



Application Cover Letter

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 of 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.

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:

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: _____

Have you ever received alcoholism/drug addiction treatment elsewhere?

Yes No

Facility:

City/State:

Dates:

Treatment Completed

Yes No

Yes No

Yes No

Have you ever been involved with or participated in a 12 step fellowship?

Yes No

*If yes, when and for how long: _____

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: _____

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)? _____

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? _____

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

Male Female
 Male Female
 Male Female
 Male Female
 Male 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?)

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

Please explain: _____

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: _____

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