



Covered Bridge Recovery Ministry 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: _____ - _____ - _____

**PLEASE FILL OUT FOLLOWING SECTIONS IF YOU HAVE EVER BEEN ARRESTED,
INCARCERATED, OR ON PROBATION & PAROLE**

LEGAL INFORMATION

Have you ever been accused, arrested, or convicted of any violent crimes? YES ____ NO ____

Have you ever been accused, arrested, or convicted of any sex crimes? YES ____ NO ____

Have you ever been accused, arrested, or convicted of arson? YES ____ NO ____

If yes, explain in full: _____

Are you on any state supervision? *Please Circle* - Probation, Furlough, or Parole

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

If yes, explain: _____



List ALL crimes for which you have been arrested	
CRIME	STATUS

If more space is needed attach Rap Sheet

If incarcerated 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 _____

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 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 yes, 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

<hr/>	<hr/>
<hr/>	<hr/>
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<hr/>	<hr/>
<hr/>	<hr/>

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

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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: _____

Current Caseworkers name: _____

Prison where office is located: _____ Phone: _____

Current Probation Officers name: _____

Town where office is located: _____ 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 caseworkers/probation and parole officers as listed and references listed in this application. I also acknowledge I have read and understand the Covered Bridge Resident Handbook. I also give permission for Covered Bridge Therapeutic Communities to run a ***background check*** on me.

YOUR SIGNATURE: _____ DATE: _____

You may mail your application to:

Covered Bridge Recovery Ministry

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

