

# New Life Recovery Program Application City Light

(A MINISTRY OF THE BOISE RESCUE MISSION MINISTRIES)

## Please reply to New Life Program

1404 W. Jefferson Street Boise, ID 83702 Phone: 208-368-9901 Fax: 208-368-9844

**nlp@boiserm.org for further correspondence and/or questions**

## PERSONAL INFORMATION

Please fill out neatly and completely.

TODAY'S DATE: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE # \_\_\_\_\_

\_\_\_\_\_ (LAST) (FIRST) (MI) DOC# \_\_\_\_\_

Other Names (Aliases) \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Place of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Are you a registered sex offender?  Yes  No

Are you a Vet?  Yes  No Length of Service? \_\_\_\_\_ Branch of Service \_\_\_\_\_

## Family Information

Marital Status:  Single  Married  Divorced  Widowed

Name of Person involved with \_\_\_\_\_

Their address: \_\_\_\_\_ Phone # \_\_\_\_\_

Describe the relationship: \_\_\_\_\_

Are you pregnant? \_\_\_\_\_ Due Date \_\_\_/\_\_\_/\_\_\_

Does your spouse/significant other struggle with addiction? \_\_\_\_\_

**Children:**

1. **Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_ **M/F** \_\_\_\_\_  
Address \_\_\_\_\_ Last lived with you \_\_\_\_\_  
Current custodial care person's name \_\_\_\_\_  
Social worker \_\_\_\_\_ Child entering residential program; \_\_\_ yes \_\_\_ no
2. **Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_ **M/F** \_\_\_\_\_  
Address \_\_\_\_\_ Last lived with you \_\_\_\_\_  
Current custodial care person's name \_\_\_\_\_  
Social worker \_\_\_\_\_ Child entering residential program; \_\_\_ yes \_\_\_ no
3. **Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_ **M/F** \_\_\_\_\_  
Address \_\_\_\_\_ Last lived with you \_\_\_\_\_  
Current custodial care person's name \_\_\_\_\_  
Social worker \_\_\_\_\_ Child entering residential program; \_\_\_ yes \_\_\_ no
4. **Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_ **M/F** \_\_\_\_\_  
Address \_\_\_\_\_ Last lived with you \_\_\_\_\_  
Current custodial care person's name \_\_\_\_\_  
Social worker \_\_\_\_\_ Child entering residential program; \_\_\_ yes \_\_\_ no

## Family of Origin

**Mother** \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Any addiction history? Describe your relationship: \_\_\_\_\_

**Father** \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Any addiction history? Describe your relationship: \_\_\_\_\_

**Siblings;**

**Name** \_\_\_\_\_ **M/F** \_\_\_\_\_ **Age** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Address \_\_\_\_\_  
Any addiction history? Describe your relationship: \_\_\_\_\_

**Name** \_\_\_\_\_ **M/F** \_\_\_\_\_ **Age** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Address \_\_\_\_\_  
Any addiction history? Describe your relationship: \_\_\_\_\_

**Name** \_\_\_\_\_ **M/F** \_\_\_\_\_ **Age** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Address \_\_\_\_\_  
Any addiction history? Describe your relationship: \_\_\_\_\_

## Alcohol History

Describe your drinking pattern in the past:  Daily  Occasionally  Binges

Date last used: \_\_\_\_\_

What was your longest period of sobriety? \_\_\_\_\_

At what age did you take your first drink? \_\_\_\_\_

How long has drinking been a problem? \_\_\_\_\_

Explain: \_\_\_\_\_

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## Drug History

Describe your pattern of drug use in the past 30 days:  Daily  Occasionally  Binges

Date last used: \_\_\_\_\_

How long has using drugs been a problem for you? \_\_\_\_\_

Explain: \_\_\_\_\_

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Have you used any of the following drugs? List date of last use and how much you used:

Cocaine/Crack \_\_\_\_\_

Marijuana \_\_\_\_\_

Heroin/Opiates \_\_\_\_\_

PCP/Angel Dust \_\_\_\_\_

Crystal Meth \_\_\_\_\_

Bath Salts \_\_\_\_\_

Prescription Abuse \_\_\_\_\_

Huffing (What) \_\_\_\_\_

Nicotine \_\_\_\_\_

Other \_\_\_\_\_

Have you ever suffered severe withdrawal from any of these drugs? \_\_\_\_\_

Have you ever shared needles? \_\_\_\_\_

Do you use tobacco/ nicotine products? \_\_\_ Yes \_\_\_ No If yes, what? \_\_\_\_\_

This is a non-tobacco use program. Are you ok with giving up tobacco products? \_\_\_ Yes \_\_\_ No

# Shelter/Program History

Previous Programs or Shelters (Starting with most recent)

Program #1 Name \_\_\_\_\_ Type \_\_\_\_\_  
 Location \_\_\_\_\_  
 Length of stay \_\_\_\_\_ Dates \_\_/\_\_/\_\_ - \_\_/\_\_/\_\_  
 Did you graduate from the program? \_\_\_ Yes \_\_\_ No

Program #2 Name \_\_\_\_\_ Type \_\_\_\_\_  
 Location \_\_\_\_\_  
 Length of stay \_\_\_\_\_ Dates \_\_/\_\_/\_\_ - \_\_/\_\_/\_\_  
 Did you graduate from the program? \_\_\_ Yes \_\_\_ No

Have you ever been asked to leave? \_\_\_ Yes \_\_\_ No - If yes, why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

AA \_\_\_ NA \_\_\_ Name of Sponsor & Phone # \_\_\_\_\_  
 Meetings per week \_\_\_\_ What do you think is missing? \_\_\_\_\_

## Medical History

Do you understand that providing a complete medical and mental health history will be part of your program?  
 \_\_\_ Yes \_\_\_ No

## Education

High School Graduate? \_\_\_ Yes \_\_\_ No \_\_\_ Completed GED \_\_\_ Yes \_\_\_ No \_\_\_ College # of years \_\_\_\_\_  
 Degree \_\_\_\_\_

High School	Address

College/University	Address

Is Higher Education a goal you would like to pursue? \_\_\_ Yes \_\_\_ No  
 Do you have any personal hobbies? \_\_\_\_\_

## Employment

Please list your previous employers:

Employer	Address	Position	Dates

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What job or vocation has been most satisfactory? \_\_\_\_\_

Describe your Current financial obligations; \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Criminal History

**List all of your convictions**

	County/ State	Date of Conviction	Date of Release	Misdemeanor/ Felony

Are you currently incarcerated? \_\_\_ Yes \_\_\_ No

Parole Eligibility Date \_\_\_/\_\_\_/\_\_\_ Full-Term Release Date \_\_\_/\_\_\_/\_\_\_ Next Hearing Date \_\_\_/\_\_\_/\_\_\_

If you are incarcerated, we must have a contact person in order to process your application in a timely manner:

Institution Counselor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Probation/Parole Officer's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Attorney's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Pre-Sentence Investigator's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Briefly explain why you are currently incarcerated \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Classes currently attending:

Class:

Facilitator/Instructor:




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Please explain your relationship with Christ or the one you hope to build:

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What are your feelings about participating in a biblically-based program?

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How does your family feel about your decision in joining a faith-based recovery program?

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Describe why you would like to be a part of the program at Boise Rescue Mission and how you feel we could best help you.

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