



Starting Over Inc's Application/Information Sheet

Name: _____ Date: _____ DOB: _____
Last 4 SSN _____ CDL/CID# _____
Phone Number: _____ Alt Phone Number _____
Email Address: _____

Employed: Y/N Employer: _____
Address: _____
Phone: _____
Work Schedule: _____
Other Source of income: AFDC GR SDI Unemployment
 Other

Emergency Contact: Name _____ Phone _____
Spouse/Significant Other:

Phone: _____

Drug Use Y/N Alcohol Use Y/N

Are you affiliated with any 12-step self-help group(s) Y/N?
If yes; What type of meetings do you attend?
 AA CA NA CMA CODA SCA SLA Other

Are you on Probation/Parole: Y/N If yes, who is your PO?

Are you being seen by a psychiatrist/psychologist Y/N

Current psychiatrist/psychologist/doctor: _____

Current prescribed medications: _____

Medical providers contact number: _____



Do you have any known allergies that we should be aware of? _____

Do you have any chronic medical conditions? _____

When was your last TB test? _____
What were the results? _____

Have you ever served in the Armed Forces? Y/N
If yes, which branch _____

Have you ever been asked to leave a Sober Living and/or Transitional Facility? Y/N
If so, when and why? _____

Do you have any issues that would preclude you from following the program rules and regulations? Y/ N
If so, what are they? _____

Gender (Please choose the ONE that best describes you):

- Female
- Male
- Non-binary/Third Gender
- Prefer to Self-Define
- Prefer Not to State
- Other

Ethnicity (Please choose ALL that describe you):

- Black or African-American
- Hispanic, Latino, or Spanish
- White
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Middle Eastern or North African
- Other



If you identified as Asian above, please specify (choose ALL that describe you):

- Chinese
- Japanese
- Filipino
- Korean
- Vietnamese
- Asian Indian
- Laotian
- Cambodian
- Other

If you identified as Native Hawaiian or other Pacific Islander, please specify (choose ALL that describe you):

- Native Hawaiian
- Guamanian
- Samoan
- Other

Have you ever received services from Starting Over before now?

- Yes
- No

If yes, when was the last time you were enrolled? (Please write both the month and year to the best of your memory).

How were you referred to the program?

- Parole
- Probation
- Social Services
- Behavioral Health
- Another service agency
- By people in the program now
- Self (I chose to enroll myself)

Have you ever been in jail or prison?

- Yes
- No



If yes, what was your release date? If more than one, most recent release. (Please write both the month and year to the best of your memory) _____

Survey:

1. Drug Use Y/N Alcohol Use Y/N Other Support_____
2. Scale your confidence of living independently from 0 to 10_____
3. Scale your skills of managing money and tendency from 0 to 10_____
4. Scale your ability to acquire and maintain safe housing from 0 to 10_____
5. Scale your confidence to find a job from 0 to 10_____
6. Scale your occupation-specific skills from 0 to 10_____
7. Scale how much you are satisfied with your current rewards of employment from 0 to 10_____
8. Are you clear with your rights and entitlements related to housing support Y/N

Guest Signature_____Date_____

Mgr. Signature_____Date_____