

(Print and complete)
APPLICATION



(Full) Name _____ D.O.B. _____ Age _____ Race: _____

Social Security # _____, Birthplace _____

(Last Residence)

Address _____

Phone Numbers _____ cell, _____ home

Married? _____ Divorced? _____ Separated? _____ Children? _____ Ages: _____

*If divorced or separated, who has primary custody of minor children? _____

Coming to The Extra Mile from _____

Address /Location _____

Director's Name _____ phone : _____ office _____

How long have you been in this treatment center? _____ How many times have you been in treatment in your lifetime? _____ List where you have been in treatment before and list how long you stayed in each one:

FAMILY:

Phone Numbers& Location of all Parents/ Guardians/ Wife/ Girlfriend , home, cell, office, beeper #'s:

*Need as much information as possible

<i>(example) : 662-871-9933</i>	<i>Peggy Smith</i>	<i>Lubbock, TX</i>	<i>Aunt</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name, address and all phone numbers of person(s) paying your entry fee into The Extra Mile:

Name of Probation Officer: _____ phone # _____

Probation Company Name and Mailing Address: _____

What period of time will you be on probation? _____

What are you on probation for? _____

Have you ever been incarcerated? _____ If so, where and when and for what? _____

Have you ever been charged (or) convicted of a violent felony? ___yes ___no

Have you ever been charged (or) convicted of a sex crime? ___yes ___no

Are you now (or) have you ever been a member of a gang? If so, which one? _____

Do you have any gang-related tattoos? _____ If yes, where and what symbols? _____

List all charges, year charged, and what the outcome was (since age 18): *Need all information

(example) : Petty Larceny 1983 3 weeks Clayton Co. Georgia jail & fines

*(if needed continue on separate sheet of paper and send with application)

Do you have a drivers' license? _____ From what state? _____ Current or expired? _____

If your license has been suspended, state reason why: _____

If suspended, what would it take to get your license back? _____

Do you have your own vehicle (or can you have access to a vehicle within 1 month of admission)?
__yes __no

*New residents will not be allowed to drive for the 1st 30 days of program. Can bring vehicle, park and turn keys over to Director. Or new residents Can have their vehicles brought to them after their 1st 30 days of program. All clients will need a vehicle by the end of 1st 30 days of program for work, School and meeting/church attendance. *New residents ride with other residents to meetings, grocery store, and church for 1st 30 days.

*All vehicles must have current state minimum insurance, current tag and inspection sticker.

DRUG USE HISTORY: *MUST BE FILLED OUT COMPLETELY

At what age were you when you first began using (any) alcohol or drugs? _____

Is there any drug / alcohol use / abuse/ addiction in your family's past or present? _____

Moms' side": _____

Dad's side: _____

Brothers, Sisters, Aunts, Uncles, Grandparents: _____

LIST ANY DRUG (including alcohol) that you have taken in your lifetime (even those used only once) and put a check mark by the ones you used the most in the last 2 years:

Have you ever used needles? _____ If yes, when was the last use? _____

Have you been diagnosed with __HIV, __AIDS, __HEP C ?

If so, are you presently experiencing any symptoms (please list) _____

Are you taking meds for these symptoms? __yes __no

Do you have any health problems? _____ If so, please list them and all prescribed medications:

_____ RX: _____
_____ RX: _____
_____ RX: _____
_____ RX: _____

Do you have a mental health diagnosis? _____ If yes, please list: _____

Does mental illness run in your family history? _____ If yes, please list details: _____

Have you ever completed a full psychiatric evaluation? _____ If yes, when and where? _____

_____ what was the outcome?

Are you on Disability? _____ If so, for what? _____

How much is your disability benefit each month? _____

Are you able to work? _____ If yes, are there any physical limitations regarding working? _____

Please list: _____

In your employment history, did you change jobs often? _____ What is the longest period of

time you have ever held any job? _____ What kind of work do you prefer? _____

Are you interested in obtaining your G.E.D.? _____ Are you interested in going to college? _____

If so, what would you like to study? _____

Do you presently have any unpaid college loans? _____ If yes, how much is owed? _____

Do you file your income taxes each year? _____ If *yes*, do you owe any taxes at this time? _____

If *no*, when was the last year you filed? _____ Does the IRS garnished your wages for back

taxes? _____ Does any agency garnish your wages for any reason? _____ If yes, explain:

Spirituality:

Are you a Christian? _____ If yes, when were you Baptized? _____ What is your church denomination preference? (Baptist, Methodist, Catholic, etc?) _____

Are you interested in growing and learning more about faith, and spirituality? _____

If you are not a Christian, what is your belief system? _____

Do you have any relationship with a Higher Power at this time? _____ If yes, please describe:

Why do you think living in a Clean / Sober community can help you in your recovery journey?

Are you willing to make a COMMITMENT to stay at least 6 months and sign a contract to that effect?

_____ (We are not a short stay facility)

Are you willing to be drug (and alcohol) tested at least 2 times/week? _____

Are you willing to attend NA/AA meetings on campus and off campus at least 3 to 5 times/week? _____

Are you willing to get along with housemates, share duties and chores, and abide by the rules and regulations of this program? _____

Do you understand that (any) use of drugs or alcohol will constitute immediate eviction from the residence and this program? _____

Signature of Applicant

Date

BE SURE YOU HAVE COMPLETED EACH PAGE OF QUESTIONS COMPLETELY BEFORE MAILING OR FAXING. Applications that are not completely filled out will not be considered.

Mail (or Fed Ex) to: Applications, THE EXTRA MILE, 200 North Spring St., Tupelo, MS 38804

(or) FAX to: 662-841-9373

**If you have questions, please call 662 397-2854-cell

REQUIRED BOOD TESTS: TB, HEP A-B-C, HIV *when results are in FAX to 662 841-9373
