Fresh Wind Recovery Ministry Pre-Application Form

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

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)**

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:_____
-
- **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 _____

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:**

- **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 _____)

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?

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

Medical & Mental Health History:

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

- **Do you have any physical or mental health disabilities that prevent you from working?** (Yes/No)
    - If yes, please specify (with diagnosis if diagnosis):

- **Are you currently prescribed any of the following medications?** (☐Suboxone, ☐Methadone, ☐Subutex, ☐Buprenorphine, ☐Naltrexone, ☐Vivitrol)
- **List any other current medications (Mandatory):**

- **Who is your current physician/doctor?**

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

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

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

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:

- **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:

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

Military Service:

- **Have you served in the military?** (Yes/No)
- **Has an immediate family member served in the military?** (Yes/No)

Agreement & Authorization:

- **Why are you seeking treatment at Fresh Wind?**

- **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.*

_____

- **Initials to Agree to Terms Above:_____**