

EUREKA RESCUE MISSION MEN'S NEW LIFE PROGRAM
PERSONAL ASSESSMENT FOR ENROLLMENT

Name: _____ Date: _____

Answer each of the following questions as truthfully as possible. Try not to leave any blanks.

What is your view of your life right now? _____

ALCOHOL HISTORY

Do you believe you have a drinking problem? **YES** **NO**
If so what is your typical drinking pattern? **Daily** **Occasionally** **Binges**
What was your longest sober period this year? _____
When did you start drinking? _____
When did you have your last drink? _____

DRUG HISTORY

Do you believe you have a drug problem? **YES** **NO**
How long since you've used drugs other than alcohol? _____
Describe your pattern of drug use in the last 30 days. _____

When did you last use? _____
What drugs have you been involved with on a regular base? _____

List any other compulsive problems (for example: food, sex, gambling). _____

How many attempts have you made to quit your habitual problem? _____

TREATMENT HISTORY

How many times have you admitted yourself for detoxification from drugs or alcohol? ____
List any recovery programs that you have been in: _____

LEGAL STATUS

Are you currently involved in any legal matters? YES NO
If so with who? Probation Parole Divorce Civil
Child Care Custody Court Appointed Programs Other
Please provide a contact for any authority you are involved with: (Parole agent, etc.)

How much time have you spent in Prison Jail
List convictions and where you were incarcerated:

Have you ever been convicted of a sex offence?

MEDICAL HISTORY

D.O.B. Height Weight Hair Color Eye Color
Do you have any learning disabilities? YES NO
Do you have seizures or convulsions? YES NO
Are you currently on any medications? YES NO
If so please list them all:

Table with 2 columns: DO YOU HAVE: and HAVE YOU EVER: containing checkboxes for various medical conditions like HIV, Hepatitis, Sores that don't heal, High blood pressure, Venereal disease, Vision problems, Diabetes, attempted suicide, had deep depression, had memory difficulty, had panic attacks, had anger issues, had high stress.

Is there any other malady or illness in your life we should know about?

Are you currently under a physician, or any other medical persons care?

RELATIONSHIPS

What is the current status you have with your family?

Who should we contact if there is an emergency?
Name Phone#:

Are you currently married or involved with a lady? YES NO
Do you have any children? YES NO
If so give name(s) and age(s):

SCHOOL

What was the highest grade attended at school? _____

College _____ Training Schools _____

Where you in the Military? **YES** **NO**

SPIRITUAL BACKGROUND

Did you attend a church as a child? **YES** **NO**

If so, what church? _____

Where you baptized? **YES** **NO**

What is your current relationship with God? _____

Are you currently attending Church? **YES** **NO**

Name of Church: _____

AGENCIES

Are you receiving SSI or other county/state financial assistance? YES NO

**If you are accepted into the New Life Program you can no-longer draw G.R. Everything you will need will be provided by the Eureka Rescue Mission.*

BLACKOUT

On acceptance into the New Life Program you will spend a period of time as a candidate. As a candidate you will be on a complete blackout. While on blackout your mail will be monitored and withheld until your candidacy is completed. Mail concerning medical, legal or life threatening matters will be distributed to you in a timely manner.

OTHER

Do you have a vehicle? **YES** **NO**

If there is any other issue in your life right now that may not be addressed on this assessment, please enter it here: _____

I hereby certify that I have answered all questions truthfully and with integrity. I also certify that I agree to all conditions set forth in this document and in the Eureka Rescue Mission Policies and Procedures.

Applicant Signature: _____ Date: _____