

REGENERATION PROGRAM APPLICATION

Tel# _____

PERSONAL INFORMATION

SS# _____

Name _____
(Last) (First) (Middle) (Name Called)

Permanent Address _____
(PO Box or Street#) (City) (State) (Zip)

Mailing Address _____
(PO Box or Street#) (City) (State) (Zip)

Date of Birth _____ Age _____ Place Of Birth _____
(Month, Day, Year)

Number Of Brothers _____ Sisters _____ . Your Position in Family (1st, 2nd, etc.) _____

EMERGENCY NOTIFICATION

PHONE _____
(Area Code & Number)

Address _____
(Street #) (City) (State) (Zip) (Relationship)

Parents' Name(s) (If living) _____

Parents' Address _____
(PO Box or Street#) (City) (State) (Zip)

Are Parents Separated _____ Divorced? _____ Reason _____

Is Either Parent Deceased? _____ Father _____ Mother _____ When? _____

Do You Own a Home? _____ Property? _____ Vehicle? _____ Model/Year _____

Are You Receiving Any Other Income? (disabilities, civil suit) If YES, How Much? _____

Do you have any money on your person, If YES how much _____

Do You Possess a Valid Driver's License? _____ State _____ Number _____ Type _____

Other Rehabilitation Centers Attended:

Where? _____ When? _____ Completed? _____ Yes _____ No

Where? _____ When? _____ Completed? _____ Yes _____ No

Where? _____ When? _____ Completed? _____ Yes _____ No

Where? _____ When? _____ Completed? _____ Yes _____ No

Have You Ever Attended AA or NA Meetings? _____ When? _____ How Long? _____

MARITAL STATUS

Married? _____ Single? _____ Separated? _____ Divorced? _____ Widowed? _____

WIFE'S NAME _____ DATE OF BIRTH _____ AGE _____

WIFE'S ADDRESS _____
(PO Box or Street#) (City) (State) (Zip) (Phone)

How Long Married? _____ How Long Separated? _____ How Long Divorced? _____

Has Wife Remarried? _____

Reason for Separation or Divorce _____

Number of times married _____ (If more than one, compete below)

- 1. When Married? _____ When Divorced? _____ Reason _____
- 2. When Married? _____ When Divorced? _____ Reason _____
- 3. When Married? _____ When Divorced? _____ Reason _____
- 4. When Married? _____ When Divorced? _____ Reason _____

List number of Children (if any) from each marriage and amount of Child Support (if any)

Marriage #1	Child Support	Per Week/Month/Other
Marriage #2	Child Support	Per Week/Month/Other
Marriage #3	Child Support	Per Week/Month/Other
Marriage #4	Child Support	Per Week/Month/Other

Where are your children? _____
If Widowed, date wife died _____ Cause of Death _____

Are you subject to any Alimony Payments from any of the above marriages? _____ If so, how much?
_____ per week/month/other _____

If presently married, does wife work? _____ If yes, where? _____

Occupation? _____ Income? _____

EDUCATION

How many years in: GRADE SCHOOL _____ HIGH SCHOOL _____ COLLEGE _____ GRAD. _____

College Degree: _____ Major/Minor _____ Post Grad. _____
(Type & Year) (Degree)

Trade School: _____ Did you complete? _____ Year _____

Name of College or Trade School _____ Specialized Training _____

OCCUPATIONAL EXPERIENCE

Usual Occupation _____ How Many Years at Trade? _____

How Long on Present Job? _____ Is This Your Usual Occupation? _____ If Not, Why Not? _____

Are You Now Working? _____ If Yes, What Company and Where? _____

If Not Working, Why Not? _____

List any Special Skills (Such as Cook, Barber, Printer, Mechanic, etc.) _____

Last Steady Job _____
(What) (Where) (How Long)

Have You Ever Been Fired from a Job Because of Your Use of Alcohol or Drugs? _____

If So, Explain: _____

Have You Ever Quit Because of Alcohol or Drugs? _____ If So, Explain: _____

Number of Jobs in the Past Five Years _____ Preferred Type of Work _____

MILITARY EXPERIENCE

Are You a Veteran? _____ Branch of Service _____ Highest Rank _____

How Long in the Service? _____ Date and Type of Discharge _____

Serial Number _____ It other than honorable discharge, explain _____

Are You Retired from the Service? _____ Amount of Retirement Income _____

Do You Have a Service Related Disability? _____ Amount of Disability Income _____

Type of Work You Did in the Service _____

Were You ever Court-Martialed? _____ If Yes, Explain: _____

Results of Court-Martial _____

MEDICAL INFORMATION

What is the State of Your Health? _____ Excellent _____ Good _____ Fair _____ Poor _____ Declining

