



**Closest living relative & relationship**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Phone*

**Emergency Contact Person?**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Phone*

**Check the following items you have in your possession:**

- Valid drivers license**
- Valid state issued id**
- Original Social Security Card**

**Are you a veteran?      Yes    No**

**Are you currently on parole or probation?      Yes    No**

**If yes, who is your current PO?**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Phone*

**What were your initial charges?**

**Have you ever been incarcerated?      Yes    No**

**If yes, when/why?**

**Do you have any pending charges?      Yes    No**

**If yes, what are your charges and when is your court date?**

**Education**

**Circle the last year of school completed:**

**Grade School 1 2 3 4 5 6 7 8 9 10 11 12**

**Did you receive GED?**

**College 1 2 3 4**

**Graduate School 1 2 3 4 5 6 7 8**

**List any specialized training you have received through trade schools, or  
apprentice programs:**

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**Did you receive a diploma or certification from the trade school or program?**

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**Medical / Mental Health Information**

**Do you have any disabilities or medical conditions that keep you from  
working or limit the type of work you do? Yes No**

**If yes, please explain**

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**Are you currently under a doctor's care? Yes No**

**If yes, what for?**

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**Are you currently taking any form of medication? Yes No**

**If yes, what, why, and amount/frequency**

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**Have you ever been given a mental health diagnosis? Yes No**

**If yes, what was the diagnosis and when/where did you receive it?**

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**Have you ever attempted suicide or been hospitalized for mental health concerns? Yes No If yes please explain**

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**How much alcohol do you drink per week?**

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**How long has it been since your last drink?**

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**What is your drug of choice and what was your frequency of use?**

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**How long has it been since you last took any form of drugs other than prescribed medication?**

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**Do you need help in overcoming a drug or alcohol problem? Yes No**  
**Have you been in treatment before? Yes No If yes please explain:**

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### **Employment**

**Are you currently employed? Yes No**

**If yes, what is the name of the firm, company, or person you are employed?**

*Company Name*

*Supervisor*

*Phone*

**How many hours per week do your work? \_\_\_\_\_**

**What shift? \_\_\_\_\_ How long have you worked there? \_\_\_\_\_**

**Are you currently receiving income from any other source? Yes No**

**If yes, what type of income and how much per month do you receive?**

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**Do you currently have a checking/saving account? \_\_\_\_\_**



*FIRM FOUNDATION  
HOUSE RULES*

1. Participation in Christian-based devotions daily and weekly attendance at spiritual fellowship. Persons from all faith traditions are welcome
2. No use or possession of alcohol/drugs
3. No violence or threats of violence
4. Residents in recovery are expected to attend 12-step meetings and outpatient counseling as recommended by transitional house staff
5. Obtain/maintain appropriate employment as well as immediately notify staff of any employment changes
6. Sign all necessary consent forms to allow appropriate communication between staff and PO, case manager, employer, etc.
7. Develop goal planning with staff and actively follow plan to reach defined goals
8. Complete assigned chores and clean all living areas
9. Residents are responsible for their own food and for sharing equally the “common” food that has been donated
10. Pay weekly program fees
11. Meet twice monthly with FAITH Mentor
12. All fathers with children under the age of 18 must complete PROUD DADS
13. No visitors allowed unless staff present, only in approved portion of home, and only until 9:00 pm
14. No romantic displays of affection
15. Curfew is 10:30 pm on week nights and 11:00 pm on weekends
16. Comply with random urine screens & searches (mail, room, belongings, etc)
17. Only smoke in designated smoke areas
18. Review all medications and/or medication changes with staff
19. Attend weekly house meeting and scheduled individual sessions with staff
20. Cannot have/drive vehicle without appropriate documentation and staff approval
21. Comply with all legal, psychiatric, and medical recommendations/stipulations

Prohibited items:

Drugs, alcohol, drug paraphanelia, pornographic material, or weapons

I, \_\_\_\_\_, have reviewed these rules and acknowledge that any violation of these rules or refusal to abide by Firm Foundation recommendations may result in my termination from the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_