

EUREKA RESCUE MISSION MEN'S NEW LIFE DISCIPLESHIP PROGRAM
PERSONAL ASSESSMENT FOR ENROLLMENT

Name: _____ Date: _____

Answer each of the following questions truthfully. Try not to leave any blanks.

What is your view of your life right now? _____

ALCOHOL HISTORY

Do you believe you have a drinking problem? YES NO

If so what is your typical drinking pattern? Daily Occasionally Binges

What was your longest sober period this year? _____

When did you start drinking? _____

When did you have your last drink? _____

DRUG HISTORY

Do you believe you have a drug problem? YES NO

What drugs do you use regularly? _____

What is your typical using pattern? Daily Occasionally

What was your longest clean period this year? _____

When did you start using? _____

Describe your pattern of drug use in the last 30 days. _____

When did you last use? _____

List any other compulsive problems (for example: food, sex, gambling). _____

How many attempts have you made to quit your habitual problem? _____

TREATMENT HISTORY

How many times have you admitted yourself for detoxification from drugs or alcohol? ____

List any recovery programs that you have been in: _____

LEGAL STATUS

Are you currently involved in any legal matters? YES NO
If so with who? Probation Parole Divorce Civil
 Child Care Custody Court Appointed Programs Other
Please provide a contact for any authority you are involved with: (Parole agent, etc.)

How much time have you spent in Prison _____ Jail _____

List convictions and where you were incarcerated: _____

MEDICAL HISTORY

D.O.B. _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Do you have any learning disabilities? YES NO

Do you have seizures or convulsions? YES NO

Are you currently on any medications? YES NO

If so please list them all: _____

Table with 2 columns: DO YOU HAVE: and HAVE YOU EVER: containing various medical conditions like HIV, Hepatitis, Sores that don't heal, High blood pressure, Venereal disease, Vision problems, Diabetes, attempted suicide, had deep depression, had memory difficulty, had panic attacks, had anger issues, had high stress.

Is there any other malady or illness in your life we should know about? _____

Are you currently under a physician, or any other medical persons care? _____

RELATIONSHIPS

What is the current status you have with your family? _____

Who should we contact if there is an emergency?

Name _____ Phone#: _____

Are you currently married or involved with a lady? YES NO

Do you have any children? YES NO

If so give name(s) and age(s): _____

SCHOOL

What was the highest grade attended at school? _____

College _____ Training Schools _____

Where you in the Military? YES NO

SPIRITUAL BACKGROUND

Did you attend a church as a child? YES NO

If so, what church? _____

Where you baptized? YES NO

What is your current relationship with God? _____

Are you currently attending Church? YES NO

Name of Church: _____

AGENCIES

Are you receiving SSI or other county/state financial assistance? YES NO

**If you are accepted into the New Life Program you can no-longer draw G.R. Everything you will need will be provided by the Eureka Rescue Mission.*

BLACKOUT

On acceptance into the New Life Program you will spend a period of time as a candidate. As a candidate you will be on a complete blackout. While on blackout your mail will be monitored and withheld until your candidacy is completed. Mail concerning medical, legal or life threatening matters will be distributed to you in a timely manner.

OTHER

Do you have a vehicle? YES NO

If there is any other issue in your life right now that may not be addressed on this assessment, please enter it here: _____

I hereby certify that I have answered all questions truthfully and with integrity. I also certify that I agree to all conditions set forth in this document and in the Eureka Rescue Mission Policies and Procedures.

Applicant Signature: _____ Date: _____

