



Covered Bridge Therapeutic Communities, Inc. Application for Residency

Please review the Resident Handbook before completing this application.

PLEASE USE INK

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTHDATE: ___ / ___ / _____ SS# ___ - ___ - _____

PLACE OF BIRTH—CITY _____ STATE: _____

PHONE NUMBER: _____ - _____ - _____

LEGAL INFORMATION

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

If yes explain in full _____

Name of Probation/Parole Officer _____

Do you have any pending legal cases? YES _____ NO _____

If yes, explain: _____

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

CRIME

STATUS



Are you incarcerated? YES ___ NO ___

When is your projected release date? _____

Are you presently serving a "sanction"? YES _____ HOW LONG _____

When is your maximum _____

Will you be on F.S.U. (Conditional Reentry)? YES _____ NO _____

Are you on probation? YES ___ NO ___

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

COMPLETION DATE

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

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

_____	_____
_____	_____
_____	_____

Have you taken medication for opiate dependency? YES _____ NO _____

If so, what type? _____

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 work skills and abilities that you have

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? _____

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 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? _____

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? _____

RELIGIOUS BACKGROUND

Denomination: _____

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 _____

Have you experienced any changes in your life spiritually?

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: _____

By signing below I give my permission for Covered Bridge to speak with my caseworker and references listed in this application. I also acknowledge I have read the Covered bridge Resident Handbook.

YOUR SIGNATURE: _____ DATE: _____

You may mail your application to:

Covered Bridge Therapeutic Communities
184 Pearl Street
St Johnsbury, VT 05819

You may fax your application to: (866) 294-8658

Or scan and email as an attachment to: dpiers@covered-bridge.org

