

How long has this been a problem? _____

Do you believe you're addicted to alcohol or drugs? Yes No Unsure

Please explain: _____

Drug / Alcohol History:

How long since you've used alcohol or drugs? _____ What did you use? _____

Describe your pattern of drug & alcohol use in the last 60 days: _____

What has been your drug of choice in the past? _____

How many times have you made serious attempts stay in recovery? _____

What's the longest period of time you've been able to stay in recovery? _____

What has been most helpful in your past recovery attempts?

- 12-Step program
- Church / Faith
- Friends
- Family
- Self
- Other _____

Treatment History: Have you ever received alcoholism/drug addiction treatment? Yes No

Facility:	City/State:	Date:	Was treatment Completed?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a current 12-step sponsor? Yes No

If Yes, Name: _____ Phone #: _____

Are you currently in an in-patient treatment facility? Yes No * If yes, where? _____

Expected release date: _____

Are you currently in out-patient treatment? Yes No * If yes, where? _____

Counselor name and phone number: _____

If not, have you made contact with any out-patient facilities? _____

Financial Status:

What is your monthly income? _____ Source of income: _____

Other financial resources (help from family members, etc): _____

Legal Status

Are you currently incarcerated? Yes No

* If yes, where? _____ Expected release date: _____

* If yes, how can we contact you? _____

Are you currently involved in the following legal matters? Yes No

Probation DOC Civil Proceedings Child custody Drug Court Family Treatment Court

Are you now or will you be a registered sex offender? Yes No level: _____

Any court appearances pending? Yes No * If yes, when and where? _____

Active warrants? Where? _____

Is your driver's license valid? If not, explain: _____

How much time have you spent in: Prison: _____ Jail: _____

List all prior convictions 10 years to the present (if more room is needed, continue on separate page):

Conviction:	Date(s):	Time served:
_____	_____	_____
_____	_____	_____
_____	_____	_____

DOC / Probation Officer's Name: _____ Phone: () _____

Medical History

Describe past and present physical and mental health challenges (include hospitalizations, major accidents, illness, mental health diagnoses). If more room is needed, use separate sheet.

Have you ever had convulsions or seizures? Yes No If yes, date(s): _____

* If yes, were they related to alcohol / drug use, abuse, detox? Yes No

Do you have chronic pain? Yes No If yes, what do you take for pain? _____

*Please list all current medications and the reason you are taking them (use separate sheet if needed):

Medication	Reason for Medication	Dosage	Date Started
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any allergies to food, medications, or other: _____

Are you currently experiencing pain or having a hard time functioning?

- ___ Yes, and I'm afraid I might relapse soon.
- ___ Yes, and I'm worried about future relapse.
- ___ Yes, but I'm not in any immediate danger of relapse. I just want to lower my risk.
- ___ No. I'm not experiencing any pain or trouble functioning, and I'm not worried about the immediate risk of relapse.

Are you currently under the care of a: MD Psychiatrist Psychologist Therapist/Counselor
If so, may we contact them? Yes No

Name: _____ Phone #: () _____

Name: _____ Phone #: () _____

Are you currently involved in a relationship? Yes No

* If yes, describe your relationship with your significant other.

Do you have any children? Yes No * If yes, list names and ages:

Name	Age
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Education: Highest grade completed in school: _____ List any special training you have:

Spiritual: Describe your current spiritual beliefs: _____

What are your goals? Write a description of what you would need to reach these goals:

What are some strengths you can contribute to the house community?

Is there any other information that you believe we need to know in determining our program’s suitability to meet your needs?

I certify that I have completed the FEIS Foundation Recovery program application to the best of my ability, and as truthfully as possible. I give permission for FEIS Foundation Recovery to conduct a criminal background check and to use the results in the application process, and I give permission for FEIS Foundation Recovery staff to contact any individuals listed on this form.

Applicant’s Signature

Date

Please mail, email, or fax this application to:

*FEIS Foundation
301 Union Street
#21867, SMB #57613, WA 98111
info@feisfoundation.org
(630) 360-5934*