

Rahab's Retreat and Ranch

Screening

Applicants Personal Data:

Date: _____

Name: _____ DOB: _____ Age: _____

Permanent Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Alternate Phone: _____

Alternate Contact: _____ Phone: _____ Relationship: _____

General Information:

Education Level: _____ Are you Employed? _____ If yes, where? _____

Marital Status: Single Legally Married Separated Divorced Widowed

How many times have you been married? _____

Do you have any pending legal issues? Yes No Warrants? Yes No

Please explain: _____

Do you have a valid driver's license? Yes No If you do not have a valid driver's license please explain: _____

D.L. # _____ State _____ Expiration Date: _____

Do you have a Social Security Card? Yes No

Have you ever been diagnosed and treated for any Psychiatric Disorders? Yes No

Cutting? Yes No Eating Disorder? Yes No Suicide Attempts? Yes No

Explain: _____

Do you have any physical or medical problems? Yes No

Explain: _____

Are you currently taking any prescription medications? Yes No If yes, please the medications: _____

Do you smoke, use vapor, or tobacco product? Yes No Which and how much? _____

Are you currently using any illicit drugs or alcohol? Yes No

What and how much? _____ Last use? _____ Please list any previous drug/alcohol treatments: _____

Do you have children? Yes No Are your children in your custody? Yes No
How many children do you have? _____ Will your children be coming in with you or coming
to Rahab's later? Please explain: _____

What is the age range of your children? _____

Are you pregnant? Yes No Due Date: _____

Briefly describe why you are applying to come into Rahab's Retreat and Ranch:

How did you learn about Rahab's Ranch and Retreat? _____

Are you willing to commit yourself to this program for a year? Yes No

It is important that you answer all of the information on this application as honestly as possible so that we can determine what your needs are. Please note that the information you give WILL NOT be shared with anyone.

By signing below, you are verifying that the information in this application is true and correct.

Applicant's Printed Name: _____ **Signature:** _____

Date Signed: _____