BEAUTIFUL FEET PROGRAM APPLICATION

Demographics

Client Name:		**Date:**
Other Alias (names):		
Date of Birth:		**Marital/Relationship Status:** Single Married Boyfriend Divorced
SS#:	**Your Contact #:**	**Referring Agency name and number:**
Address:		**City and State born in:**
Are you a U.S. Citizen?		**Driver's License # and state:**
Ethnicity/Race:		**Emergency Contact Name & Number:**
Primary language of client:		**Are you pregnant?**
Are you a veteran?		**Do you have children?**

What other programs have you been through? What events led to your need for this program? What are you seeking help for? What has changed now, if gone through multiple programs? Please be detailed.
Are you on the sex offenders list?
Are you currently homeless? How long have you been homeless?
Have you been medically detox before going into the current program? When, where, are you willing to sign a release form for us to get that information?

Do you have and mental diagnosis? Have you been in a mental institute? When and where? Will you sign a release form so we can obtain that information?

Interview Date: _____ Admissions Decision: Y N Intake Date: _____

Family Relationships

Do you have children? If yes, list names and ages.
Where are your children currently living? Who has custody of them?
Are you required to pay Child Support? If so, how much per month and are your payments current?
Spouse Information: Name, Age, Location, Status, Etc.

Legal Status

Have you ever been arrested in your lifetime? **Yes No**	**How many times?**
Are you on probation? **Yes No**	**What is the charge (s)?**
Are you on parole? **Yes No**	**What is the charge (s)?**
Are you mandated to treatment?	**Please provide mandate documentation.**
What is the name & number to your PO?	
Are you presently awaiting charges, trial or sentencing (Y/N)? **Please indicate:**	

Past or current legal problem (Select ALL that apply)		
□ None	**□ Gangs**	**□ DUI/DWI: How Many _____**
□ Arrests Lifetime_____	**□ Conviction**	**□ Detention**

□ Jail	□ Probation	□ Drug Charges: How many ____
□ Shoplifting/vandalism/theft	□ Parole/probation violations	□ Forgery?
□ Weapons offense	□ Burglary, larceny, B & E?	Robbery?
□ Rape/sex-related crimes	□ Homicide, manslaughter	□ Prostitution?
□ Parole/probation violations	□ Assault?	□ Arson?
How many times in your life have you been charged with the following:		
Disorderly conduct:_____	Vagrancy: _____	Public intoxication:_____
MIP(Minor Possession):_____		

Education

Educational Level (select one):
□ Less than 12 years – enter grade completed
□ Some college or tech school □ Unknown □ High School Grad/GED □ College Graduate
If still attending, current School/Grade:
Vocational School/Skill Area:
College/graduate School – Year Completed/Major:
Vocational Referral Needed □ Yes □ No
□ Diagnosed Learning Disabled □ History of Special Education

Income History

Are you currently receiving income from any of the following sources: (Select ALL that apply.)		
TANF	Food Stamps	Governmental Aid
SSI	Child Support	Other:
If yes, what is the total monthly amount you receive?		
Current Occupation:		
Date of Last Employment:		

Alcohol/Drug Abuse History

TYPE	YES	NO	LAST USED
Alcohol			
Cocaine			
Ecstasy			

Heroin			
Marijuana			
Methamphetamine			
Nicotine			
Prescription Drugs			
Other:			

Treatment Facility History

How many treatment facilities have you attended?
Reasons for treatment?
How many treatment facilities have you completed?
List any treatment facilities attended and dates.

Mental Health Status

Have you ever been diagnosed with a mental health condition?
If so, what was the diagnosis?
Were you hospitalized?
Were mental health medications prescribed?
List medications and dosages.

Have you had a history with cutting or harming yourself? If so, when was your last incident?
Have you ever attempted suicide? If so, when?

Medical History

Date of last physical:	**Are you currently under a physician's care?**	
Physician:	**Phone #:**	**Address:**
Will someone be financing your medical needs?		**If yes, who?**
Have you ever had/currently have any of the following? (Select ALL that apply.)		
Arthritis	**Hearing Problems**	**Seizures**
Asthma	**Heart Disease**	**STD(s)**
Back Injury	**Hepatitis**	**Tuberculosis**
Cirrhosis	**High Blood Pressure**	**Vision Problems**
Diabetes	**Migraine Headaches**	**Other:**
Epilepsy	**Respiratory Problems**	**Other:**
Current Prescribed Medication and Dosage:		
Current Prescribed Medication and Dosage:		
Current Prescribed Medication and Dosage:		
Current Prescribed Medication and Dosage:		

****Please attach a *brief* testimony including events that led to your need/desire for a program like this. Please include your reason(s) for wanting admission to our program at this time.**

****Please attach a copy of your Driver's License, if applicable.**

Applicant Signature: _____

Date Completed: _____