



NEW LIFE WOMEN'S CENTER

Application for Program Entry

Section 1

Personal Information

Last Name: _____ First Name: _____ MI: _____ Date: _____

St. Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Birth Date: _____ Age: _____

Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____

Social Security #: _____ Drivers License #: _____

Emergency Contact

Name: _____

St. Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Relationship: _____

Who referred you to New Life Women's Center?

Last Name: _____ First Name: _____ MI: _____

St. Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Relationship: _____

Race/Ethnic Background *(Please check only one)*

Caucasian
 African American
 Asian
 Hispanic
 Filipino
 Cuban
 Japanese
 Puerto Rican
 Chinese
 Haitian
 American Indian
 Other: _____

Are you an American Citizen?
 Yes
 Native **or**
 Naturalized
 No Explain: _____

FOR OFFICE USE ONLY:

1st contact: _____

2nd contact: _____

3^d contact: _____



Section 2

Family History

List parents/parenting figures, spouse, current boyfriend, brothers, and sisters (*Do not list your children*):

Name	Relationship	Age	Residence

Check the word that best describes your relationship with your parents:

As a child: Very Good Good Average Fair Poor Very Poor

Now: Very Good Good Average Fair Poor Very Poor

Are your parents still living? Father: Yes No Mother: Yes No

Father's Name: _____ Age: _____

Father's Address: _____ City: _____ State: _____ Zip: _____

Father's Home Phone: _____ Work Phone: _____

Mother's Name: _____ Age: _____

Mother's Address: _____ City: _____ State: _____ Zip: _____

Mother's Home Phone: _____ Work Phone: _____

Are you adopted? Yes No

Were you raised by anyone other than your parents? Yes No *If yes, please explain:*

When did you last see your parents?

When did you last live with your parents?

Occupation of Father:

Occupation of Mother:



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Parental marital status: Married Divorced Separated Remarried Living Together

If married, how long?

If other, how long?

How would you rate your parents' marriage? Very Happy Happy Average Unhappy

Explain:

How would you rate your childhood? Very Happy Happy Average Poor Very Poor

Explain:

Section 3

Marital / Intimate Relationship History

List your present living arrangements:

Living Alone With Parents With Spouse With Others (non-relatives)

With Others (relatives) Other: _____

Person Married To (<i>First Name Only</i>)	Month / Year	How It Ended (<i>separation, divorce, death</i>)

Current spouse boyfriend (check one) *Full name:*

St. Address: City: State: Zip:

Home Phone: Work Phone:

Describe your relationship with your spouse/boyfriend:

Describe any problems or concerns related to your relationship with your spouse/boyfriend:

Have you ever been sexually abused? Yes No

To your knowledge, has anyone in your family ever been sexually abused? Yes No

When: Who: By Whom:

Sexual lifestyle: (*check all that apply*) Bi-sexual Heterosexual Homosexual

Pornography Prostitution



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How recent was your involvement with the above checked items?

Do you have any children? Yes No *If yes, please list:*

Name of Child	Age	Where Living

Describe any positive or negative aspects of your relationship with your children:

Section 4

Legal History

Are you legally mandated to participate in a rehabilitation program? Yes No

If yes, by whom? Parole Board Court Other (*explain*):

If the above answer is "Court," please list county and state:

Are you currently, or will you be, under legal supervision? Yes No

Method of reporting: Phone Letter In person Other (*explain*):

How often do you report?

For how long?

Time left?

Probation/Parole Officer's Information (*please print/type*)

Name:

Agency:

Phone #:

St. Address:

City:

State:

Zip:

Are any of the following pending against you? (*Please check those that apply*)

Arrest Warrant Court Appearance Criminal Charges Sentencing

Other (*explain*):



List all arrests and convictions:

Date	Charges	Sentence	Jail Time

If charges listed above were not for alcohol/drugs specifically, were alcohol/drugs involved in the commission of the crime? *(list charge)*

Section 5	Social Involvement History
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Describe your involvement in the following:

Religion:

Recreation/Sports:

Peer Groups:

Community Affiliations:

Hobbies:

Other:

Section 6	Financial Status
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Are you eligible for, and/or currently receiving the following:

Welfare Disability Benefits Unemployment Compensation

Workman's Compensation Other Income *(please explain):*

Have you ever applied for food stamps? Yes No

If yes, County State: _____ Month/Year: _____



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Do you have any outstanding debts? Yes No

If yes, please list all debt information below:

Owed To	Amount	Address	Phone	Payments

Section 7	Significant Life Events
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Describe any of the following that you have experienced and when:

Moves:

Losses (Personal/Financial):

Sexual Abuse:

Physical Abuse/Neglect:

Foster Home Placement or Institutionalization:

Ethnic Cultural Influences:

Other (Specify):

Section 8	Academic History
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Highest grade completed (Check one):

Grade School Jr. High School High School College GED

Are you currently in an educational program? Yes No

If yes, list:

Name of School	City	State
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Have you ever left an educational program before finishing? Yes No

If yes, please explain why:



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Are you currently receiving or have you ever received vocational training? Yes No

If yes, please list below:

Type of Trade or Skill	Date of Training (Mo/Yr) to (Mo/Yr)	Certification Issued (Yes/No)

Please rate your reading skills: Good Average Poor

Please rate your writing skills: Good Average Poor

Describe your future educational or vocational training goals and plans:

Educational:

Vocational:

Section 9

Occupational History

What is your vocational trade or profession?

