

COMPASSION CENTER APPLICATION FORM

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle) (Name Called)

Phone Number Where You Can Be Reached _____
(Area Code & Number)

Permanent Address _____
(P.O. Box or Street #) (City) (State) (ZIP)

Mailing Address _____
(P.O. Box or Street #) (City) (State) (ZIP)

Date of Birth _____ Age _____ Place of Birth _____
(Day/Mo./Yr.)

Number of Brothers _____ Sisters _____ Your position in the family (1st, 2nd, etc.) _____

Emergency Notification _____ Phone _____
(Name) (Area Code & Number)

Address _____
(P.O. Box or Street #) (City) (State) (ZIP) (Relationship)

Parent's Names (If living) _____

Parent's Address _____
(P.O. Box or Street #) (City) (State) (ZIP)

Are parents separated? _____ Divorced? _____ Reason _____

Is either parent deceased? _____ Father _____ Mother _____ When? _____

Do you own a home? _____ Property? _____ Vehicle? _____ (Model/Year) _____

Do you possess a valid driver's license? _____ State _____ Number _____ Type _____

Other rehabilitation centers attended: When & Where:

Where? _____ When? _____ Completed? ___ Yes ___ No

Where? _____ When? _____ Completed? ___ Yes ___ No

Where? _____ When? _____ Completed? ___ Yes ___ No

Where? _____ When? _____ Completed? ___ Yes ___ No

Have you ever attended AA or NA meetings? _____ When? _____ How long? _____

MARITAL STATUS

Married? _____ Single? _____ Separated? _____ Divorced? _____ Widowed? _____

Wife's Name _____ Date of Birth _____ Age _____

Wife's Address _____

(P.O. Box or Street #) (City) (State) (ZIP)

How long married? _____ How long separated? _____ How long divorced? _____

Has your ex-wife remarried? _____

Reason for separation or divorce? _____

Number of times married _____ (If more than one, complete below.)

When Married? _____	When Divorced? _____	Reason _____
When Married? _____	When Divorced? _____	Reason _____
When Married? _____	When Divorced? _____	Reason _____
When Married? _____	When Divorced? _____	Reason _____

List number of children (if any) from each marriage and amount of child support (if any).

Marriage #1: _____	Child Support _____	per week/month/other _____
Marriage #2: _____	Child Support _____	per week/month/other _____
Marriage #3: _____	Child Support _____	per week/month/other _____
Marriage #4: _____	Child Support _____	per week/month/other _____

Where are your children? _____

If widowed, date wife died _____ Cause of death _____

Are you subject to any alimony payments from any of the above marriages? _____

If so, how much? _____ per week/month/other _____

If presently married, does wife work? _____ If yes, where? _____

Occupation? _____ Income? _____

EDUCATION

How many years in GRADE SCHOOL _____ HIGH SCHOOL _____ COLLEGE _____ GRAD. _____

College Degree: _____ Major/Minor _____

Post Grad. _____ (Degree)

Trade School: _____ Did you complete? _____ Year _____

Name of College or Trade School: _____

Specialized Training _____

OCCUPATIONAL EXPERIENCE

Usual Occupation _____

How many years at this trade? _____

How long at present job? _____ Is this your usual occupation? _____

If not, why not? _____

List any special skills (such as cook, barber, painter, mechanic etc.) _____

Last steady job: What? _____ Where? _____

How long? _____

Have you ever been fired from a job because of your use of alcohol or drugs? _____

Have you ever quit because of alcohol or drugs? _____

If so, explain: _____

Number of jobs in the past five years _____ Preferred type of work _____

MILITARY EXPERIENCE

Are you a Veteran? _____ Branch of Service _____ Highest Rank _____

How long in the Service? _____ Date and type of discharge _____

Serial Number _____

If other than honorable discharge, explain: _____

Are you retired from the Service? _____ Amount of retirement income _____

Do you have a service connected disability? _____

Amount of disability income _____

Type of work you did in the Service _____

Were you ever court-martialed? _____

If yes, please explain _____

Results of court-martial _____

MEDICAL INFORMATION

What is the state of your health? ___ Excellent ___ Good ___ Fair ___ Poor ___ Declining

Height ___ Weight ___ Usual Weight ___ Have you had any recent weight changes? _____

List all major illnesses or operations you have had: _____

Are you handicapped in any way? _____ Type of handicap _____

Do you now have a venereal disease? _____

Have you had a venereal disease in the past? _____

What? _____ When? _____

When cured or arrested? _____

Have you ever been tested for HIV? _____ When? _____

Do you smoke cigarettes, cigars or pipe? _____ Do you use chewing tobacco or Snuff? _____

Have you ever been hospitalized for alcoholism or drug addiction? _____

List all related illnesses:

