



New Beginning Sanctuary
A safe place to start anew

PO BOX 14431 SPRINGFIELD, MO. 65814
PHONE: (417)234-1647 FAX (417)231-4595

First Name: _____ Middle _____ Last _____

Age: _____ Social Security #: _____ DOB: _____

Birthplace: _____ Gender: Male Female Sexual preference _____

Have you ever applied to or lived at NEW BEGINNING SANCTUARY? YES NO When? _____

Do you have religious preferences? YES NO If so what? _____

Permanent Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone :(_____) _____

Work Phone: (_____) _____ Email: _____

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

Distinguishing marks (tattoos, scars): _____

In case of emergency, notify: _____

Telephone: (_____) _____ Relationship: _____

Family Information

Are you? Married Divorced/Separated Single/Never Married

Spouse/Significant other's name: _____

Do you have children? YES NO

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Applicant's Parents:

Father's Name: _____ Deceased: YES NO

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Email: _____

Mother's Name: _____ Deceased: YES NO

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Email: _____

Substance Abuse Information

(This information is confidential and will not affect your application)

Please list in order of preference all drugs used; past to present. This must be completed.

Drug

Amount used at peak _____ Age at first use: _____ Date of last use: _____

Have you ever lived in a recovery house before? YES NO

If yes.... Name: _____ Where? _____ When? _____

How long? _____ Why did you leave? _____

Have you ever been in a treatment program? YES NO

Name: _____ Where? _____ When? _____

How long? _____ Did you complete? YES NO

If no... Why did you leave? _____

Do you consider yourself an alcoholic / addict? YES NO

Do you currently have a sponsor? YES NO

Are you working or willing to work the 12 steps? YES NO

Are you currently attending CR, AA, or NA meetings? YES NO

If yes, how many per week? _____ Date of last use of drugs or alcohol: _____

Legal Information

Are you currently on probation? YES NO If yes, Probation Officer's name: _____

Where: _____ Telephone: (_____) _____

What is your current offense? _____

List all Prior/Current Convictions:

Offense

Disposition

Date of Disposition

Have you ever committed/been charged with arson? YES NO

Have you ever been charged with cruelty to animals? YES NO

Have you ever been charged/convicted of a violent crime? YES NO

Have you ever committed/been charged with a sexual crime? YES NO

Financial Information

Do you have the funds to cover the entrance fee? YES NO

Do you have legal identification? YES NO

Do you currently have a job? YES NO

Full / Part time (circle one)

Name of company: _____ Supervisor's Name _____

Telephone (_____) _____ How long have you been employed? _____

Do you have a current valid Driver's License? YES NO If yes, what is the Driver's License # _____ and state issued: _____

Do you have your own vehicle? YES NO

If yes, what is the name of your car insurance agency? _____

Policy # _____ Expiration date: _____

Any outstanding debts (child support, installment loans, IRS, etc.)? _____

Arrangement for payments: _____

Are you court ordered to pay child support? YES NO

Amount? _____ Are you behind? _____ YES NO

Do you receive any ongoing financial reimbursement for any reason? (Such as,

SSI, Disability, Medicaid, Trust Fund, etc.) YES NO

Are you under application for any of the above? _____

Educational Information

High school graduate? _____ GED? _____ Last grade completed: _____

College graduate? _____ Years completed? _____

Difficulty reading? _____ Educational goals? _____

Medical / Mental Information

List any medical/mental issues: _____

Are you under a doctor's care? YES NO

If yes, give name: _____ Telephone: (_____) _____

Do you have dental problems? YES NO

Current Dentist: _____ Telephone (_____) _____

History of: Seizures YES NO If yes, dates: _____

TB YES NO If yes, dates: _____

Diabetes YES NO If yes, dates: _____

Hepatitis YES NO If yes, dates: _____

Aids/Hiv YES NO If yes, dates: _____

Other YES NO If yes, dates: _____

Have you ever been hospitalized in a mental institution? YES NO

Reason for hospitalization:

Voluntary _____ Involuntary _____ Outcome: _____

List hospital(s) and date(s): _____

Have you ever been diagnosed with a learning disability? YES NO

If yes, which one? _____

Are you being treated for this disability? YES NO

Have you ever been diagnosed with Autism or Asperbergers? YES NO

If yes, which one? _____

Are you being treated for this? YES NO

Have you ever heard voices? YES NO

If yes, date of last incident? _____ Diagnosis: _____

Have you ever had visual hallucinations? YES NO

If yes, date of last incident? _____ Diagnosis: _____

Are you suicidal? YES NO Have you ever tried to commit suicide? YES NO

If yes, date of last incident? _____

Explain: _____

Have you ever been diagnosed with Bipolar Disorder? YES NO

Have you had a TB test in the last year? YES NO Positive or negative: _____

Are you currently on medications? YES NO

Have you ever been tested for HIV? YES NO Date _____ Results _____

Have you ever been a victim of a violent crime? YES NO

On a scale of 1 to 10, how serious a problem do you think you have with drugs or alcohol?

(Circle one) **No problem 1 2 3 4 5 6 7 8 9 10 Very serious**

On a scale of 1 to 10, how motivated are you to make changes in your life at this -me?

(Please be honest)**Not at all 1 2 3 4 5 6 7 8 9 10 Very motivated**

I, _____, affirm that my answers and information provided by me in this application are true and accurate. I understand that if I am accepted, any misinformation and/or dishonest answer may be grounds for denial or dismissal.

Signature: _____

Date: _____

For NEW BEGINNING SANCTUARY Recovery Use Only

Approved Date for move in _____

Denied Reason _____

Reviewed by _____

Approved