How many jobs have you had in the last two (2) years?

Present employment status (*check one*):

- Unemployed (Have not sought employment in the last 30 days)
- Unemployed (Have sought employment in the last 30 days)
- Employed part-time or contract (Working less than 35 hours per week)
- Employed full-time (Working 35 hours or more per week)

List your two most recent jobs: (*Start with your most recent/present job*)

Name of Employer	Position Held	Dates Employed (Mo/Yr to Mo/Yr)	Reason for Leaving

List your current average monthly income: \$

Describe your primary source of income:



Describe your future occupational goals and plans:

Please list any job skills:

Have you ever experienced, or do you presently have, any physical ailment, injury, or handicap that would prevent you from performing manual work-related tasks while enrolled in New Life?

Yes No *If yes, please explain:*

Section 10

Medical History

Pregnancy History

List number of pregnancies:

List number of living children:

Have you experienced: Miscarriages? Yes No Abortions? Yes No

Other pregnancy-related problems? *(Please specify)*

Do you think you could be pregnant now? Yes No Verified by a doctor? Yes No

Psychological History

Have you ever received mental health treatment? Yes No *If yes, please list:*

Date	Name of Doctor	Reason for Treatment	Outcome (Diagnosis/Medication)

Has a family member/someone close to you ever attempted/committed suicide? Yes No

Have you ever thought about committing suicide? Yes No

Have you ever received in-patient psychiatric care? Yes No

Are you currently taking psychiatric medications? Yes No

Medication	Dosage	Taken for How Long



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Will you, as a resident of New Life, be willing to authorize doctors or agencies involved in previous treatments to release your medical records?

Yes No _____ Initial

Personal/Family Medical History

Check the appropriate box for any family member that has experienced any of the following problems:

	Grandparents	Father	Mother	Spouse	Brother	Sister	Children
Drug Abuse/ Addiction							
Alcoholism or Alcohol Related Problems							
Medical Problems							
Eating Disorders							

Describe any illness and/or developmental problem/concern you experienced as a child:

When were your teeth last examined?

Are you currently experiencing problems with your teeth? Yes No *If yes, please explain:*

Do you drink coffee, tea, or smoke cigarettes? *Please list the amount consumed each day:*

Cigarettes: _____ packs smoked per day

Coffee: _____ cups consumed per day

Tea: _____ cups consumed per day

Please indicate which of the following best describes your past or present use of drugs/alcohol:

Please state: Never, Once, Several Times, Regularly

Alcohol		Marijuana	
Opiates (Vicodin, Heroin)		Amphetamines (Ritalin, Adderall)	
Cocaine (Powder, Crack)		Methamphetamines (Ice, Crank)	
Inhalants (Glue, Comp. Air)		Benzodiazepines (Xanax, Valium)	
Hallucinogens (LSD, Mushrooms)		Others (<i>Specify</i>)	



Insurance Information

List your health insurance type: *(please check)*

- No Health Insurance
 Blue Cross/Blue Shield
 Other Private Insurance
 Medicaid/Medicare
 Other public funds (i.e. MCHD HCAP): _____

Insurance Policy Number:

Company:

Phone #:

Physician's Name:

Phone #:

Address:

Section 11

Spiritual History

Are you born again? Yes No Date: _____ Place: _____

What were the circumstances that led to this?

Describe current spiritual condition?

What is your denominational preference?

How often do you attend church? Never Occasionally Regularly

What church or religion are you currently involved in, if any?

How often did you attend church as a child?

What denomination?

Do you believe in God? Yes No Uncertain

Do you pray? Never Occasionally Often

How often do you read the Bible? Never Occasionally Often

Do you read books about other religions or beliefs? Yes No *If yes, please list:*

What recent changes, if any, have you had in your spiritual life?



Are you, or have you ever been, a member of Christian Science, Jehovah's Witness, Mormonism, Scientology, New Age, TM, Eastern religions, or others?

Yes No *If yes, please explain:*

Section 12

Personality Information

Is it easy for you to express your feelings? Yes No Sometimes

Explain:

Is it easy for you to talk about yourself? Yes No Sometimes

Explain:

Do you enjoy being with other people or would you rather be alone?

Explain:

The Problem

What problems would you like to overcome?

What attempts have you made to resolve these problems?

What are your greatest needs, in order of priority?

- 1.
- 2.
- 3.
- 4.
- 5.



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Please list all programs in which you have participated, religious/non-religious, residential/outpatient, as well as reasons for leaving:

Name of Program	Type of Program	Time Spent in Program	Reason for Leaving

Have you been in the New Life program before? Yes No

Why did you leave? Dismissed by Staff Left Voluntarily Graduated Other: _____

How do you think you will benefit from the New Life program?

What do you feel God's role is in your participation at New Life?

Describe what you are willing to do to make this program work for you:

What would you like to do after you leave the New Life program?

Signature

The undersigned Applicant fully acknowledges that the information provided herein is accurate and true to the best of her knowledge and that the New Life Women's Center Application Form has been completed and filled out by the Applicant in her own handwriting. The Applicant further understands that any false or incomplete information may cause and result in disqualification from admittance into the program, whether the Applicant is initially entering, or is currently a student within the program.

Applicant's Signature

Date