

C.R.A.C.K. House Ministries Recovery Program

1910 Cleveland Ave. Columbus Oh 43211

Application

First Name: _____ **Last name:** _____

Address: _____ City: _____ State: _____ Zip _____

Phone: (____) ____ - _____ Date of Birth: ____/____/____
Month Day Year

Family Status: Single Married Divorced Separated

Spouses Name: *(if applicable)* _____ Phone: (____) ____ - _____

Address: _____ City: _____ State: _____ Zip _____

Children:

First	Last	Date of Birth	School	In/out of home

Emergency Contact Information *(please list two)*

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____ Phone: (____) ____ - _____

Relationship: _____ Relationship: _____

Education History:

Do you have a HS Diploma or GED? Yes No If no, last grade completed? _____

Have you gone to college? Yes No Degree? Yes No Where? _____

Military Service: Did you serve in the Military Yes No Branch: _____

From: _____ To: _____ Discharge: _____

Recent Work History:

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Employer Name	Address	Type of Work	Start Date	End Date

Do you need Job Assistance? Yes No Do you have a resume? Yes No

Convictions:

Have you ever been convicted of a felony? Yes No If yes, please explain:

Did you serve time as a result? Yes No If yes, where? _____

Do you have any cases pending against you at this time? Yes No

If yes, please explain: _____

Drug and Alcohol Use History:

Please list your drug(s) of choice from most to least used

1) _____ 2) _____ 3) _____

When was the last time you used drugs/alcohol? ____/____/____
Month Day Year

Do you have a support person? Yes No If yes, who do you consider it to be?

Name: _____ Phone: (____) ____ - _____

Address: _____ City: _____ State: _____ Zip _____

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you well so that we can verify information as needed. Please list the names of persons who know you with whom you will allow us to discuss details about you.

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ St: _____ Zip: _____ City: _____ St: _____ Zip: _____

Phone: (____) ____ - _____ Phone: (____) ____ - _____

Relationship: _____ Relationship: _____

What are your feelings at this time about yourself and your situation?

List 3 Hobbies you have or had before drugs and alcohol

1) _____ 2) _____ 3) _____

List 3 things you would like to see change about yourself:

2) _____ 2) _____ 3) _____

List 3 things you would like to see change about you family:

1) _____ 2) _____ 3) _____

Where would you like to see yourself in a year?

By signing below I attest that this information is true to the best of my knowledge and authorize its use as outlined above. If accepted into the CHM Recovery Program, I understand that under no circumstances can C.R.A.C.K. House Ministries (CHM) be under obligation to me, and that I am neither a beneficiary nor an employee of CHM. I agree for myself, my heirs or assigns, that should any accident occur involving personal injury to myself, or loss or damage to my property while in or on the property of CHM Sober Houses, to hold CHM free and harmless from any and all liability in connection therewith.

Signature: _____ **Date:** _____