GameChangers
Rooted in Recovery

For Office Use Only
Decision: _____ **Date Started: _____**

Identification Information

Name:	
Address:	
City/State/Zip:	
Telephone:	
Age:	Date of Birth:
Relationship Status: ☐Single, Never Married ☐Single, Dating ☐Single, Living with Someone ☐Married ☐Married but Separated ☐Divorced ☐Other (Explain):	
Whom do you live with?	
# of children:	Ages of children:
Ethnicity: ☐Black ☐White ☐Hispanic ☐Asian ☐Native American ☐Other	
Highest Level of Education Completed: ☐Less than 9th grade ☐9th grade ☐10th grade ☐11th grade ☐HS Diploma or GED ☐Some college/no degree ☐Associate's Degree ☐Bachelor's Degree ☐Other:	
Describe your life in ONE word:	
How did you hear about this program?	

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Primary Contact Information

Name:
Address:
Telephone Number:
Relationship to resident:

Financial Responsibilities

Are you responsible for any of the following?	If Yes, please list amount:
Child Support: ☐ Yes ☐ No	
Restitution: ☐ Yes ☐ No	
Probation Fees: ☐ Yes ☐ No	
Court Fees: ☐ Yes ☐ No	
Other:	

Previous Counseling History

Have you ever been in counseling? ☐ Yes ☐ No		
If Yes, how many times?		
Why?	When?	Where?
Have you ever been diagnosed as mentally ill? ☐ Yes ☐ No		
If Yes, how many times?		
Are you currently receiving help from another counselor, minister/religious leader, therapist, psychotherapist, psychologist, psychiatrist, social worker, or other professional? ☐ Yes ☐ No		
Who?	Where?	Why?

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Medical History

Describe your present physical/medical condition: ☐ Poor ☐ Fair ☐ Good ☐ Excellent			
Have you ever used needles? ☐ Yes ☐ No			
Are you currently on medication? ☐ Yes ☐ No			
If Yes, what medications?			
Do you have any present physical problems? ☐ Yes ☐ No			
If Yes, explain:			
In the **past year**, have you had (circle all that apply)			
Allergies	Asthma	STD/Herpes	HIV/AIDS
Mental Problems	High Blood Pressure	Dental Problems	Hepatitis C
Liver Problems	Heart Disease	Chronic Cough	TB
Depression	DTs	Special Diet	Dermatitis
Diabetes	Epilepsy	Difficulty Breathing	Open Sores
Other:			
If Yes to any of the above, explain:			

Religious Background

Last Church Attended:	
When?	Location:
Choose a phrase that **best** describes you (circle one): ☐ I'm a Christian ☐ I'm Religious ☐ I'm against Religion ☐ I'm familiar with Christianity ☐ I'm not interested in God ☐ I'm not sure	

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Substance Abuse History

How long have you used drugs/alcohol?	
At what age did you begin using?	Year use began:
Does your spouse/family know of your drug/alcohol use/addiction? ☐ Yes ☐ No	
Have you ever sold drugs? ☐ Yes ☐ No	
Have you tried to cut down on your drug/alcohol use? ☐ Yes ☐ No	
Have you used drugs/alcohol in the past 3 days? ☐ Yes ☐ No	
If yes, what?	
What is your preferred drug?	Age first used:
Have you ever been in an in-patient rehabilitation treatment program before? ☐ Yes ☐ No	
What type of facility? (check all that apply): ☐ 3-5 day detox ☐ 30 day program ☐ 90 day program ☐ Therapeutic Community ☐ 9+ months program ☐ Other:	

Check list of Alcohol and Drug use:

Drug/Alcohol	**Past or Present Use**	**How long have you used this substance?**
Alcohol	**☐ Yes ☐ No**	
Tobacco (cigarettes/cigars)	**☐ Yes ☐ No**	
Marijuana	**☐ Yes ☐ No**	
Hallucinogens	**☐ Yes ☐ No**	
Barbiturates	**☐ Yes ☐ No**	
Amphetamines	**☐ Yes ☐ No**	
Heroin	**☐ Yes ☐ No**	
Cocaine	**☐ Yes ☐ No**	
Speed	**☐ Yes ☐ No**	
Crack	**☐ Yes ☐ No**	
Methadone	**☐ Yes ☐ No**	

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Employment History

Occupation:				
Current Employer:		Current Position:		
List the last 3 jobs you held:				
Employer	Position	Dates Employed	Reason for Leaving	Attitude towards Job
Have you served in the military? ☐ Yes ☐ No				
Type of service: ☐ Enlisted ☐ Drafted ☐ Branch ☐ Tour ☐ Reserves ☐ Combat ☐ None				
Stationed at:		Type of discharge:		

Criminal History

Are you mandated by the Courts to attend a program? ☐ Yes ☐ No	
Are you currently on probation? ☐ Yes ☐ No	
Are you currently on parole? ☐ Yes ☐ No	
Probation Officer Name:	Telephone:
Attorney:	Telephone:

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Criminal History cont.

Prior Criminal History:			
Date	**Location**	**Charge**	**Disposition**

To complete the application process:

1) **Scan all pages and submit to: willd@gamechangersfoundationsc.org**
2) **Pay the application fee:**
    a. **Go to DONATE tab on website**
    b. **Enter $150 into "Other Amount" box**
    c. **Pull down menu "Use this donation for"**
    d. **click "Program Application Fee"**
    e. **Finish payment process**

The application will then be reviewed, and a team member will contact you.
Thank you.