

Interviewing Center	Interview Date	Induction Date	RTC or VTC Date	Dismissed Date	Split Date	Graduation Date
	1)	1)	1)	1)	1)	1)
	2)	2)	2)	2)	2)	2)
	3)	3)	3)	3)	3)	3)

CAPTIVE HEARTS RECOVERY HOME APPLICATION

Personal Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Height _____ Weight _____

Date of Birth _____ Age _____

Race: *(please circle one)* Caucasian African-American Asian Hispanic Indian Oriental

Emergency Contact:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Cell phone (____) _____

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Cell phone (____) _____

Business Information:

Date of entrance into our home: _____ Referred by _____

Driver's License # _____ State _____ Other Valid I.D. Yes No

Do you own a car registered in your name? Yes No License # _____

Do you receive unemployment, SSI, SSD, or any type of financial assistance? Yes No

Education: *(Circle last year completed)*

Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 5 6+

Were you in any Special Education classes while in school? Yes No

Do you have any learning disabilities? If yes, explain

What other training have you had?

Can you read? Yes No

Can you write? Yes No

Areas of Interest:

What are your hobbies or areas of interest? _____

What are your talents or gifted areas? _____

Family Information

Marital Status (circle one): single married separated divorced widowed

If married, is your spouse willing to come for counseling? Yes No

Spouse/Ex-Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Phone # (_____) _____ Occupation _____

Do you currently have a boyfriend? Yes No Name of boyfriend _____

Describe your relationship with your husband/boyfriend _____

Children:

How many children do you have? _____ Abortions? Yes No How many?

Name _____ Age _____ Current Caretaker _____

Name _____ Age _____ Current Caretaker _____

Name _____ Age _____ Current Caretaker _____

Name _____ Age _____ Current Caretaker _____

Name _____ Age _____ Current Caretaker _____

Do they have a Social Worker? Yes No Please state their name _____

Which State? _____ Phone # of Social Worker (_____) _____

Parents:

Father's Name _____ Phone # (_____) _____

Living? Yes No

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Phone # (_____) _____

Living? Yes No

Address _____ City _____ State _____ Zip _____

Are your parents: Married _____ Divorced _____ Remarried _____ Widowed _____

Describe your relationship with your mother _____

Describe your relationship with your father _____

As a child, who did you feel closest to? Father_____ Mother_____ Someone else_____

If someone else, please explain _____

Do either of your parents have a history of substance abuse? Please explain _____

How many brothers and sisters do you have? _____

Sexual History:

Please check those which apply: Heterosexual_____ Homosexual_____ Bisexual_____ Transsexual_____

If you checked other than heterosexual, please explain _____

Have you ever been involved in prostitution? Yes No Have you ever been raped? Yes No

At what age(s) _____ By whom _____

Employment History:

What is your trade/profession, if any? _____

Name of last employer _____

Type of work _____ How many jobs have you held in the last year? _____

Reason for leaving _____

What career, job or trade would you like to do in the future? _____

What type of work skills do you have? _____

Legal Status:

Have you ever been arrested? Yes No How many times? _____

Date_____ Charged with _____ Sentence: Jail_____ Probation_____

Date_____ Charged with _____ Sentence: Jail_____ Probation_____

Date_____ Charged with _____ Sentence: Jail_____ Probation_____

Date_____ Charged with _____ Sentence: Jail_____ Probation_____

Are you currently on probation? Yes No Parole? Yes No Time remaining _____

Name of Probation/Parole officer_____ Phone # (____) _____

Name of Lawyer_____ Phone # (____) _____

Address_____ City_____ State_____ Zip_____

Have you been probated or committed to Captive Heart’s Recovery Home by the Court? Yes No

Do you have any legal charges pending? Yes No If yes, where? _____

For what? _____

Do you have any outstanding warrants? Yes No If yes, where? _____

For what? _____

Personality and Mental Health History:

Self-description: *(please circle the characteristics that best describe you:*

Gentle Stern Happy Loving Distant Sensitive Kind Angry Caring Loyal Bold
Demanding Stubborn Lonely Gracious Talkative Independent Critical Meek Positive
Impatient Joyful Forgiving Leader Strong Passive Moody Encouraging Controlling
Energetic Fearful Trustworthy Shy Quiet Humorous Calm Weak Short-Tempered

Have you ever been in counseling? Yes No Please explain _____

Have you ever been treated for emotional or mental problems? Yes No Please explain _____

Have you ever had an eating disorder (anorexia, bulimia, overeating)? Yes No Please explain:

Health Information: Have you ever had the following:

Tuberculosis Yes No Present Condition _____

Hepatitis Yes No Present Condition _____

Herpes Yes No Present Condition _____

Venereal Disease Yes No Present Condition _____

Body Lice Yes No Present Condition _____

Have you ever been tested for HIV/AIDS? Yes No Present Condition _____

If no, will you consent to an HIV test and other tests for sexually transmitted diseases? Yes No

Do you have any physical handicaps? If so, describe _____

Are you presently taking any prescribed medication? Yes No If yes, what? _____

Do you wear glasses/contact lenses? Yes No Date eyes last examined _____

Do you have any past or current medical problems (surgeries, dietary requirements, sexually transmitted diseases, seizures, allergies) that may affect you while in the program? Yes No Please explain:

Drug History:

What substance(s) have you mainly abused? _____

Are you using it/them now? Yes No At what age did you first use drugs/alcohol? _____

DRUGS ABUSED	YES	NO	ARE YOU USING NOW?
Alcohol			
Acid			
Barbiturates (downers)			
Cocaine			
Crack			
Hallucinogenics			
Heroin			
Marijuana			
Methamphetamines			
Opium			
Glue and/or Paint			
Other (specify)			
Tobacco			

I depended on drugs: *(circle those that apply):*

- a. To cope with life
- b. For pleasure
- c. To escape reality
- d. To be with the “in” crowd

Longest period clean _____

When? _____ Dates _____

When was the last time you used? _____

The Problem:

Why do you want to be a part of this program? _____

Have you ever been in other programs? Please explain _____

What is the longest you have stayed in another program and why did you leave? _____

Why do you feel you are ready to make a change in your life? _____

What are your expectations of this program? _____

What would you like to do after you leave our home? _____

Miscellaneous Information:

Have you ever been involved in Satanism, witchcraft or occult activity? Yes No Please explain:

Have you ever been in the military? Yes No

Are you currently receiving any type of disability or Social Security income? Yes No

Describe _____

Do you have the financial means to pay as a client in our home? If so, what sources are available to you to draw from?

I do hereby agree that all the information contained in this application and any attachments is true, correct and complete; I understand that any misrepresentation, falsification or omission of information on this application may result in immediate dismissal from the home.

_____ Date

_____ Applicant's Signature

Interviewer's Name / Comments _____

Notify the following when the resident terminates the program:

Name _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____