witness: _____ Date: _____