

**Christ Recovery Center Application**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN#: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Occupational Background: \_\_\_\_\_

Why do you want admission to CRC? \_\_\_\_\_

List your addictions (alcohol, marijuana, prescription med's, etc.) : \_\_\_\_\_

Have you ever been in any UGMTC programs? \_\_\_\_\_ If so, when? \_\_\_\_\_

Who referred you to CRC? \_\_\_\_\_

Marital status: \_\_\_\_\_ Number of children: \_\_\_\_\_ Are you required to pay child support? \_\_\_\_\_

Are your payments current? (Explain): \_\_\_\_\_

Probation/Parole officer's name and number. (If applicable): \_\_\_\_\_

Any physical limitations? (Explain): \_\_\_\_\_

List amount's of any sources of income. (Unemployment, SSI, etc.): \_\_\_\_\_

List all medications and their purpose: \_\_\_\_\_

\_\_\_\_\_

List any medical or dental problems: \_\_\_\_\_

\_\_\_\_\_

List any mental health treatment (give diagnosis if known): \_\_\_\_\_

\_\_\_\_\_

List any family or relationship problems you are currently experiencing: \_\_\_\_\_

Have you ever been to the Emergency room, hospital or by a doctor because of an injury to your head?

Did you ever Lose consciousness or experience a period of being dazed and confused because of an injury to your head?    Yes                      No

**If yes**, have you ever experienced the following symptoms on a daily basis since your head injury:

Please circle **ALL that apply**:    dizziness; anxiety; depression; difficulty concentrating; difficulty remembering; difficulty reading, writing or calculating; poor problem-solving; difficulty performing your job/school work; change in relationships with others; or poor judgment

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Have you ever been convicted of a sex crime?                      Yes      No

Have you ever been convicted of a crime against another person (violent crime)?                      Yes      No

Are you currently on probation or parole?                      Yes      No                      **Please list your convictions below:**

Education: Highest grade level completed: \_\_\_\_ If you did not graduate do you have your GED? \_\_\_\_\_

List colleges or vocational schools and degrees attained: \_\_\_\_\_

Have you ever been treated for an alcohol or drug addiction before? \_\_\_\_ If so, where, when, and how long did you stay in each? \_\_\_\_\_

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**Answer the following questions YES or NO**

Do you commit to fully participate in all the activities of the AA based Christian-centered program and abstain from activities staff deem contrary to recovery and spiritual growth? \_\_\_\_\_

Are you willing to abstain from the pursuit of romantic relationships while in our program? (Other than a current relationship with your legal spouse) \_\_\_\_\_

Are you physically and mentally able to participate in all aspects of this program including work assignments? \_\_\_\_\_

Did you personally complete this application? \_\_\_\_\_

**Please give a brief history of your alcohol/addiction problems.**

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Please sign and date this application:

Name: \_\_\_\_\_ Date: \_\_\_\_\_