



APPLICATION FORM

Note: Completion of application form does not guarantee admission to New Beginnings Inc.

BACKGROUND INFORMATION (Please Print). Date: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Birth Date: ____/____/____

Veteran? _____ Branch: _____ Probation/Parole? _____ Location? _____

PO's Name: _____ PO's Phone #: _____

Do you currently have any open cases or warrants? If yes, please explain.

I'm taking the following medication(s): _____

Drug(s) of Choice? _____

Date of Last Use: ____/____/____

Referred By: _____ Entry Date: _____

Lived at New Beginnings before? _____ When? _____

1. How old were you when you first used drugs/drank?

2. Have you ever been in a Drug/Alcohol Treatment Center? When?

3. Have you ever been in a halfway house? When?

4. What is your highest level of education?

_____ High School Graduate _____ GED _____ College/University
_____ Other (Please explain) _____

5. Have you ever been in prison? _____ How many times? _____

6. Have you ever been ARRESTED for a sex crime or arson? YES _____ NO _____

7. Where did you live before moving here? (City/State)

8. Are you employed? If yes, what kind of work do you do?

9. What are your means of transportation?

10. What is your source of income?

11. Check ONE: Are you Married _____ Single _____ Divorced _____ Separated _____

12. Have you ever received any DUI's or DWI's? Yes _____ No _____ If yes, how many _____

13. What kind of problems has drinking and/or drug use caused you?

14. Are you prejudiced towards any group or race? _____

15. What kind of medical problems (physical or emotional) do we need to know about you?

EMERGENCY INFORMATION

Contact 1

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____

Zipcode: _____ Country: _____

Phone 1: _____

Phone 2: _____

Contact 2

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____

Zipcode: _____ Country: _____

Phone 1: _____

Phone 2: _____

Hospital Preference:

Insurance Company: _____

Policy Number: _____

PCP Name: _____

PCP Phone Number: _____

Allergies (if any): _____

When is the last time you were checked for a sexual transmitted disease?

Have you ever engaged in unprotected sex?

When is the last time you were checked for blood borne diseases?

HEAD MANAGER CONDITIONS (to be written by the Head Manager)

Conditions Prior To Entry:

BY MY SIGNATURE BELOW, I AGREE TO ANY AND ALL TERMS AND CONDITIONS SET FORTH ABOVE BY THE HOUSE MANAGER. IN ADDITION, I ATTEST THAT ALL INFORMATION I HAVE PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE:

Resident's Name

Date

Witness

Date

House Manager

Date