

**TWELVE WAY FOUNDATION  
PROGRAM APPLICATION**

**PERSONAL INFORMATION**

**SS#** \_\_\_\_\_

**NAME** \_\_\_\_\_  
(last) (first) (middle) (name called)

**PERMANENT ADDRESS** \_\_\_\_\_  
(PO Box or Street) (City) (State) (Zip)

**MAILING ADDRESS** \_\_\_\_\_  
(PO Box or Street) (City) (State) (Zip)

**DATE OF BIRTH** \_\_\_\_\_ **AGE** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_

**NUMBER OF BROTHERS** \_\_\_\_\_ **SISTERS** \_\_\_\_\_ **YOUR POSITION IN FAMILY (1<sup>ST</sup>, 2<sup>ND</sup>, etc.)**

**EMERGENCY NOTIFICATION** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
(Name) (Area Code & Number)

**Address** \_\_\_\_\_  
(Street) (City) (State) (Zip) (Relationship)

**PARENTS NAME (If living)** \_\_\_\_\_

**PARENTS ADDRESS** \_\_\_\_\_  
(PO Box or Street) (City) (State) (Zip)

**Are Parents Separated?** \_\_\_\_\_ **Divorced?** \_\_\_\_\_ **Reason** \_\_\_\_\_

**Is either Parent Deceased?** \_\_\_\_\_ **Father** \_\_\_\_\_ **Mother** \_\_\_\_\_ **When?** \_\_\_\_\_

**Do you own/rent a home?** \_\_\_\_\_ **Property?** \_\_\_\_\_ **Vehicle?** \_\_\_\_\_ (Model/Year)

**Is Your Vehicle legal to Drive?** \_\_\_\_\_ **Insurance Coverage?** \_\_\_\_\_ **Registration/Tags/Inspections?** \_\_\_\_\_  
(PLEASE PROVIDE PROOF OF THE ABOVE)

**Do you posses a valid Driver's License or I. D.?**  
**License ?** \_\_\_\_\_ **State** \_\_\_\_\_ **Number** \_\_\_\_\_ **Type** \_\_\_\_\_

**OCCUPATIONAL EXPERIENCE**

**Usual Occupation** \_\_\_\_\_ **How Many years at Trade?** \_\_\_\_\_

**How long on present Job?** \_\_\_\_\_ **Is this your usual occupation?** \_\_\_\_\_ **If not, why not?** \_\_\_\_\_

**Are you now working?** \_\_\_\_\_ **If yes, what company and where?** \_\_\_\_\_

**If not working, why not?** \_\_\_\_\_

**List any special skills(such as cook, barber, printer, mechanic, etc.)** \_\_\_\_\_

**Last steady job** \_\_\_\_\_  
(What) (Where) (How long)

**OCCUPATIONAL EXPERIENCE continued**

**Have you ever been Fired from a job because of your use of Alcohol or Drugs?** \_\_\_\_\_ **Have you ever Quit a job 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, explain: \_\_\_\_\_

Results of Court-martial \_\_\_\_\_

**MARITAL STATUS**

Married? \_\_\_ Single? \_\_\_ Separated? \_\_\_ Divorced? \_\_\_ Widowed? \_\_\_

Wife's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Wife's Address \_\_\_\_\_  
(PO Box or Street) (City) (State) (Zip)

How long married? \_\_\_\_\_ How long separated? \_\_\_\_\_ How long divorced? \_\_\_\_\_

Reason for separation or divorce? \_\_\_\_\_ Has ex-wife remarried? \_\_\_\_\_

Number of times married? \_\_\_\_\_ (if more than one complete below)  
Marriage #1 \_\_\_\_\_ When Divorced? \_\_\_\_\_ Reason \_\_\_\_\_

Marriage #2 \_\_\_\_\_ When Divorced? \_\_\_\_\_ Reason \_\_\_\_\_

Marriage #3 \_\_\_\_\_ 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 \_\_\_\_\_

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 \_\_\_\_\_

**MARITAL STATUS** continued

If presently married, does wife work? \_\_\_ if yes, where? \_\_\_\_\_

Occupation? \_\_\_\_\_ Income \_\_\_\_\_

**EDUCATION**

How many years in: GRADE SCHOOL \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_ COLLEGE \_\_\_\_\_ GRAD  
SCHOOL \_\_\_\_\_

College Degree \_\_\_\_\_ Major/Minor \_\_\_\_\_ Post Graduate \_\_\_\_\_  
(Type & Year) (Degree)

Trade School \_\_\_\_\_ Did you Complete? \_\_\_\_\_ Year \_\_\_\_\_

Name of College or Trade School \_\_\_\_\_

Specialized Training \_\_\_\_\_

**MEDICAL INFORMATION**

What is the state of your health? \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ 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 any Venereal disease in the past? \_\_\_\_\_

What? \_\_\_\_\_ When? \_\_\_\_\_ When cured or arrested? \_\_\_\_\_

Have you ever been tested for HIV? \_\_\_\_\_ When? \_\_\_\_\_ Are you open to being tested for the HIV Virus while a resident at Twelve Way? \_\_\_\_\_

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 \_\_\_\_\_

Other Alcohol or Drug Rehabilitation Centers attended? \_\_\_\_\_

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? \_\_\_\_\_

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 \_\_\_\_\_

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Have you ever had any thought of Suicide? \_\_\_\_\_ When? \_\_\_\_\_ Have you ever attempted suicide? \_\_\_\_\_

\_\_\_\_\_

When? \_\_\_\_\_ How did you try to do this? \_\_\_\_\_

\_\_\_\_\_

**MEDICAL INFORMATION** continued

Have you ever been treated for any Psychiatric illness? \_\_\_\_\_ If yes, explain and describe treatment you received \_\_\_\_\_

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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?Meth?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? \_\_\_\_\_ D.T.'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. \_\_\_\_\_  
Is 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: \_\_\_\_\_  
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### **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? \_\_\_\_\_  
\_\_\_\_\_

Have you been arrested for or convicted of a Sex Crime? \_\_\_ Yes \_\_\_ No

Has your Driver's License ever been suspended or revoked? \_\_\_ If so, why and when?  
\_\_\_\_\_

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Have you ever been in prison? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_ Where? \_\_\_\_\_

Are there any charges pending against you at this time? \_\_\_\_\_ If so explain: \_\_\_\_\_

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Any courts pending at this time? \_\_\_\_\_ If so, when? \_\_\_\_\_ Where? \_\_\_\_\_

Do you object to us notifying the Law that you are here? \_\_\_\_\_ Are you presently on Probation or Parole? \_\_\_\_\_ How long? \_\_\_\_\_ County? \_\_\_\_\_

Probation or Parole Officer's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Remarks: \_\_\_\_\_  
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**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 your Bible? \_\_\_\_\_

Have you ever been baptized? \_\_\_\_\_ When did you last attend church on a regular basis? \_\_\_\_\_

Do you ever pray? \_\_\_ Is so, when? \_\_\_\_\_

Are you saved? \_\_\_ Yes \_\_\_ No \_\_\_ Not sure. If Yes, when? \_\_\_\_\_

Religious background of your wife: \_\_\_\_\_

**STOP HERE**