

TURNING POINT APPLICATION

For Prisons/Jails

NAME

LAST _____ 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

HAVE YOU ENROLLED IN ANY ALCOHOL/DRUG TREATMENT PROGRAMS WHILE IN PRISON?

YES NO

IF YES, DESCRIBE NATURE OF PROGRAM _____

WHAT IS YOUR COMPLETION DATE? _____

WHEN IS YOUR SOONEST POSSIBLE RELEASE FROM PRISON DATE? (APPROXIMATELY) _____

HAVE YOU EVER LIVED IN A RECOVERY HOUSE (HALFWAY HOUSE) BEFORE? YES NO

IF YES, WHERE? _____ WHEN? _____

WHEN WAS YOUR LAST DRINK AND/OR DRUG? _____

WHAT IS YOUR DRUG OF CHOICE? _____

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: _____

LIST ALL CHARGES, IF ANY, 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) _____

WILL YOU BE PLACED ON PROBATION? YES NO

WILL YOU BE PLACED ON PAROLE? YES NO

WILL YOU BE PLACED ON COMMUNITY CORRECTIONS? YES NO

ARE YOU COURT ORDERED TO LIVE IN A HALFWAY HOUSE? YES NO

DO YOU HAVE \$620 ADMISSION FEE(1ST 3 WEEKS, 150 REFUNDABLE DEP. + 20 MISC. DEP.) YES NO

DO YOU UNDERSTAND THE \$150 DEP. IS REFUNDED AFTER A COMPLIANT DISCHARGE? YES NO

DO YOU UNDERSTAND THE \$620 ADMISSION FEE IS NOT REFUNDABLE FOR ANY REASON? YES NO

DO YOU HAVE VERIFIABLE EMPLOYMENT? (CHECK ONE) 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? _____ MARRIED? YES NO PERSONS NAME? _____

ARE YOU WILLING TO GO A MINIMUM 30 DAYS WITHOUT TALKING TO HIM/HER? YES NO

IF NOT IN A RELATIONSHIP OR ARE YOU WILLING TO STAY OUT OF A RELATIONSHIP FOR ONE YEAR?

YES NO

YOUR MOTHERS NAME AND PHONE NUMBER, IF LIVING _____

YOUR FATHERS NAME AND PHONE NUMBER, IF LIVING _____

TURNING POINT HAS YOUR PERMISSION TO CONTACT YOUR PARENTS? 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

“This project is funded under a Grant contract with the State of Tennessee Department of Mental Health and Substance Abuse Services”

”Making a Difference”

Office (615) 332-8654 FAX (615) 837-4359

