

**FRESH START
PRE-ADMISSION APPLICATION**

Every question must be answered completely and truthfully in order for the staff of Fresh Start to be as effective as possible in your treatment. Please answer N/A if the question does not apply to you.

GENERAL:

Name: _____

Present Address: _____

Referred to Fresh Start by:
(Name) _____ (Phone) _____

What relation is this person to you? _____

PERSONAL:

Driver's License/State ID# _____ Social Security# _____

Birth date ____ / ____ / ____ Age ____ Sex ____ Weight ____ Height ____

Hair _____ Eyes _____ Race _____ Marital Status _____

Spouse/Ex-Spouse: Full Name _____

Phone _____ Cell Phone _____

Address: _____

Date Married: _____ Spouse Occupation _____

If divorced or separated, reason for breakup: _____

What is the relationship with spouses or ex-spouse: _____

Do you have any children? _____ How many _____ Names & Ages: _____

Who will take care of your children while you are in Fresh Start? _____

Have you ever been sexually molested/abused? _____ By whom? _____

How old were you? _____ How many times? _____

Have you ever had a homosexual relationship? _____ How long? _____

How recent? _____

Are you eligible for and/ or receiving welfare, unemployment, disability payments, workman's compensation or any other income? _____ If so, what? _____

Have you ever applied for or received food stamps? _____ Where? _____

Do you expect any kind of personal support to come to you while in Fresh Start from parents, church, family, etc.? _____ From Who? _____

Do you pay alimony? _____ \$ _____ Child Support? _____ \$ _____

Do you have outstanding debts? _____ Explain: _____

WORK EXPERIENCES:

What skills/trade do you have? Please circle: carpentry, plumbing, electrical, masonry, electronics, computer programming, typing, printing, nursing, general mechanics, specialized mechanics, auto body, auto detailing, retail sales, cashier, culinary, horticulture, other:

When was the last time you held a job? _____ What type of job was it? _____

How many jobs have you had in the last two years? _____

What has been the average length of time on these jobs? _____

What was the reason you left these jobs? _____

Have you ever been in the military? _____ If so, what branch? _____

What were you job duties? _____

EDUCATION:

Highest grade level completed? _____ Graduated: _____ GED? _____

College Grad? _____ Courses/ Major: _____

Have you ever had a learning disability? _____ If so, what? _____

Are you interested in furthering your education? _____

LEGAL:

Are you on probation or parole? _____ Name of officer: _____

Address: _____ Phone: _____

Do you have charges pending? _____ Parish: _____

Nature of charges: _____

Lawyer's Name: _____ Phone: _____

Address: _____ State _____ Zip _____

Do you have any pending court dates? _____ If so, when? _____

HEALTH:

How would you rate your current health? _____ good _____ fair _____ poor

Do you feel you have any medical problems? _____

Do you have any physical disabilities? _____

Are you presently receiving medical care? _____ For what? _____

Are you presently on any medication? _____ What are you taking? _____

Do you have any special diet requirements? _____ What? _____

Do you have any physical ailments that would keep you from manual labor or sitting for a long time? _____

_____ Explain: _____

Do you have any problems with your teeth? _____ Explain: _____

List all allergies you have: _____

List any food/medications you might react to: _____

Have you had or do you have any of the following:

			<u>Date & Treatment</u>
Hepatitis	yes	no	_____
Seizures	yes	no	_____
TB	yes	no	_____
Diabetes	yes	no	_____
Ulcer	yes	no	_____
Abscess	yes	no	_____
Venereal Disease	yes	no	_____
Asthma	yes	no	_____
Arthritis	yes	no	_____
High Blood Pressure	yes	no	_____
Back Problems	yes	no	_____
Surgery	yes	no	_____