

Date: _____

Name: _____ Age: _____ DOB: _____

City/State: _____

Phone: _____ SSN: _____ Card: Y N

Valid DL: Y N State: _____ ID or DL Card: Y N

Who referred you? _____

Do you have upcoming court dates, warrants or pending charges? _____

Probation/Parole? _____ (Approval of probation officer or courts): Y N

Have you been convicted of any Sex Crimes or other Crimes? _____

Are you being court ordered: Y N (Need Copy of Court Order)

Do you have any contagious diseases? _____

Are you required to take any medication? _____

How would you describe your health right now? _____

Mental Disorder? _____

Do you have any medical or physical conditions or limitations that we should be aware of? _____

Do you cut yourself? Y N Eating Disorder? Y N Food Allergies? Y N

Able to read and write? Y N Level of education completed:

Do you need to detox? Y N Drug of Choice?:

Marital Status: _____ Children: _____

Are you able to work 8 hours a day? Y N Have you been hospitalized in the last 6 months? Y N

Are you willing to go 12-months without talking to girlfriend, fiancé or anyone that's not family? Y N

Are you willing to go 12-months without smoking, dipping or e-cigs etc. ? Y N

Our program is very disciplined and structured are you willing to be under 24/hour surveillance and supervision with strict rules and regulations? Y N

Are you willing to surrender to our authority and leadership for the entire 12 months? Y N

