

Intake Application

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: (\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_\_\_ EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE: \_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVER’S LICENSE OR ID NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_ VALID LICENSE: ☐ YES ☐ NO

VEHICLE MAKE AND MODEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAG NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE POLICY HOLDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATIONAL INFORMATION HIGH SCHOOL GRADUATE OR GED? ☐ YES ☐ NO HIGHEST GRADE\_\_\_\_TECHNICAL/TRADE SCHOOL? ☐ YES ☐ NO

PROGRAM OF STUDY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COLLEGE GRADUATE? ☐ YES ☐ NO YEARS COMPLETED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAMILY INFORMATION: MARRIED/COHABITANT ☐ DIVORCED/SEPARATED ☐ SINGLE/NEVER MARRIED ☐

SPOUSE/SIGNIFICANT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DO YOU HAVE CHILDREN? ☐ YES ☐ NO HOW MANY: \_\_\_\_\_\_\_\_\_\_\_\_\_

FATHERS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: (\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ DECEASED? ☐ YES ☐ NO

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE: \_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_ HISTORY OF ABUSE (SUBSTANCE/PHYSICAL/EMOTIONAL)? ☐ YES ☐ NO DESCRIBE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHERS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: (\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ DECEASED? ☐ YES ☐ NO

FATHERS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: (\_\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ DECEASED? YES NO

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE: \_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_

LEGAL INFORMATION PROBATION/PAROLE OFFICER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE: (\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ CONVICTED OF A VIOLENT FELONY? ☐ YES ☐ NO

COMMITTED/BEEN CHARGED WITH ARSON? ☐ YES ☐ NO

COMMITTED/BEEN CHARGED WITH A SEXUAL OFFENSE? ☐ YES ☐ NO

DO YOU HAVE ANY OUTSTANDING OFFENSES? ☐ YES ☐ NO LIST ALL CURRENT/PENDING CHARGES AND PAST CONVICTIONS INCLUDING SEXUAL OFFENDER’S

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

**FINANCIAL INFORMATION**

ARE YOU ABLE & WILLING TO WORK TO PAY FOR THE PROGRAM RESIDENCY FEES? ☐ YES ☐ NO

PHYSICAL CONDITIONS OR DISABILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? ☐ YES ☐ NO JOB SKILLS/TRADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: (\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

HOW LONG EMPLOYED: \_\_\_\_\_\_\_\_\_\_\_\_

SALARY: $\_\_\_\_\_\_\_\_\_\_\_ PER\_\_\_\_\_\_\_ OTHER INCOME (EXPLAIN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MONTHLY EXPENSES:

SOURCE OF WEEKLY PAYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU COURT ORDERED TO PAY CHILD SUPPORT? ☐ YES ☐ NO

AMOUNT $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU BEHIND ON CHILD SUPPORT PAYMENTS? ☐ YES ☐ NO

DO YOU PAY FEES/RESTITUTION? ☐ YES ☐ NO

AMOUNT AND FREQUENCY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

LOCAL PHYSICIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TELEPHONE: (\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

CURRENT MEDICATIONS TAKEN (PLEASE EXPLAIN WHY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE A HISTORY OF? SEIZURES ☐ YES ☐ NO IF YES, DATES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIABETES ☐ YES ☐ NO IF YES, DATES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HYPERTENSION ☐ YES ☐ NO IF YES, DATES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU TESTED POSITIVE FOR? TB ☒ YES ☐ NO HEPATITIS ☐ YES ☐ NO HIV/AIDS ☐ YES ☐ NO

ANY DIAGNOSIS OF SCHIZOPHRENIA OR OTHER PSYCHOLOGICAL DISORDER? ☐ YES ☐ NO

HAVE YOU EVER BEEN INVOLUNTARILY COMMITTED TO INPATIENT OR OUTPATIENT CARE? ☐ YES ☐ NO REASON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOSPITAL & DATES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU BEEN DIAGNOSED WITH A LEARNING DISABILITY? ☐ YES ☐ NO WHAT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER “HEARD VOICES”? ☐ YES ☐ NO DATE OF LAST INCIDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EXPERIENCED HALLUCINATIONS? ☐ YES ☐ NO DATE OF LAST INCIDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU SUICIDAL? ☐ YES ☐ NO

HAVE YOU EVER TRIED TO COMMIT SUICIDE OR ENGAGE IN SELF-HARM? ☐ YES ☐ NO

HAVE YOU EVER BEEN DIAGNOSED WITH BIPOLAR DISORDER? ☐ YES ☐ NO WHICH TYPE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER BEEN A VICTIM OF A VIOLENT CRIME? ☐ YES ☐ NO EXPLAIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIST CURRENT PRESCRIBED OR OVER-THE-COUNTER DRUGS AND REASON FOR TAKING (ATTACH ADDITIONAL SHEET IF NECESSARY) DRUG NAME DOSAGE, TIME, AND REASON.

ADDICTION DRUG OF CHOICE(List Alcohol): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SOBRIETY DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_

DO YOU CONSIDER YOURSELF AN ALCOHOLIC/ADDICT? ☐ YES ☐ NO

ON A SCALE OF 1 TO 10, HOW SERIOUS OF 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? (CIRCLE ONE ) NOT MOTIVATED 1 2 3 4 5 6 7 8 9 10 VERY MOTIVATED.

**SUBSTANCE ABUSE**

INFORMATION PLEASE LIST, IN ORDER OF PREFERENCE, ALL DRUGS USED PAST AND PRESENT. ATTACH ADDITIONAL SHEETS IF NECESSARY. DRUG AGE AT FIRST USE, AMOUNT USED, AND LAST USE DATE.

ARE YOU CURRENTLY ATTENDING 12 STEP MEETINGS? YES ◻ NO ◻

HOW MANY PER WEEK? \_\_\_\_\_\_\_\_DO YOU HAVE A SPONSOR? ☐ YES ☐ NO SPONSOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: (\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

ARE YOU WORKING OR WILLING TO WORK THE 12 STEPS? ☐ YES ☐ NO

HAVE YOU EVER BEEN IN A TREATMENT PROGRAM? ☐ YES ☐ NO

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOCATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ LENGTH OF STAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DID YOU COMPLETE THE PROGRAM? ☐ YES ☐ NO

 HAVE YOU EVER LIVED IN A RECOVERY HOME? ☐ YES ☐ NO

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOCATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REASON FOR LEAVING:

I STATE THAT I HAVE ANSWERED THIS APPLICATION TRUTHFULLY. I UNDERSTAND THAT IF ACCEPTED TO GEORGIA’S HOUSE OF HOPE ANY MISINFORMATION OR DISHONEST ANSWER MAY BE GROUNDS FOR MY DISMISSAL.

SIGNATURE:

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS:

DATE: