



RELATIONSHIP TRUTH ACCOUNTABILITY
FRIENDS OF SINNERS

320 CLAY STREET OWENSBORO KY 42302

Date: _____

Client Personal Data

Identification

Name: _____

Likes to be called: _____

Address: _____

With Whom _____

City/State/Zip _____

Home Phone: _____ Cell: _____

SS#: _____ Marital Status: _____ Sex: _____ Race: _____

Birth date: _____ Age: _____

Education

High School: _____ Graduate? _____ Year _____

Highest Grade Completed: _____

GED: Yes/No

Other training or education: _____

Employment History

<u>From</u>	<u>To</u>	<u>Employer</u>	<u>Position/Skills</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you currently have a job available or waiting: Yes/No If Yes Where _____

Relationships

Significant other: _____ Relationship: _____

Length of Relationship: _____ Has this relationship had substance issues: Yes/No

Address: _____

City/State/Zip: _____

Phone: _____ May we contact? _____

Age: _____ Religion: _____ Occupation: _____

Describe your current relationship with your spouse or significant other:

Date of marriage _____

Children's names: Age Address Notations

1. _____
2. _____
3. _____
4. _____
5. _____

Sibling names Age Location Notations

1. _____
2. _____
3. _____

Have you ever had psychotherapy or counseling? _____ If so, when: _____

Name of counselor: _____ Location: _____

For what reason: _____

What was the outcome? _____

Have you ever been in a recovery program(s) secular or faith-based: Yes/No

Comments _____

Health Information

List all past & present illnesses, injuries, and handicaps: _____

Rate your health: Excellent Average Declining Other _____

Current physician: _____

Address/Phone: _____

Prescription medications: _____

Mental Health Diagnosis: _____

Substance Abuse History

Age of first use? _____ When was the last time you used? _____ How often
do use? _____

Amount of use (Daily: heavy or light)

Name all the recreational drugs you have used in the past? _____

Have you ever had severe emotional upset? _____ Suicide attempt/thoughts: Yes/No Hospitalized Yes/No

Cutter: Yes/No Panic/Anxiety attacks: Yes/No Withdraw symptoms: Yes/No

Religious Background & Preferences

Denominational preferences: _____ Current church: _____

Address: _____ Pastor: _____

Church attended in childhood: _____

Religious background of spouse or SO? _____

Do you consider yourself a religious person? _____ Yes _____ No _____ Uncertain

Do you believe in God? _____ Yes _____ No _____ Uncertain

Do you pray? NEVER OCCASIONALLY OFTEN

Are you saved? _____ Yes _____ No _____ Uncertain what that means

Do you read the Bible? NEVER OCCASIONALLY OFTEN

Have you come to the place in your life when you can say that you know for certain that if you were to die tonight, you would go to heaven? _____ Yes _____ No

What is the basis for answering the last question the way you did?

Explain any recent changes in your spiritual life, if any:

Offense

Who referred you to FOS? _____ Relationship? _____

WHAT ARE YOU BEING CHARGED WITH? _____

Felony or misdemeanor? _____ Class: _____ Case #: _____

Who is your lawyer? _____ Judge? _____

When is/was your court date? _____ Have you been sentenced? _____

If so, what are the conditions of sentence? _____

Have you been sentenced to rehab? _____ Where? _____

How long? _____ Caseworker: _____ Phone: _____

Probation or Parole? _____ Length of Probation/Parole? _____

Probation/Parole officer _____ Phone: _____

How often do you see Probation/Parole officer? _____

Community service? _____ How many hours & type of service? _____

Do you have a valid driver's license? _____ Suspended? _____

Do you have transportation? _____

Other times you have been arrested:

<u>Date</u>	<u>Offense</u>	<u>Outcome</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the reasons you want to be assisted by the Friends of Sinners Program?

I certify that the information given during this interview is true to the best of my knowledge. I understand that by filling out this information application, it does not mean that I am accepted into Friends of Sinners Program.

Applicant's signature

Date

Friends of Sinners Representative's signature

Date

Friends of Sinners Fee: \$400.00 non-refundable (First Month Rent); \$95.00/ every week afterwards

Notes: Official Use Only