

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 \$320 ADMISSION FEE(150 1ST WEEK,150 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

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"Making a Difference"

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