



# New Beginnings Client Application

This form must be completed prior to being interviewed for residency at New Beginnings Hickory. The information provided will be used during the interview to determine if residency with us is the best for you at this time.

\* Indicates required question

## Client Information

<b>First Name *</b>	<b>Date of Birth *</b>	
<input type="text"/>	<input type="text"/>	
<b>Middle Name</b>	<b>Last Name *</b>	
<input type="text"/>	<input type="text"/>	
<b>Preferred Name</b>	<b>Age *</b>	
<input type="text"/>	<input type="text"/>	
<b>Phone Number</b> (where you can be reached currently) *	<b>Email Address</b>	
<input type="text"/>	<input type="text"/>	
<b>Street Address</b> (most recent) *		
<input type="text"/>		
<b>City *</b>	<b>State *</b>	<b>Zip Code *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Referral Information

**How do you hear about New Beginnings? \***

Treatment Center    Detox    Hospital    Friend or Personal Referral

Other:

! This is a required question

**Name of Person or facility who referred you \***



**Medical & Physical Information**

	<b>Yes</b>	<b>No</b>
Do you have any medical conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Are you physically able to work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any physical limitations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any dietary restrictions?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a history of seizures?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prescribed any medication by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

**List all medications currently taking**

**Substance Use Information**

**What is your substance of choice? \***

**What is the date of your last use? \***

**List of other substances used in the past? \***

**Have you been through detox after latest use? \***

- Yes
- No

**If yes, where did you detox?**

**Have you been to previous recovery centers? \***

- Yes
- No

**If yes, please list what center and indicate if you completed the program**



### Criminal And Work History

#### Criminal and Legal Issues \*

	Yes	No
Do you have pending legal charges, court dates, or issues?	<input type="checkbox"/>	<input type="checkbox"/>
Are you on probation or parole?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any sexual offenses?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have been convicted of assault, arson or an offense involving a child, juvenile, minor or senior?	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any above, please briefly describe the charges

If on probation/parole please list your officer's name and contact number

Are you able to work on a full time, first shift job? \*

- Yes                       No                       Maybe

What do you do for work or any previous skills you may have?

Are you currently working? If so, where? \*

### Confirmation

Please check yes or no by each statement and type your name for your signature at the end

I understand that New Beginnings Hickory will be conducting a background check and will be verifying the statements and representations on this form. \*

- Yes  
 No



**NEW BEGINNINGS**  
HICKORY

I swear, under penalty of disqualification of residency at New Beginnings Hickory, that the above is true and correct. I authorize New Beginnings Hickory, its agents and assigns, to conduct background checks and verify any statement that I make. I further agree to hold harmless and free from any liability New Beginnings Hickory and its agents and assigns, and any person or organization providing I understand that New Beginnings Hickory will be conducting a background check and will be verifying the statements and representations on this form. \*

Yes

No

**Please type your name to represent your signature. \***

**Today Date's \***

