

# MEADOWHAVEN

## *APPLICATION FORM\**

Please fill out the following confidential questionnaire. It is very important to have all relevant personal information to insure your needs can best be met may by the MeadowHaven program. Answer each question as best you can. Use the reverse side or another sheet of paper when necessary. Please print or type. Thank you.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Current location and living situation (if different from above): \_\_\_\_\_

Who referred you to MeadowHaven: \_\_\_\_\_

Marital status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

Children:      Name                      Age    Sex    Occupation                      Location

1.

2.

3.

4.

\* Are you able to come to MeadowHaven for an on-site interview? Yes \_\_\_ No \_\_\_  
An on-site interview is *highly* recommended. This allows the applicant and the staff of MeadowHaven to best determine whether this program will benefit the applicant.

# HISTORY OF INVOLVEMENT IN GROUP

**Name of Group:** \_\_\_\_\_

**Leader's name:** \_\_\_\_\_

**Date recruited:** \_\_\_\_\_ **Where:** \_\_\_\_\_

**Length of involvement:** \_\_\_\_\_ **Date you left group:** \_\_\_\_\_

In this section please be as complete and specific as possible. Mention anything you feel is significant. Please use the back of any page, if necessary.

1. Describe how you met the group and length of time between initial contact to full commitment.

2. Two part question:

A. What were your reasons for joining the group?

B. What were your reasons for leaving the group?

3. Please list the names of significant members and leaders of your group.

4. What were the various “jobs” you held in the group as well as the places you lived in?

5. Describe the kind of communication you had with family and friends while in the group.

6. Have you had any contact with the group since you left? If so, please describe.

7. How do you think your involvement in your group has affected you?

8. Why do you feel that MeadowHaven is right for you? What issues would you like to work on here, and what would you like to accomplish?

## **TREATMENT HISTORY**

9. Have you ever been in therapy? If so, how long, and was it helpful?

10. What were the issues you worked on?

10. Have you ever had psychological testing? If so, which ones?

11. What are your arrangements (living, etc.) for after your stay at MeadowHaven?

## **FAMILY BACKGROUND**



14. Was alcoholism; drug use; violence; or sexual abuse present in your family? If so, what impact did it have? Please describe your family atmosphere as completely and accurately as possible.

15. Describe any other significant relationships you have. Include details about your spouse, closest friends, boy/girl friends, and other close relatives.

16. What, if any, is the religious affiliation of your family?

17. What was your religious background or spiritual perspective prior to entering your group?  
What is it now?

## **HEALTH INFORMATION**

18. Do you have any health concerns (diabetes, seizures, etc.) that could impact your participation in the MeadowHaven program? If accepted into the MeadowHaven program, we will request more detailed health information before your arrival.

## **ADMINISTRATIVE AND FINANCIAL INFORMATION**

19. Are you presently working? If so, what is your occupation?

20. If you are accepted, the approximate expense to MeadowHaven for your stay is \$3,000.00 a month. How are you able to help cover this cost? (Possibilities: savings, sponsor, Church support, part time job, maintenance around facility, etc.)

\*Note: If you are accepted into the program, you will be asked to fill out a more detailed, non-binding financial agreement.

# Emotional/Psychological Self Assessment – How you are currently feeling

Instructions: Please circle a number that best represents the presence and strength of each condition listed below.

	<u>Not at all</u>		<u>Moderately</u>		<u>Very Strong</u>		<u>*Frequency</u>
<b>Anxious</b>	1	2	3	4	5		I P F
<b>Depressed</b>	1	2	3	4	5		I P F
<b>Frustrated</b>	1	2	3	4	5		I P F
<b>Angry</b>	1	2	3	4	5		I P F
<b>Suicidal</b>	1	2	3	4	5		I P F
<b>Lonely</b>	1	2	3	4	5		I P F
<b>Confused</b>	1	2	3	4	5		I P F
<b>Discouraged</b>	1	2	3	4	5		I P F
<b>Bitter</b>	1	2	3	4	5		I P F

\* I = Infrequently (monthly)  
 P = Periodically (weekly)  
 F = Frequently (daily)

## ADDITIONAL DATA

1. Date of Birth \_\_\_\_\_

2. Physical description:

a. Eye color/Hair color \_\_\_\_\_

b. Height \_\_\_\_\_

c. Weight \_\_\_\_\_

(Do you have a current picture that you can send?)

3. Race (opt) \_\_\_\_\_

4. Do you have a current driver's license? \_\_\_\_\_

5. Have you ever been arrested or convicted of a crime? Do you have any outstanding warrants?

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6. Do you have any disabilities or allergies? \_\_\_\_\_

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7. List your current financial obligations. \_\_\_\_\_

8. Have drugs or alcohol ever been a problem for you? \_\_\_\_\_

\_\_\_\_\_

8a. Are you currently using either? \_\_\_\_\_

9. Have you ever been treated for drug or alcohol abuse? \_\_\_\_\_

10. Do you have health insurance? \_\_\_\_\_