



**Covered Bridge Therapeutic Communities, Inc.
Application For Residency**

PLEASE USE INK

LAST NAME: _____ **FIRST NAME:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BIRTHDATE: ____ / ____ / ____ **SS#** ____ - ____ - ____

PLACE OF BIRTH—CITY _____ **STATE:** _____

MEDICAL/HEALTH HISTORY

Have you been to a rehabilitation center before? YES _____ NO _____

Location	Date (month/yr)
_____	_____
_____	_____

Do you have any physical problems? YES _____ NO _____ List and describe below

Have you been treated or are you being treated for mental illness or emotional problems?

YES _____ NO _____ If so, please explain

List any medications that you are currently taking.

Name of medication	Reason
_____	_____
_____	_____
_____	_____



MILITARY HISTORY

Military Service? YES ___ NO ___ What Branch _____
Discharge Date _____ Discharge Type _____

EDUCATION

High School—Highest grade Completed _____ G.E.D. _____
College—Number of Years _____ Did you graduate? YES ___ NO ___
Additional _____

JOB HISTORY

List any special job and/or vocational training that you've received.

Where were you last employed? _____

What did you do there? _____

List any skills and abilities that you have. Include machines, equipment, tools, etc that you are capable of using without further training.

List your job preferences below



Is there a job you would like to do if you could receive the education/training required?

FAMILY BACKGROUND

List below your brothers and sisters and their ages:

Name

Age

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___

Date of marriage _____ Date of Divorce or Separation _____

Spouse's Name: _____

Address: _____

Phone: _____

Reason for Divorce or Separation _____

List below your children and their ages:

Name

Age

_____	_____
_____	_____
_____	_____
_____	_____

Where are your children now? _____



FAMILY HISTORY—con't

List all dependents that you are obligated to support that aren't listed among your children

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

List all relationships that you have at present (girlfriends, fiancé, etc.)

Name	Age
_____	_____
_____	_____
_____	_____

Mother's Name (if living): _____
Address: _____

Phone: _____

Father's Name (if living): _____
Address: _____

Phone: _____



ALCOHOL AND DRUG HISTORY

Age that you first drank: _____ Age that you first became drunk _____

Age that you first used drugs: _____ What was the drug? _____

Is there a history of alcoholism or drug abuse in your family? YES ____ NO ____

List all *illegal drugs* you have used and the approximate age that you used.

DRUG NAME	AGE WHEN USED
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OVER-THE COUNTER DRUG (ABUSED)	AGE WHEN USED
_____	_____
_____	_____
_____	_____
_____	_____

What is your drug of choice? _____

When did you last use alcohol? _____

When did you last use drugs & what? _____



ALCOHOL AND DRUG HISTORY-con't

List the problems caused by your alcohol and drug abuse

Legal: _____

Medical/Psychiatric: _____

Work/School: _____

Friends: _____

Family: _____

How long would you say you've had a problem with drugs and/or alcohol?

Have you sought professional help before? YES _____ NO _____

Have you ever attended AA or NA meetings? YES ____ NO _____

Have you attempted to quit drinking or stop using in the past? YES ____ NO ____

Have you had success staying clean/sober? How long? _____ When? _____

LEGAL INFORMATION

Have you ever been arrested for any sex or arson crimes? YES _____ NO _____

If yes explain in full _____

Do you have any outstanding warrants or legal cases? YES ____ NO _____

List ALL crimes for which you have been **arrested**

CRIME

STATUS



LEGAL HISTORY-con't

Are you on parole? YES ____ NO _____

Explain: _____

Are you on probation? YES ____ NO _____

Explain: _____

Do you have ANY present "No Contact" orders from the court or DOC?

YES _____ NO _____

Name(s) of person(s) _____

How much TOTAL time has you spent in prison? _____

What programs did you participate in while incarcerated?

NAME OF PROGRAM	REASON	COMPLETION DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

What programs will you be required (*or likely to be required*) to participate in as a condition of your release?



RELIGIOUS BACKGROUND

Denominational: _____

Church Attendance per month (circle) 0 1 2 3 4 +

Did your family go to church when you were young? YES ___ NO ___ Don't remember ___

Have you been baptized? YES ___ NO ___ Don't know ___ How old were you? ___

Do you believe in God? YES ___ NO ___ Don't know _____

Do you pray to God? YES ___ NO ___ OFTEN ___ OCCASIONALLY ___

Who is Jesus to you? _____

Do you read the Bible? YES ___ NO ___ OFTEN ___ OCCASIONALLY ___

Explain any changes that you have experienced in your spiritual life.

Please answer the following questions to the best of your ability.

What is your problem?

What have you done about it?



In what ways do you believe we can help you?

What, if anything, do you fear?

As you see yourself, what kind of person are you? Describe yourself:



PERSONAL REFERENCE LIST

Pastor/Chaplain: _____

Address: _____

Phone: _____

Caseworker: _____

Address: _____

Phone: _____

Employer: _____

Address: _____

Phone: _____

Other than a relative: _____

Address: _____

Phone: _____

Other than a relative: _____

Address: _____

Phone: _____

YOUR SIGNATURE: _____

DATE: _____

INTERVIEWER(S): _____