Where? _____ When? _____ Condition _____

Where? _____ When? _____ Condition _____

Where? _____ When? _____ Condition _____

Are you now taking any medication, prescribed or over-the-counter? _____

If yes, what? _____ How long have you been taking it? _____

Have you ever suffered from depression? _____

Describe any treatment you may have received _____

Have you ever had any thoughts of suicide? _____ When? _____

Have you ever attempted suicide? _____ When? _____

How did you try to do this? _____

Have you ever been treated for any psychiatric illness? _____

If yes, please explain and describe treatment, if any _____

Would you be willing to sign a release of information form so that we might obtain information concerning social, medical, or psychiatric reports or information? _____

ALCOHOL/DRUG USE HISTORY

IMMEDIATE PAST USE: What was your use of alcohol or drugs just prior to being accepted for this interview?

Alcohol: _____ How much? _____ How long? _____

Beer; Wine; Whiskey; All?

Drugs _____ How much? _____ How long? _____

Pot; Crack; Cocaine; Speed; other?

What was your age and the circumstance of your first drinking or drugging experience? _____

Has your drinking or drugging pattern changed? _____ In what way? _____

What's your drinking or drugging pattern now? _____

Have you ever tried to control your drinking or drugging on your own? _____

How? _____

Have you ever had a blackout? _____ Seizures? _____

Hallucinations? _____ DT's _____

What is your drinking or drugging behavior? _____
Aggressive; calm; abusive; quiet; happy etc.

What is your longest period of sobriety in the past two years? _____

Have you ever misused or abused prescription drugs? _____ If so, what drugs? _____

Have you ever abused or misused over-the-counter drugs? (Nyquil, No-Doz, Vivarin, Aspirin etc.)

If so, what drugs: _____

Have you used or abused any other substances (not listed above) in the past to change your mood or get you "high"? _____ If yes, what? _____

How long? _____

Any other information concerning your past alcohol or drug use that you would like to share:

ARREST RECORD

Number of times arrested _____ What is the longest you have spent in jail? _____

What misdemeanor(s) and/or felony(s) have you spent time in jail for: _____

Has your driver's license ever been suspended or revoked? _____ If so, why and when?

Have you ever been in prison? _____ When? _____ Why? _____

Where? _____

Are there any charges pending against you at this time? _____

If so, please explain: _____

Any court dates pending at this time? _____ If so, when? _____

Do you object to us notifying the Law that you are here? _____

Are you presently on probation or community control? _____

How long? _____ County? _____

Probation or community control officer's name: _____

Phone # _____

Remarks: _____

RELIGIOUS BACKGROUND

Are you a church member? _____ Have you ever been a church member? _____

If so, what denomination? _____ Where? _____

Pastor's Name: _____ How often did you attend? _____

Were you ever a church officer or Sunday School teacher? _____

If so, what? _____

Did you attend church as a child? _____ How often do you read the Bible? _____

Have you ever been baptized? _____

When did you last attend Church on a regular basis? _____

Do you ever pray? _____ If so, when? _____

Are you saved? _____ Yes _____ No _____ Not sure. If yes, when? _____

Religious background of your wife: _____

-STOP HERE-

APPLICATION AND CONTRACT FOR ACCEPTANCE TO COMPASSION HOUSE

I hereby assume any risks that may be incident to my stay here and do hereby for my heirs, executors, administrator, myself or any personal representative release and relinquish forever any and all claims of any nature whatsoever that might arise out of my stay at the Compassion House in Shell Lake, WI, 54871.

I do hereby promise and agree that I will cooperate with the rules of Compassion House to the best of my ability and that I will carry out the work assigned to me in maintaining Compassion House as my physical condition permits and to the best of my ability.

I have read and or have had read to me all the foregoing questions and/or statements and have made the answers thereto contained in this application and am fully aware of the meaning of same and I willingly and personally sign this application and contract fully knowing what I am doing.

Any personal property left upon my departure from Compassion House and not claimed within three days by me or my authorized representative shall become the property of Compassion House to dispose of to the best interest of Compassion House.

I agree to the following:

I understand that in order to be accepted as a 90 day resident of the Compassion House, I agree to pay the \$1800 operation fee due one week prior to entering as a resident.

I understand that this fee is non-refundable.

NOTE: NO PERSON OTHER THAN THE APPLICANT IS AUTHORIZED TO SIGN THIS APPLICATION/CONTRACT.

Applicant _____ **Witness** _____

Date _____

Date Entered: _____

Date of Departure: _____

Director _____

Date _____

In-House Director _____

Date _____

Pastor _____

Date _____

Elder _____

Date _____

COMPASSION HOUSE FINANCIAL AGREEMENT

I agree to the following:

I understand that in order to be accepted as a 90 day resident of the Compassion House, I agree to pay the \$1800 operation fee due one week prior to entering as a resident.

I understand that this fee is non-refundable.

Signature of Applicant

Date