**Project New Start Assessment Application**

**Date: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number (870) 523-8413 Fax Number (870) 217-0912 Mailing Address: P.O. Box 885 Newport, AR 72112**

**#1 Have you done an assessment with us before? \_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_ (If Yes, look in file cabinet for assessment)**

**#2 PNS is designed to be a 1-year program but can be completed earlier with good behavior. PNS is a tobacco free faith based spiritual boot camp program.**

**#3 Are you physically and mentally able to do chores and 40 hours a week of volunteer work for PNS? \_\_\_\_\_\_ #4 Have you have been to prison? Yes/No #5 How many times? \_\_\_\_**

**#6 Have you ever been charged or convicted of a sexual offense Yes/No Violent crime Yes/No If yes; what charge?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#7 Do you have any medical problems? List them: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #8 Have you ever been diagnosed with a mental illness?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#9 Are you taking any medications? List them\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
If yes, do you have your medication? \_\_\_\_\_\_\_\_\_\_ (You must bring your medications in with you) Do you have insurance for your medical needs? YES or NO**

**Any medication that can be abused, is narcotic, a sedative, can alter your mood or can get you high will not be allowed. Are you willing to voluntarily stop taking any medication that falls into the previously mentioned categories? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Female Male Race \_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_ Do You Have Active Driver’s License? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Where would you be coming from? Home Hospital Jail (Facility Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If coming from jail once you have been released you must come straight here.**

**Do you have any upcoming court dates? (When?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District Or Circuit County? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What are your charges? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you on probation/Parole? (Circle One) Felony -Misdemeanor- Juvenile Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have a lawyer? Yes/No If yes; is your lawyer court appointed? Yes/No Please state name and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you know anyone or have a relative in our program? \_\_\_\_\_\_\_\_ Why do you want to enter program? Drugs Alcohol Depression Homeless (If Drugs What Type? )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You will not receive a certificate of completion until you have successfully completed the program. Sexual orientation: Straight Gay Lesbian Bisexual**

**Are you pregnant? Yes OR No If yes how many weeks are you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* There is a 1-month Blackout. No visits, mail, or phone calls during that time. You may only receive mail during this time. Are you okay with this? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you collecting a check of any type? Yes or No If yes, what type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Why are you collecting a check? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**45% of your check will be donated towards PNS each month is this ok? YES OR NO (This will not exceed $400.00 a month)**

**If you have a child or children, are they in DHS custody? \_\_\_\_\_\_\_\_\_\_\_\_ # of kids \_\_\_\_\_\_\_\_\_\_\_**

**If yes then provide DHS caseworkers name, county and phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* When would you like to come into the facility? \_\_\_\_\_\_\_\_\_\_\_\_\_Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interview Form done by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your assessment will be reviewed, and someone will contact you to advise you if you are accepted.**

**STAFF USE ONLY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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