



724 Drummond Dr.
Nashville, TN 37211
931-214-2558

Admission Application

Date/time _____

Name _____ Telephone Number _____

Email address.

Parole/Release date _____

Probation/Parole officers name and phone number.

Social Security Number _____ Drivers License: _____

Date of Birth _____ Age: _____ Gender _____ Race _____

Marital Status _____ Sexual orientation _____

Are you currently in a relationship Yes No

Do you have the following:

Valid license _____ SS card _____ Birth Certificate _____

Emergency contact _____ Relationship.

Emergency contact phone number.

Number of Dependents _____ Ages _____

Are you ordered to pay child support. Yes. No

Amount\$ _____ Current. Yes. No

Do you have an open DHS/DCS case? Yes. . No

If yes, explain _____

Who has custody?



724 Drummond Dr.
Nashville, TN 37211
931-214-2558

Are you able to contact or visit your children?

Please list 2 References Brighter Paths may contact if necessary:

(Name)

(Phone Number

(Name)

(Phone Number)

Substance Use History

DOC:

Age of first use

Substance

Date of last use

Amount of last use

How Often

Are you an IV user: Yes No

If yes, what drug(s) did you use?

Any clean time: No Yes How long: _____ Any previous treatment: Yes No
Where? _____

When? _____

Did you complete the program: YES No

If no, then why not?



724 Drummond Dr.
 Nashville, TN 37211
 931-214-2558

Most recent living environment (drug free, non-violent, family support, unstableness, prior incarceration) _____

Any childhood trauma? Yes No Explain: _____

Family History

(Please place a check for those that apply above)

Issue	Mother	Father	Brother	Sister	Other
Drugs.					
Alcohol.					
Mental Health.					

Do you have a healthy support system? Yes No

Do you have a mental health diagnosis? Yes No If Yes, Diagnosis?

Current medications _____

Do you have a medical supply? _____ How many days? _____

Have ever been admitted into a mental hospital? Yes No

When _____ Why _____

Have you ever attempted suicide? Yes No

When _____ How _____

Do you have any physical condition that requires special equipment or that interferes with day-to-day functioning? Yes No

If Yes, _____

Are you pregnant _____

Legal Matters

Are you a convicted felon? Yes No



724 Drummond Dr.
Nashville, TN 37211
931-214-2558

If yes, in what states and for what crimes have you been convicted of?

Do you have drug charges that exempt you from government assistance. Yes No

Currently on probation/ Parole : Yes No Is permission needed? Yes No

Probation/Parole Officer's name and contact
number _____

Conditions of your
probation/Parole _____

Any previous sex crime convictions. Yes No

If yes, explain. _____.

Do you have outstanding legal matter(s)? Yes No

If yes, explain _____

What do you expect to achieve once you have completed the program?

Any immediate/urgent needs

Please provide information about yourself personally and why you would like to be in this program::

Date: _____

Signature: _____