

## Fresh Wind Recovery Ministry Pre-Application Form

*Please note, the following survey collects sensitive data and PII (Personally Identifiable Information).*

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### Personal Information:

1. Full Name (First, Middle, Last): \_\_\_\_\_
2. Preferred Name: \_\_\_\_\_
3. Client Email: \_\_\_\_\_
4. Date of Birth: (MM-DD-YYYY) \_\_\_\_\_
5. Sex Assigned at Birth: (☐ Male, ☐ Female)
6. Gender Identity: (☐ Male, ☐ Female, ☐ Transgender, ☐ Non-Binary, ☐ Other)
7. Sexual Orientation: (☐ Heterosexual, ☐ Gay, ☐ Lesbian, ☐ Bisexual, ☐ Queer, ☐ Other)
8. Race/Ethnicity: (Select all that apply)
  - ☐ American Indian, Alaska Native, or Indigenous
  - ☐ East Asian
  - ☐ South Asian
  - ☐ Southeast Asian
  - ☐ Black or African American
  - ☐ Hispanic, Latino, Latina, or Latine
  - ☐ Native Hawaiian or Other Pacific Islander
  - ☐ White
  - ☐ Other (Please specify)
9. Primary Contact Number: \_\_\_\_\_

**10. Alternative Contact Person & Number:**

☐ **Emergency Contact:** \_\_\_\_\_

☐ **Emergency Phone Number:** \_\_\_\_\_

- 11. Do you have a Driver's License and/or ID?** (☐ State ID, ☐ Driver's License, ☐ Social Security Card, ☐ Passport, ☐ none)  
☐ **If no, do you have a birth certificate (Y/N)**
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**Living Situation:**

- **Are you currently incarcerated?** (Yes/No)
  - If yes, Name of Institution: \_\_\_\_\_
  - Release Date/Court Date/Sentencing Date: \_\_\_\_\_
- **What is your current living situation?** (☐ Permanent housing, ☐ Temporary housing, ☐ Unhoused, ☐ Other)
- **Who were you living with before entering the program?** (☐ Spouse/☐ partner/☐ friend/☐ parent/☐ lacked perm housing, ☐ other \_\_\_\_\_)
- **If you have a permanent address, please provide:**
  - Street Address: \_\_\_\_\_
  - City, State, Zip Code: \_\_\_\_\_
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- **Are you currently employed?** (Yes/No)
  - If yes, Where?: \_\_\_\_\_
- **Do you currently have any income?** (Yes/No)
  - If yes, what is your income? (check all that apply- ☐ Temporary Assistance for Needy Families (TANF), ☐ Supplemental Nutrition Assistance Program (SNAP) - Food stamps, ☐ Medicaid, Medicare, ☐ Social Security Income (SSI), ☐ Social Security Disability Income (SSDI), ☐ Unemployment Income, ☐ Child Support, ☐ Other)

- Please Identify the amount of income \_\_\_\_\_
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### **Family & Childcare:**

- **Are you** (☐ single, married, ☐ divorced, ☐ widowed, ☐ partner, ☐ separated)?
  - **Do you have any children?** (Yes/No)
    - **List the gender and age of each child:**
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- **Are you pregnant?** (Yes/No/ Not applicable)
  - **Do you have an active Child Protective Services case with DFCS?** (Yes/No)
  - **Do you have custody of your children?** (Yes/No)
  - **Are you seeking reunification with your children?** (Yes/No/ not applicable)
  - **What are your childcare plans while in the program?** (☐ Family member has temporary custody, ☐ children are in mother's care, ☐ child is no longer a minor, ☐ foster care, ☐ other \_\_\_\_\_)
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### **Substance Use & Treatment History:**

- **At what age did you first use alcohol or drugs?** (☐ under 13, ☐ 13-15 years old, ☐ 16-18 years old, ☐ 18-20 years old, ☐ over 21 years old)
- **What substances do you use?**(☐ Alcohol, ☐ Methamphetamine, ☐ Heroin, ☐ Prescription Medication/Pills, ☐ Marijuana, ☐ Cocaine, ☐ Kratom, ☐ Other)
- **What methods have you used to take your substance(s) of choice?** (☐ Drinking, ☐ Smoking (pipe,etc.), ☐ Swallow (as pill), ☐ Snort,

Injection/Shoot Up (Intravenous Use - IV), ☐ Inhale/Huff, ☐ Oral Ingestion  
(except swallowing, ☐ Other)

- **What was your last date of use and how much?** \_\_\_\_\_
- **Do you require detoxification or hospitalization?** (Yes/No)
- **Have you previously been in treatment?** (Yes/No)
  - If yes, how many times and when/where?

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- Did you leave any treatment Against Medical Advice (AMA)?

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### **Medical & Mental Health History:**

- **Do you currently have any medical conditions?** (Yes/No)
  - If yes, please describe:

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- **Do you have a mental health diagnosis?** (Yes/No)
    - If yes, please specify (with diagnosis)
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- **Do you have any physical or mental health disabilities that prevent you from working?** (Yes/No)
    - If yes, please specify (with diagnosis if diagnosis):
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- **Are you currently prescribed any of the following medications?** (☐ Suboxone, ☐ Methadone, ☐ Subutex, ☐ Buprenorphine, ☐ Naltrexone, ☐ Vivitrol)
  - **List any other current medications (Mandatory):**
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- **Who is your current physician/doctor?**

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- **Do you have any allergies? (Food, bugs, medication, etc.)**

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- **Do you need medical attention? (Yes/No)**
    - If yes, please describe your current needs:

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- **Do you have any long-term medical conditions (e.g., diabetes, high blood pressure, epilepsy)? (Yes/No)**
  - **Do you have medical insurance? (Yes/No)**

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### **Legal & Community Supervision:**

- **Do you have any past or pending legal issues? (Yes/No)**
  - If yes, describe charge(s), date(s), and sentence(s): \_\_\_\_\_
- **Are you under community supervision (probation or parole)? (Yes/No)**
  - If yes, list your community supervision officer's contact information:

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- **Does your officer know you are seeking treatment? (Yes/No)**
  - **How often are you required to report? \_\_\_\_\_**
  - **Do you have a public defender or private attorney? (Yes/No)**
    - If yes, list their contact information:

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- **Are you required to register as a sex offender? (Yes/No)**
    - If yes, provide details:
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## **Military Service:**

- **Have you served in the military?** (Yes/No)
  - **Has an immediate family member served in the military?** (Yes/No)
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## **Agreement & Authorization:**

- **Why are you seeking treatment at Fresh Wind?**
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- **Social Security Number:** (To be provided via call for security reasons) \_\_\_\_\_
  - **Permission for Background Check:**
    - *I give permission to Fresh Wind Recovery to run a criminal background check. (Yes/No)*
  - **Signature:**
    - *I hereby declare that all the information I have given in this application is true. I understand that any false information will be grounds for non-admission to or dismissal from the Fresh Wind Recovery program. I also understand that submitting this application does NOT guarantee entrance into the Fresh Wind residential program.*
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- **Initials to Agree to Terms Above:** \_\_\_\_\_