APPLICATION (please print carefully)
Scan and email back to: info@cornerstonerecoveryfoundation.org

Name: _____ Phone number: _____

D.O.B: ____/____/_____ SSN: _____/_____/_____ Gender at Birth, Female: ____ Male: ____

Desired Entry Date: _____ Planned Exit Date: _____

Race: _____

How Did You Learn About Cornerstone Recovery Foundation: _____

Address: _____

State: _____ Zip: _____

Emergency Contact/Relative: _____ Phone Number: _____

Have you participated in Cornerstone Recovery Foundation before?

When: _____ How long did you stay: _____

Do you have a high school diploma: _____ Year graduated: _____

How long have you been using alcohol and/or drugs? _____

How do you identify yourself?
Alcoholic only: _____ Drug addict only: _____ Alcohol and drug addicted: _____

List ALL the drugs that you have used in the past 3 years:
1. _____ 2. _____

3. _____ 4. _____

What was the last drug used and when: _____. History of seizures: Y/N
(This information will be used to determine urinalysis in the future, so be **100% honest**)

Sobriety Date (the date of first day 100% without drugs or alcohol): _____

Probation Officer: _____ Phone Number: _____

Attorney: _____ Phone Number: _____

Employment: _____ Phone Number: _____

AA/NA Sponsor: _____ Phone Number: _____

Counselor: _____ Phone Number: _____

Doctor: _____ Phone Number: _____

Marital Status: (check one) Single _____ Married ____ Separated ____ Divorced ____

Prior Treatment facilities or centers: _____

Are you currently in treatment? Y/N if so, where: _____ Level of intensity _____

-Tentative completion date: _____

Will you be attending treatment while participating in CRF? Y/N If yes, what days/times: _____

Criminal Record: _____

Pending Charges: _____

Upcoming Court Dates: _____

Are you under investigation for anything: _____

Do you have any warrants? Y/N if yes, what for/where _____

Are you currently incarcerated? Y/N if yes, where: _____ Release date: _____

Do you have **any** mental health issues or diagnosis? Y/N If yes, what: _____

Have you ever been hospitalized for mental health issues? Y/N If yes, what, and how was it resolved: _____

Have you had thoughts of harming yourself within the last 3 months? Y/N If yes, when/how: _____

Do you have **any** physical health/medical issues or disabilities? Y/N If yes, what (be specific/list ALL): _____

Do you have **any** special needs or medical restrictions? Y/N If yes, what: _____

Have you been hospitalized for a medical condition in the last year? Y/N If yes, what_____

Are you currently pregnant? Y/N If so, how far along/expected due date: _____

Have you been prescribed any medications within the past 6 months: Y/N

List **ALL** medications you are **CURRENTLY** prescribed or taking, and last date taken

1. _____ Last taken: _____
2. _____ Last taken: _____
3. _____ Last taken: _____
4. _____ Last taken: _____

How are you supported financially? _____

Are you required to register for **any** purpose? Y/N If yes, why: _____

Have you been charged with a sex crime? Y/N If yes, what/when: _____

Are there any Restraining Orders against you or by you? Y/N

Who: _____ Relationship: _____

Do you have a valid driver's license? Y/N

Do you have a valid picture ID in your possession? Y/N

For office use, only:

Date of Exit: ___/___/___

Reason for Exit:

__ Walk Away
__ Left Abruptly No/Little Notice
__ Left with Notice
__ Left Honorably/Kept Commitment
__Positive for Drugs
__ Positive for Alcohol
__ Terminated from Program/Non-compliance of Rules
__ No Longer Wanted to Participate in Program

Description of Exit:

_____

_____

_____

_____