

Turning Point Foundation Entry Assessment

Personal information

Legal Name:	Last Known Address:	Date:
Gender:	D.O.B.:	Age:
Marital status:	Email if available:	Best way to reach you:
Additional contact name:	Additional contact number:	Relation of Contact to you:

Background/ Optional

Race:	Level of education completed:	Denomination Affiliation if Known:
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Legal

Are you presently probation, parole, TASC, Court referral, Community Corrections? If yes please list all below:	Supervisor/ Court Name and Contact Information?	Please any pending cases, charges and dates you currently have please list all below: <u>Charge:</u> <u>Date:</u> <u>County:</u> <u>Court date:</u>
Have you ever been to prison? If yes please list when, where and durations?	Are you a convicted sex offender? y/n	Please any past cases, charges and dates you currently have please list all below: <u>Charge:</u> <u>Date:</u> <u>County:</u> <u>Court date:</u>

Substance Abuse/ Rehab History

Primary drug of choice:	Second Drug of choice:	Please list all recent drugs used n the space below:
Have you previously attended a treatment center? y/n	If Yes Please, list the last location you attended and outcome or reason for leaving:	If Yes Please list the second to last location you attended and outcome or reason for leaving:

Medical

Please list any and all medical conditions :	List any all medications you are currently taking;																														
	<table border="1"> <thead> <tr> <th><u>Medication</u></th> <th><u>Dose</u></th> <th><u>RX date</u></th> <th><u>Quantity</u></th> <th><u>Physician</u></th> <th><u>Reason prescribed</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Medication</u>	<u>Dose</u>	<u>RX date</u>	<u>Quantity</u>	<u>Physician</u>	<u>Reason prescribed</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Job Skills

Last Job:	Work performed:	List all work skills:	Brief history:	Do you have current drivers license:
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Additional Questions

Question	Answer
How long have you been using?	
Please list your immediate family members and current status of your relationship with each:	
Where are you originally from?	
Do you have a spouse or significant other?	
Do you have children?	
How many, gender and ages of each?	
Where do they live?	
In your words what is your biggest and most immediate need?	
In the space provided below, please explain, in your words why you are seeking recovery and what you expect to get out of it:	Use and additional sheet of paper if necessary

Please write explanation here. Use and additional sheet of paper if necessary

Agreements:

- I understand that filling out this application does not guarantee access to this program.
- I understand that there may be additional background information needed at a later date.
- I understand that Turning Point Foundation may look into the validity and accuracy of all information provided.
- I understand that failure to provide truthful and accurate information may result in my application being disqualified.
- I understand and agree that there will random and scheduled drug tests and agree to submit to those tests. I further understand that failure of these tests or refusal to take a test will result in disqualification and dismissal from all Turning Point Foundation Services.
- I understand and agree to follow and comply with any and all rules, regulations, and or polices for Turning Point Foundation and or any facilities or programs that Turning Point Foundation is associated or affiliated with.
- I agree for myself, my heirs, assignees or affiliates, that should any accident occur involving personal injury to myself, loss or damage to my property, real or intangible, to hold Turning Point Foundation and, its' affiliates, officers, board members, associates and assignees harmless from any and all liability in connection therewith.
- I hereby authorize the release and use of all information pertaining to me for the purpose of obtaining the most qualified services available to help me. I agree to release from all liability and responsibility all persons and entities requesting or supplying such information. I realize that all information is to be used for the sole purpose to help me in my recovery process and reestablishing myself in the future.
- I understand that from time to time, Turning Point Foundation may use my name, likeness and or picture for testimony and marketing purposes and I authorize such use.
- I acknowledge that I have read and understand all the statements that are made in herein.
- I acknowledge and attest that I will abide by all statements and polices herein while associated with Turning Point Foundation, its affiliates, associates and or assignees.

Print Name: _____

Signature: _____

Date: _____

By signing I agree that all the above said statements and attest that all the information given is true to the best of my knowledge. I further understand that giving false statements or partially false information may result in disqualification from consideration or dismissal upon recognition of false information.