Height _____ Weight _____ Usual Weight _____ Have You Had Any Recent Weight Changes? _____

List All Major Illnesses or Operations You Have Had: _____

Are You Handicapped in Any Way? _____ Type of Handicap _____

Do You Now Have a Venereal Disease? _____ Have You Had a Venereal Disease in the Past? _____

What? _____ When? _____ When Cured or Arrested? _____

Have You Ever Been Tested for HIV? _____ When? _____

Are You Open to Being Tested for the HIV Virus While a Resident Here ~~_____~~ _____

If You Use Any Tobacco Products are You Willing to Give It Up to Come Into the Program? _____

Have You Ever Been *Hospitalized* for Alcoholism or Drug Addiction? _____

List All Related Illnesses:

Where? _____ When? _____ Condition _____

Where? _____ When? _____ Condition _____

Where? _____ When? _____ Condition _____

Are You Now Taking Any Medication, *Prescribed* or *Over-The-Counter*? _____

If Yes, What? _____ How Long Have You Been Taking It? _____

If Married, is Wife Taking Any Prescribed or Over The Counter Medications _____

If Yes, What? _____ How Long Has She Been Taking It? _____

Have You Ever Suffered from Depression? _____ Describe Any Treatment You May Have Received

Have You Ever Had Any Thought of Suicide? _____ When? _____

Have You Ever Attempted Suicide? _____ When? _____

How Did You Try to Do This? _____

Have You Ever Been Treated for Any Psychiatric Illness? _____ If Yes, Explain and Describe Treatment, if Any _____

Would You Be Willing to Sign a Release of Information Form So that We Might Obtain Information Concerning Social, Medical or Psychiatric Reports or Information? _____

ALCOHOL/DRUG USE HISTORY

Past Use: What Was Your Use of Alcohol or Drugs Prior to Being Accepted for this Interview?

Alcohol: _____ How Much? _____ How Long? _____
(Beer? Wine? Whiskey? All?) (Years)

Drugs: _____ How Much? _____ How Long? _____
(Pot? Crack? Cocaine? Speed? Other?) (Years)

What Was Your Age and the Circumstance of Your First Drinking or Drugging Experience? _____

Has Your Drinking or Drugging Pattern Changed? _____ In What Way? _____

What's Your Drinking or Drugging Pattern Now? _____

Have You Ever Tried to Control Your Drinking or Drugging On Your Own? _____ How? _____

Have You Ever Had a Blackout? _____ Seizures? _____ Hallucinations? _____ DT's _____

What is Your Drinking or Drugging Behavior? _____
(Aggressive-Calm-Abusive-Quiet-Happy Etc.)

What is Your Longest Period of Sobriety in the Past Two Years? _____

Have You Ever Misused or Abused Prescription Drugs? _____ If So, What Drugs? _____

Have You Ever Abused or Misused Over-the-Counter Drugs? (Nyquil, No-Doz, Vivarin, Aspirin, etc.) _____ If So, What Drugs? _____

Have You Used or Abused Any Other Substances (Not Listed Above) in the Past to Change Your Mood or Get You "High?" _____ If Yes, What? _____
_____ How Long? _____

Any Other Information Concerning Your Past Alcohol or Drug Use that You Would Like to Share?

ARREST RECORD

Number of Times Arrested _____ What is the Longest You Have Spent in Jail? _____

What Misdemeanor(s) and/or Felony(s) Have You Spent Time in Jail for? _____

Are You Presently Involved in Any Lawsuits? _____

Has Your Driver's License Ever Been Suspended or Revoked? _____ If So, Why and When? _____

Have You Ever Been in Prison? _____ When? _____ Why? _____

Where? _____

Are There Any Charges Pending Against You at this Time? _____ If So, Explain _____

Any Court Dates Pending at This Time? _____ If So, When? _____

Do You Object to Us Notifying the Law That You Are Here? _____

Are You Presently on Probation or Community Control? _____ How Long? _____ County? _____

Probation or Community Control Officer's Name _____ Phone # _____

Remarks _____

RELIGIOUS BACKGROUND

Are You a Church Member? _____ Have You Ever Been a Church Member? _____

If So, What Denomination? _____ Where? _____

Pastor's Name: _____ How Often Did You Attend? _____

Were You Ever a Church Officer or Sunday School Teacher? _____ If So, What? _____

Did You Attend Church as a Child? _____ How Often Do You Read *the Bible*? _____

Have You Ever Been Baptized? _____

When Did You Last Attend Church on a Regular Basis? _____

Do You Ever Pray? _____ If So, When? _____

Are You Saved? Yes _____ No _____ Not Sure _____ If Yes, When? _____

Religious Background of Your Wife _____

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