

PROVIDENCE MINISTRIES, INC.
MEN'S ADDICTION RECOVERY PROGRAM CLIENT INFORMATION

Date: _____

Name: _____ SSN: _____

Date of Birth: _____ Sex: _____ Race: _____ Marital Status: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Religious Preference: _____ Place of Birth: _____

For what reason are you here today? _____

How many days of the last thirty (30) did you work or fulfill your role obligations (as a parent, partner, etc.)? _____

Have you been a resident of PROVIDENCE MINISTRIES, INC., before? Yes ___ No ___

Please list other shelters where you have stayed: _____

How long have you been in Whitfield County? _____

*What circumstances brought you here? _____

How many times have you moved in the last year? _____

Please list your "established" address: _____

Most recent address: Street _____ City/State/Zip _____

Own a vehicle? Yes ___ No ___ Year _____ Make _____ Model _____

RELIGIOUS BACKGROUND

Has there been a time when you accepted Jesus as your personal Savior?

Yes ___ No ___ When? _____

Denominational preference: _____ Member: _____

Church attended in childhood: _____

Do you consider yourself a religious person? Yes ___ No ___ Do you believe in God? Yes ___ No ___

Do you pray to God? Yes ___ No ___ Not sure what you mean _____

How frequently do you read the Bible? Never ___ Occasionally ___ Often _____

Have you been baptized as an adult? Yes ___ No ___

Explain recent changes in your religious/spiritual life, if any: _____

In your own words, explain who Jesus Christ is: _____

Are you saved? Yes _____ No _____ Do not know what you mean _____

GENERAL INFORMATION

Amount of cash on hand? _____ Do you receive a financial resource: Disability _____

SSI _____ Food stamps _____ Unemployment _____ Other _____

LEGAL HISTORY

Do you have any charges for which you have not gone to court, yet? Yes _____ No _____

If yes, give date of the arrest _____

When is your court date? _____ Name of your attorney or public defender _____

Public Charge: _____ Sentence _____

Were you using alcohol/drugs when the alleged crime was committed? Yes _____ No _____

If yes, explain _____

Are you currently on probation? _____ Parole? _____

If yes, specify which: Community Control _____ House Arrest _____

State: _____ County: _____ Officer's name: _____

Agency: _____ Telephone # _____

EDUCATION

Highest grade completed: _____ College Degree: _____

Specialized training: _____

Special skills: _____

MEDICAL HISTORY

List any serious medical/mental health issues you have: _____

Past Injuries: _____

Before Providence Ministries accepts persons who are on prescription drugs, the referring organization or persons should furnish the Ministry with the following information in writing:

1. Name of the drugs and dosage-

Name of medication	Dosage / Frequency	Amount upon entering program and Number of Refills on prescription	Diagnosis for which medication is given

2. The diagnosis for which the drug is given: _____

3. Where the person obtains the drug and who pays for its cost: _____

Do you have medical insurance? Yes ___ No ___

If yes, name of company _____

Are you under a Doctor's care for any reason? Yes ___ No ___ Name of Doctor: _____

If yes, please explain _____

Do you have any of the following symptoms? Please mark those you are currently experiencing:

- Pressure or pain in the chest
- Heart trouble
- High or low blood pressure
- Recurrent back pain
- Epilepsy
- Frequent trouble sleeping
- Depression or excessive worry
- Loss of memory or amnesia
- Nervous trouble of, any sort
- Periods of unconsciousness
- Nightmares
- Diabetes
- Have you been treated for a mental condition?
- Have you attempted suicide?
- Do you have allergies or asthma requiring medication?
- Any other serious physical problem not mentioned above? _____

If you checked any of the boxes above, please explain further _____

Have you had significant periods in which you have experienced serious problems getting along with:
(Y=Yes, N=No)

	Past 30 days	In your life		Past 30 days	In your life
Mother	_____	_____	Other family	_____	_____
Father	_____	_____	Close friends	_____	_____
Brothers	_____	_____	Neighbors	_____	_____
Sisters	_____	_____	Co-workers	_____	_____
Boyfriend	_____	_____	Did any of these people abuse you?		
Girlfriend	_____	_____	Yes ____ No ____		
Spouse	_____	_____	Did any of these people make you feel bad		
Children	_____	_____	through harsh words? Yes ____ No ____		
			Did any of them engage in sexual force, sexual		
			advances, or sexual acts? Yes ____ No ____		

How many days in the past 30 have you had serious conflicts?

With your family_____ With other people_____

How many close friends do you have? _____

How troubled or bothered have you been in the past 30 days by these?

Family problems_____ Social problems_____

How important to you now is treatment or counseling for these?

Family problems_____ Social problems_____

ADDICTION HISTORY

Do you think you have a problem with drugs or alcohol? Yes_____ No_____

In past_____ If yes, explain _____

DRUG TYPE	YOUR AGE SINCE		HOW MUCH?		HOW OFTEN HAVE YOU	
	FIRST USE	IT HAS BEEN A PROBLEM	CONSUMPTION (AMOUNT)	FREQUENCY	SOUGHT HELP	ENTERED A RECOVERY PROGRAM
Marijuana						
Alcohol						
Cocaine						
Crack						
Heroin						
Opiates						
Benzo's (Xanax, etc.)						
Other						

