

TURNING POINT APPLICATION

LAST NAME _____ FIRST _____ MIDDLE _____
TODAYS DATE ____/____/____ SS# ____-____-____ DATE OF BIRTH ____/____/____
GENDER [] MALE [] FEMALE [] OTHER RACE _____ HEIGHT _____ WEIGHT _____
ARE YOU AN ALCOHOLIC AND/OR A DRUG ADDICT? [] YES [] NO
PLEASE CHECK ALL OF THE FOLLOWING FORMS OF ID WHICH YOU HAVE IN YOUR POSSESSION:
[] BIRTH CERTIFICATE [] DRIVERS LICENSE [] SS CARD [] STATE PICTURE ID
ARE YOU CURRENTLY IN TREATMENT? [] YES [] NO
IF YES, WHERE? _____ COUNSELOR'S NAME _____
CHECK ONE [] INPATIENT [] OUTPATIENT [] INTENSIVE OUTPATIENT
ADMISSION DATE ____/____/____ DISCHARGE DATE ____/____/____
IF YOU ARE NOT IN TREATMENT, WHERE ARE YOU STAYING NOW? _____
PHONE NUMBER _____ PERSON TO ASK FOR IF YOU ARE NOT
AVAILABLE _____ IF INCARCERATED, WHAT IS YOUR EARLIEST
PROJECTED RELEASE DATE? _____
WHEN WAS YOUR LAST DRINK AND/OR DRUG? _____
WHAT IS YOUR DRUG OF CHOICE? _____
ARE BOTH YOUR PARENTS LIVING? [] YES [] NO ARE THEY STILL MARRIED? [] YES [] NO
WHAT ARE THEIR OCCUPATIONS? MOTHER _____ FATHER _____
HAVE YOU BEEN DIAGNOSED WITH ANY PSYCHOLOGICAL DISORDERS OTHER THAN ALCOHOL AND
DRUG DEPENDENCY INCLUDING MAJOR DEPRESSION, BI POLAR, SCHIZOPHRENIA,
PARANOIA, BORDER LINE PERSONALITY, ETC.? [] YES [] NO
IF YES, LIST EACH ONE _____
DO YOU HAVE ANY PHYSICAL HEALTH PROBLEMS INCLUDING HERNIA, HEPATITIS B, HEPATITIS C,
HIV VIRUS, BACK PROBLEMS, OR OTHER LIMITATIONS? [] YES [] NO
IF YES, LIST EACH ONE _____
ARE YOU CURRENTLY ON ANY MEDICATION? [] YES [] NO
IF YES, LIST ALL TYPES: _____
ARE YOU CURRENTLY RECEIVING SSI OR DISABILITY INCOME? [] YES [] NO
IF YES, WHY ARE YOU RECEIVING IT? _____
WHAT IS THE MONTHLY AMOUNT? \$ _____
LIST EVERYTHING THAT YOU HAVE EVER BEEN ARRESTED FOR. EXAMPLE: DUI X 3, ETC.

DO YOU HAVE ANY LEGAL CHARGES PENDING NOW? [] YES [] NO
IF YES, LIST COURT DATE(S) _____
LIST CHARGE(S) _____
ARE YOU CURRENTLY ON PROBATION? [] YES [] NO
IF YES, NAME OF P.O. _____ P.O. PHONE # _____
ARE YOU COURT ORDERED TO LIVE IN A HALF WAY HOUSE? [] YES [] NO
DO YOU HAVE \$300 ADMISSION FEE(140 1ST WEEK,140 REFUNDABLE DEP.+ 20 MISC. DEP)[] YES [] NO
DO YOU UNDERSTAND THAT THERE ARE NO REFUNDS IF YOU ARE NONCOMPLIANT? [] YES [] NO
DO YOU HAVE VERIFIABLE EMPLOYMENT? [] YES [] NO
IF NOT EMPLOYED OR IF YOU BECOME UNEMPLOYED ARE YOU WILLING TO TAKE A JOB WASHING
DISHES? [] YES [] NO
ARE YOU IN A RELATIONSHIP? [] YES [] NO IF YES, HOW LONG? _____
PERSONS NAME? _____ IS IT YOUR SPOUSE? [] YES [] NO
ARE YOU WILLING TO GO A MINIMUM OF 30 DAYS WITHOUT TALKING TO THIS PERSON?
[] YES [] NO
IF NOT IN A RELATIONSHIP ARE YOU WILLING TO STAY OUT OF A RELATIONSHIP FOR ONE YEAR?
[] YES [] NO
ARE YOU WILLING TO WORK ALL TWELVE STEPS BEFORE LEAVING TURNING POINT ? [] YES [] NO
ARE YOU WILLING TO FOLLOW ALL OF THE SUGGESTIONS AT TURNING POINT? [] YES [] NO

"Making a Difference"

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