



Congratulations on taking this initial step in seeking treatment for your substance abuse. At the Santa Barbara Rescue Mission we understand how difficult the journey can be to get to this point.

By filling out the Recovery Program application you are considering a commitment to engage in our one-year residential treatment facility. Along with the group/individual counseling and 12-step fellowship involvement, your participation in this highly structured program will include activities based on the Christian faith. We understand at the Santa Barbara Rescue Mission that our curriculum for substance abuse treatment isn't for everyone. As you fill out the application and meet with our program representatives, please take into serious consideration your overall willingness to participate in all the facility's criteria. If you have any questions or feel these requirements don't fit your specific needs, the SBRM will be happy to answer your questions or find a more appropriate referral.

If you choose to proceed with the application process, we strongly encourage that you be completely honest in both your written and verbal responses to the interviewer. In order to offer the highest quality of care, it is imperative that the SBRM staff gather an accurate and complete account of your history. If a fraudulent statement is discovered after your acceptance into the program, it can result in your immediate termination from the facility. We are here to help you, not judge you.

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*Applicant Signature*



**Treatment History**

Have you ever been accepted or denied entry into the Santa Barbara Rescue Mission Recovery Program?

Yes  No

\* If yes, please give the approximate date(s) and describe the outcome of your acceptance or reason for denial:

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Have you ever been admitted into the SBRM Recovery Program?  Yes  No

\*If yes, please give approximate date(s) of entry and describe the reason for exiting the program: \_\_\_\_\_

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Have you ever received alcoholism/drug addiction treatment elsewhere?  Yes  No

Facility:	City/State:	Dates:	Treatment Completed
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_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been involved with or participated in a 12 step fellowship?  Yes  No

\*If yes, when and for how long: \_\_\_\_\_

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Do you have a current 12-step sponsor?  Yes  No

Have you ever seen a counselor or therapist in an attempt to solve personal issues?  Yes  No

\*If yes, please give the approx. length of time and description of the experience: \_\_\_\_\_

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**Legal Status**

Do you currently have a warrant(s) for your arrest?  Yes  No

Are you currently incarcerated?  Yes  No

\* If yes, where & for what charges or conviction(s)? \_\_\_\_\_

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Expected release date: \_\_\_\_\_

Are you currently involved in the following legal matters?  Yes  No

Probation  Parole  Divorce Proceedings  Civil Proceedings

Child Custody  Drunk Driving Program

Do you have a court appearance pending?  Yes  No

\* If yes, when and where? \_\_\_\_\_

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Are you court mandated to a treatment facility by the criminal justice system?  Yes  No

\*If yes, how long are you mandated to residential treatment: \_\_\_\_\_

How much time have you spent in: Prison: \_\_\_\_\_ Jail: \_\_\_\_\_

List all prior convictions 10 years to the present (if more room is needed, continue on reverse):

Conviction:	Date(s):	Time served:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parole / Probation Officer's Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

**Medical History**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date and year of last physical: \_\_\_\_\_

Are you currently over or under weight?  Yes  No

If so, which (under or over) and by how much: \_\_\_\_\_

Have you ever struggled with an eating disorder?  Yes  No

\*If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Describe past and present physical health (include hospitalizations, and major accidents or illness):  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had convulsions or seizures?  Yes  No If yes, date(s): \_\_\_\_\_

\* If yes, were they related to alcohol / drug use, abuse, detox?  Yes  No

Are you currently taking any medications:  Yes  No

\*If yes, please list all medication(s) and the reason you are taking them.

Medication	Reason for Medication	Dosage	Date Started
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies to: Penicillin / other antibiotics; aspirin; codeine; morphine or any other drugs, food, etc.:  
\_\_\_\_\_

Have you ever been prescribed medication(s) for a psychological or emotional problem that you are no longer taking?  Yes  No

\*If yes, please list the medication(s), date prescribed and reason for stopping: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently under the care of a:

MD

Psychiatrist

Psychologist

Therapist

If so, may we contact them?  Yes  No

Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Are you currently involved in a relationship?  Yes  No

\* If yes, describe your relationship with your significant other. How long have you been together? Do you live together? Do you share children?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any children?  Yes  No If yes, give names, ages and gender:

**Name**

**Age**

**Gender**

_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female

**Education**

Highest grade completed in school: \_\_\_\_\_

List any scholastic abilities or special training you have: \_\_\_\_\_

\_\_\_\_\_

What's your usual Occupation? \_\_\_\_\_

**Spiritual**

Describe your current spiritual beliefs: \_\_\_\_\_

\_\_\_\_\_

What part does God play in your life / recovery plan? \_\_\_\_\_

\_\_\_\_\_

What (church / religious activity) did you (attend / do) as a child? \_\_\_\_\_

How many years? \_\_\_\_\_ How often?  Never  Occasionally  Regularly

Denominational / Non-denominational preference: \_\_\_\_\_

Write a description of what you would need in your program to reach your goals (state your goals clearly):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did you decide to seek help at this time? (Why not last week? Why not next week?)

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Do you believe you're addicted to alcohol or drugs?  Yes  No  Unsure

Please explain: \_\_\_\_\_

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How many times have you made serious attempts to stay abstinent?

None (0) \_\_\_\_\_ Two (2) \_\_\_\_\_ Four (4) \_\_\_\_\_  
One (1) \_\_\_\_\_ Three (3) \_\_\_\_\_ Five (5) \_\_\_\_\_ More than five (6) \_\_\_\_\_

What's the longest period of time you've been able to stay abstinent?

Twelve weeks or more (4) \_\_\_\_\_ Fewer than four weeks (1) \_\_\_\_\_  
Six weeks (3) \_\_\_\_\_ I've never tried long-term abstinence (0) \_\_\_\_\_  
Four weeks (2) \_\_\_\_\_

How many times have you been admitted for detoxification from alcohol and drugs?

None (0) \_\_\_\_\_ Two (2) \_\_\_\_\_ Four (4) \_\_\_\_\_  
One (1) \_\_\_\_\_ Three (3) \_\_\_\_\_ Five (5) \_\_\_\_\_ More than five (6) \_\_\_\_\_

What has been most helpful in your past recovery attempts?

a. 12-Step program \_\_\_\_\_ c. Friends \_\_\_\_\_ e. Other \_\_\_\_\_  
b. Church / Religion \_\_\_\_\_ d. Family \_\_\_\_\_

Are you currently in recovery and experiencing pain or having a hard time functioning?

\_\_\_\_\_ Yes, and I'm afraid I might relapse soon.  
\_\_\_\_\_ Yes, and I'm worried about relapse.  
\_\_\_\_\_ Yes, but I'm not in any immediate danger of relapse. I just want to lower my risk.  
\_\_\_\_\_ No. I'm not experiencing any pain or trouble functioning, and I'm not worried about the immediate risk of relapse.

Is there any other information that you believe we need to know in determining our program's suitability to meet your needs: \_\_\_\_\_

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I hereby certify that I have completed the forgoing Santa Barbara Rescue Mission recovery program application form to the best of my ability and as truthfully as possible. I also understand that **the in-take counselor is available to answer any questions and explain what might be unclear to me.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**