



CLIENT INFORMATION (Please print CLEARLY and complete as much as possible)

Name: _____
Last First Middle

Age: _____ Date of Birth: ____/____/____ City/State of Birth: _____ Race: _____

Marital Status: S M W D Social Security Number: _____-_____-_____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone #: _____ Other Phone#: _____

Email Address:

*Current Driver's License #: _____

*Clients are required to have current driver's license, current registration and auto insurance if they will be operating a motor vehicle while a client at The Arches. Please see the "Driving Contract" located in this packet

Spouse/Next of Kin: _____ Relationship: _____
(Clients must sign a release for this person)

Address: _____ City/State/Zip: _____

Cell Phone #: _____ Other Phone#: _____

Email: _____

Emergency Contact: _____ Relationship: _____
(Clients must sign a release for this person)

Address: _____ City/State/Zip: _____

Cell Phone #: _____ Other Phone#: _____

(continued on next page)



CLIENT INFORMATION (continued)

Have you been mandated to treatment? _____ If yes, Explain: _____

Do you have legal charges pending? _____ If yes, Explain: _____

Are you on probation or parole? _____ What county: _____

Probation/Parole Officer Name: _____ Phone _____

P.O. email address _____

Attorney/Legal Representative Name: _____

Phone #: _____ Fax #: _____

Employment

Are you employed?: _____

If Yes – Where are you employed?: _____

What are your job duties? _____

How long have you been employed at your current job?: _____

Education:

Total years of school: _____ Highest Level Completed: _____

How did you hear about The Arches? _____



Substance Abuse History

List all Treatment Centers with Admission Dates and Discharge Dates:

Have you ever been arrested: **Yes** **No**

If Yes, list the charges, dates and how much time you served.

Last Date of Drug or Alcohol Use: _____ Drug of Choice _____

Have you had previous involvement in a 12 step program. **Yes** **No**

When was the last time you attended a 12 Step Meeting. _____

Do you have a sponsor? **Yes** **No** If yes, when was the last contact?: _____

List Disorders other than Addiction: _____

Current Medications being used: _____

Have you ever attempted suicide: **Yes** **No**



Driving Contract & Vehicle Information

****You must completely fill this out in order to bring a vehicle to The Arches****

At The Arches, having a vehicle is a **privilege, not a right**. This is a contract between you and The Arches that describes the guidelines by which you are allowed to operate a motor vehicle. Failure to abide by this contract or giving any false information will result in the loss of the privilege to have a vehicle at The Arches. **You must have a valid driver's license, registration, and insurance at all times.** Also, part of your responsibility will be to give rides to those who do not have a vehicle. You should ask them for a reasonable amount of gas money.

Name: _____

*Driver's License # _____ State: _____

Make of Vehicle _____ Model: _____

Color: _____ Tag# _____

*Is your insurance current? _____

Insurance company _____ Policy# _____

***You must turn in a copy of your Driver's License & Insurance Card with this form.**

I understand that having a vehicle at The Arches is a privilege, and I will adhere to the following conditions in order to maintain my ability to have a vehicle at The Arches:

1. I will drive safely and obey all traffic laws, as I am responsible for the safety of all the passengers in my vehicle.
2. I will politely ask those individuals I give rides to for contributions to my gas expenses when I feel it is necessary.
3. I recognize that service to my community members is of utmost importance, and will offer to give rides and help others out when they are in need.
4. SPECIAL STIPULATIONS: _____

Signature of Resident

Date