What is your longest period of sobriety prior to this admission? _____

Have you ever lost a job due to substance abuse? Yes _____ No _____

Explain _____

Have you ever been in treatment for substance abuse? Yes _____ No _____

Where? _____

When? _____

Have you ever been admitted to a detox program? Yes _____ No _____

Where? _____

When? _____

Has your use of alcohol or drugs affected you financially? Yes _____ No _____

Explain: _____

Do you feel you need help at this time? _____

Do you want to stop using? Specify what: _____

FINANCIAL RESOURCES

Income _____ Source _____

Insurance _____ V.A. Information _____

Does anyone contribute to your support in any way? Yes _____ No _____

FAMILY STRUCTURE

Name of spouse _____

Boyfriend _____ Girlfriend _____

Names, ages, and date of birth of your children _____

Extended family members: names & where they live: _____

Person to notify in case of emergency _____

What is your relationship to this person? _____

Their address _____

_____ Phone# _____

With whom do you spend most of your free time (family, friends, alone, etc.)? _____

Are you satisfied spending your free time this way? _____

Do you maintain contact with your parents/caretaker? Yes _____ No _____

If so, how often do you speak with them? _____

If not, for what reason? _____

EMPLOYMENT HISTORY

Name of last employer: _____

Location of employment: _____ How long? _____

Military service _____ Which Branch _____ Dates _____

Type of discharge? _____ Are you a war veteran? _____

Do you have a Service connected disability? _____ Explain: _____

Do you receive compensation from the VA? _____

Please mark your usual employment pattern over the past three years:

1. _____ full-time 40 hours a week
2. _____ disability
3. _____ unemployed
4. _____ in a controlled environment
5. _____ Service
6. _____ full-time regular hours
7. _____ part-time
8. _____ student

How many days were you paid for working in the past 30 days? _____

How many people depend on you for the majority of their food, shelter, etc.? _____

How troubled or bothered have you been by these employment problems in the past 30 days? _____

How important to you is counseling for these employment problems? _____

Briefly describe your financial situation: _____

Do you have housing or utility bills that are past due? Yes _____ No _____

How much? _____ Bad checks? _____

What are your educational/vocational goals? _____

List any hobbies or activities: _____

**I HAVE READ THE RULES OF PROVIDENCE MINISTRIES AND I
WILHEREBY AGREE TO FOLLOW AND OBEY SAID RULES. IF I FAIL
TO DO SO, I WILL EXPECT TO RECEIVE WARNINGS AND/OR A
DISMISSAL SLIP FROM THE STAFF.**

Name _____ Birth date _____

Address _____ City _____

State _____ Social Security _____

Disability ____ Yes ____ No Type _____

Employed ____ Yes ____ No Where? _____

****STATEMENT OF RELEASE OF LIABILITY****

I, _____, by my signature, acknowledge that I will hereby agree to follow all rules of Providence Ministries and hereby release Providence Ministries or its agents from any liability or claim for any personal injury or illness to myself or to my children. I understand that, should I be transported by Providence Ministries staff or volunteers, in the case of an accident there is to be no responsibility by either the driver or by Providence Ministries and that I hereby waive any claim I may have against the driver or Providence Ministries resulting from such travel. I also understand that Providence Ministries is not responsible for any of my personal financial obligations incurred by me or my family including medical and dental care while a resident in the program.

AUDIO/VIDEO RECORDING RELEASE – Providence Ministries Inc.

IMPORTANT:

I understand that in order to ensure the safety of all people on Providence Ministries, Inc. properties, as well as the security of Providence Ministries, Inc. facilities, that Providence Ministries, Inc. conducts ongoing video and audio surveillance of various portions of its properties, campuses, and premises at all times. I understand that the only exception to this ongoing video and audio surveillance is private areas including, but not limited to, certain sleeping areas, restrooms, showers, and dressing rooms, etc. and that video cameras with audio capabilities will be positioned in appropriate places within and around all Providence Ministries, Inc. properties and used in order to help promote the safety and security of all people and property. I hereby give my acknowledgement, consent, and understand that such video and audio surveillance is in process during my time on any Providence Ministries, Inc. property.

Print Full Name: _____ **DATE:** _____

Sign Full Name: _____ **DATE:** _____

I also hereby grant to Providence Ministries, Inc. the following rights in the interest of furthering the Ministry’s creation and distribution of informational and promotional materials:

- I. *The right to record and/or use my image, photograph, picture, likeness, and voice by any technology, media, print, and/ or other means.*
- II. *The rights to copy, use, perform, display and distribute such usage and/or recordings of me for any legitimate purpose, including but not limited to, distribution by means of streaming or other technologies via the Internet, or distribution of audio and/or video files (e.g. livestream, podcasts, etc.) for download by the public.*
- III. *The right to combine such recordings of me with other images, recordings, or printed matter in the production of printed promotional materials, still/motion pictures, television tape, sound recordings, still photography, CD-ROM and/or any other media.*
- IV. *The rights to record, reproduce, amplify and simulate my image and all sound effects produced.*
- V. *The rights to assign, transfer, or license the above rights to third parties.*
- VI. *The rights to use my image and voice in connection with the marketing of Providence Ministries, Inc.’s programs, events, or educational or promotional materials.*

I understand and agree that I will not receive compensation, now and/or in the future, in connection with Providence Ministries, Inc.’s exercise of the rights granted hereunder. I hereby assign to Providence Ministries, Inc. any and all copyright I may have in the recordings made of me hereunder.

I hereby release and discharge Providence Ministries, Inc., the Board of Directors, its members individually, and the officers, agents and employees of Providence Ministries, Inc. from any and all claims, demands, rights and causes of action of whatever kind that I may have, caused by or arising from Providence Ministries, Inc.’s exercise of the rights granted hereunder and the use of any media and/or recordings containing my image, likeness, and/or voice, including all claims for libel and invasion of privacy or infringement of rights of copyright and publicity.

Print Full Name: _____ **DATE:** _____

Sign Full Name: _____ **DATE:** _____