**Living Water Recovery Center 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Food Stamps? Yes or No How much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\* 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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**Date: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#1 Do the children live with you? \_\_\_\_\_\_\_\_\_\_**

**#2 Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #3 Child’s Age \_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female**

**#4 Do they have any medical problems? List them: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #5 Have they ever been diagnosed with a mental illness? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#6 Are they taking any medications? List them\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
#7 If yes, do you have their medication? \_\_\_\_\_\_\_\_\_\_ (You must bring child’s medications in with you) #8 Does the child have insurance for medical needs? YES or NO**

**#9 Do the children attend school? \_\_\_\_\_\_\_\_\_\_\_ #10 What grade? \_\_\_\_\_\_\_\_\_\_ #11 What school do they currently attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Insurance? Yes or No Insurance #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**#12 Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #13 Child’s Age \_\_\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female**

**#14 Do they have any medical problems? List them: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #15 Have they ever been diagnosed with a mental illness? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#16 Are they taking any medications? List them\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
#17 If yes, do you have their medication? \_\_\_\_\_\_\_\_\_\_ (You must bring child’s medications in with you) #18 Does the child have insurance for medical needs? YES or NO**

**#19 Do the children attend school? \_\_\_\_\_\_\_\_\_\_\_ #20 What grade? \_\_\_\_\_\_\_\_\_\_ #21 What school do they currently attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance? Yes or No Insurance #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**#22 Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #23 Child’s Age \_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female**

**#24 Do they have any medical problems? List them: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #25 Have they ever been diagnosed with a mental illness? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#26 Are they taking any medications? List them\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
#27 If yes, do you have their medication? \_\_\_\_\_\_\_\_\_\_ (You must bring child’s medications in with you) #28 Does the child have insurance for medical needs? YES or NO**

**#29 Do the children attend school? \_\_\_\_\_\_\_\_\_\_\_ #30 What grade? \_\_\_\_\_\_\_\_\_\_ #31 What school do they currently attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance? Yes or No Insurance #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**#32 Do the children need clothes or shoes?**

**\*Children will attend Cedar Ridge Schools**

**\*All clients and children will attend church services at New Life Church every Wednesday evening and Sunday morning. Clients and children will also attend life skills classes every evening. Church services and life skills classes are a mandatory requirement of this program.**