

Client information

STRAIGHT EDGE APPLICATION v-1.000

TO BE FILLED OUT BY POTENTIAL CLIENT ONLY

Please read and understand program expectations before applying.

Please completely fill all questions without leaving any blank questions.

First name: _____ Middle: _____ Last: _____

Date of birth: _____ Social security #: _____ - _____ - _____

Are you homeless: _____ Are you a veteran: _____

Are you an addict: _____ What is your drug of choice: _____

Last time you used drugs or alcohol: _____

Do you have an Email: _____ Email address: _____

Do you have a phone number: _____

Current address: _____

City: _____ State: _____ Zip: _____

Are you currently incarcerated: _____ Name of Facility: _____

D.o.c.# _____ Currently on Parole: _____ Probation: _____

Name of Officer: _____ Out of what county: _____

Do you have any pending charges: _____ If yes what are the charges: _____

And Where, what court: _____

Have you been clinically diagnosed with **mental health issues**: _____ If so what Meds, and how long have you been on them: _____

Have you been in Drug treatment before: _____ If yes where: _____

If yes, what are the reasons you left: _____

Current Medical issues: _____

Do you have transportation to Straight Edge: ____ With who: _____

Do you have two forms of ID: _____ Please mark all that apply: Birth Certificate

Driver's License State ID Passport Social security card

Do you Own a Vehicle: _____ Do you have insurance: _____

To Complete These Programs You Must Work and hold a job. (unless on disability or in retirement)

Estimated date of arrival: _____ (If accepted)

Do you have a way of paying entry fees: _____

Who do we Contact? (If accepted) _____

Emergency contact info:

Name: _____ Address: _____

Phone: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Straight Edge Inc. policy is that I enter into a personal contract with Straight Edge that I will not drink or use drugs. I understand I am subject to random drug tests. I promise that I will leave the house immediately if it is determined that I have been using drugs or alcohol and I am NOT to return to Straight Edge property, or any other properties related thereof unless given permission and accompanied by staff. I also understand any violations that I may break while in these programs are to be brought up in front of my House Group meetings, some to be voted on. I understand that violations can cause me to be immediately removed from property. It is to my understanding that transportation may not always be available. If it is found that I have not been truthful in this application, it can also lead to my eviction. I understand that disruptive behavior or nonpayment of program fees can lead to my immediate eviction. By signing this Application, I authorize Straight Edge Inc. to speak and work with Probation and Parole, Court Officers, Drug Court, My Family Etc.

SIGNATURE: _____

DATE: _____



Accepted

Denied