# Client Application Form

Please complete the form below to the best of your knowledge. Thank you!

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| **Today’s date:** **Your preferred name:**  |
| **General Information** |
| **Legal first name:** | **Legal last name:** |
| **Social security number:** | **Date of birth:** |
| **Age:** | **Gender: M / F** |
| **Current address:**Street / apt number:City, state, ZIP: |
| **Permanent address:**Name (if different than above):Street / apt number:City, state, ZIP: |
| **Cell phone:** | **Message phone:** |
| **Height:** | **Weight:** |
| **Ethnicity:** | **Religion:** |
| **Marital status:** | **If married, spouse’s name:** |
| **Emergency contact:**Name / relationship:Phone number:Address:City, state, ZIP: |
| **Identification (list type of ID, state, and number):** |

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| **Income / Employment Information** |
| **What is your source of income?** |
| **Employer:**Supervisor name:Phone number:Address: |
| **Weekly income:** |
| **Do you receive disability income? YES / NOIf so, from whom?** | **Monthly amount?** |

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| **Vehicle** |
| **Do you have a vehicle? YES / NO** |
| **Make, model, year:** | **Color:** |
| **License plate:** | **VIN:** |
| **Insurance carrier:** | **Policy number:** |

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| **Health Insurance** |
| **Do you have health insurance? YES / NO** | **Provide carrier, policy number, and group number:** |

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| **Military Background** |
| **Have you ever served in the U.S. military? YES / NO** | **Service dates:** |
| **Discharge:** | **If not honorably discharged, please explain:** |

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| **Education** |
| **Do you have a high school diploma or GED?**  | **Highest level of education completed:** |
| **Do you speak English? YES / NO** | **Can you read and write in English? YES / NO** |

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| **Religious Background** |
| **Do you believe in God? YES / NO** | **If no, did you ever?** |
| **Are you baptized? YES / NO** | **When and where?** |
| **Do you currently attend church?** | **Are you willing to go? YES / NO** |
| **Have you accepted Jesus Christ as your Savior? YES / NO** |
| **Are you willing to accept this is a religious program and cooperate as such? YES / NO** |

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| **Legal History** |
| **Have you ever been arrested? YES / NOIf yes, please give details:** | **How many times?** |
| **Are you currently on probation or parole? YES / NO** | **If yes, give PO’s contact information:** |
| **Have you ever done jail/prison time? YES / NO** | **If yes, for how long?** |
| **Are you court ordered to attend this program? YES / NO** | **If yes, give contact information regarding your case.** |
| **Do you have any legal charges pending? YES / NOIf so, where?Describe them:** |
| **Do you think you may have any outstanding warrants? YES / NOIf so, please provide as much information as possible:** |
| **Do you have any other legal matters pending? YES / NO** |
| **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/committed/convicted of a violent crime? YES / NO** |

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| **Drug History** |
| **What is your drug of choice?** | **How old where you when you first started using drugs?** |
| **List all drugs you have tried:** | **What is the date of your last use?** |
| **Have you ever been in detox? YES / NO**  | **If so, list locations and dates.** |
| **Have you ever attended inpatient detox? YES / NO** | **If so, list locations and dates and completion:** |
| **What is the longest amount of time you have ever been clean?** |
| **Have you ever attended a 12-step program? YES / NO** | **Are you willing to work a 12-step program? YES / NO** |
| **Do you have a home group? YES / NO** | **Do you have a sponsor? YES / NO** |

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| **Medical History** |
| **Date of your last health exam and results:** |
| **List any physical handicaps you have:** |
| **Do you have any allergies? If so, list all:** |
| **List any dental problems you have:** |
| **Do you wear glasses/contacts? YES / NO** |
| **Have you ever been diagnosed with any of the following?**

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| **Diagnosis** | **Yes** | **No** | **Details, if current** |
| ADD |  |  |  |
| ADHD |  |  |  |
| Mental disorders |  |  |  |
| Tuberculosis (TB) |  |  |  |
| Hepatitis A, B, C |  |  |  |
| HIV/AIDS |  |  |  |
| Herpes |  |  |  |
| STD |  |  |  |
| Body lice |  |  |  |
| High blood pressure |  |  |  |
| Heart attack/disease |  |  |  |
| Cancer |  |  |  |
| Stomach disorders |  |  |  |
| Food allergies |  |  |  |
| Diabetes |  |  |  |
| Stroke |  |  |  |
| Other illnesses |  |  |  |
| Seizures |  |  |  |
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| **Do you currently have any other chronic medical conditions than those listed above?** |
| **Are you presently on any medications? List all medications you are taking, dosage, and the prescribing doctor:** |
| **List all hospital admissions, date, and reason.** |
| **Do you have any physical liabilities that would prevent you from participating in this program?** |

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| **Mental Health History** |
| **Have you ever been hospitalized in a mental institution? YES / NO** |
| **Was your hospitalization voluntary or involuntary, and what was the outcome?** |
| **Reasons and dates of hospitalization:** |
| **Have you ever heard voices? If so, when was the last time? Have you received treatment?** |
| **Have you ever had visual hallucinations? When was the last time? Have you received treatment for them?** |
| **Have you ever tried to commit suicide? YES / NO**  | **When? Did you get any treatment?** |
| **Are you currently suicidal?** |
| **Have you been diagnosed with a learning disability? YES / NO Which one?**  |
| **Are you or have you received mental health treatment? YES / NO Please describe:** |
| **Have you ever been diagnosed with Bipolar disorder? YES / NO** |

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| **Application Details:** |
| **Please tell us why you want to participate in our program and your level of commitment to your recovery:** |
| **Is there anything else you feel we should know about you?** |

I affirm that my answers and information provided by me in this application is true and accurate. I understand that if I am accepted into the Clean Sweep Ministries program, any lies and/or omissions will be grounds for immediate denial or dismissal.

Your signature: Staff signature:

Date: Date: