



TIHR DAILY COUNSELING APPLICATION FORM

Date _____

1. Send the application via email (ReneFlagg@trueidentityhouse.org) or print it or fax to 404-289-4476 or by mail to PO Box 3934 Decatur, Georgia 30031
2. Staff will review the application and contact the applicant via phone to make an appointment for an interview.
3. After the interview, the staff will decide if the applicant is appropriate for this program at this time.

Name: (Last) _____ (Middle) _____ (First) _____

Address:

Street _____ Apt _____

City _____ State _____ Zipcode _____

Email (if available)

Date of Birth _____

Age _____ Phone _____



Marital Status: Single _____ Married _____ Separated _____ Divorced _____
Widowed _____

Husband's Name _____ Phone# _____

Number of Children: Boys _____ Ages _____ Girls _____
Ages _____

Education Level: Less than high school _____ H. S Diploma _____ GED _____
College _____

MEDICAL INFORMATION

Do you have any medical illnesses? Yes _____ No _____

Please explain _____

Are you receiving any medical care or prescribed medication at this time?
Yes _____ No _____

If yes, name of medication

Name of physician

Do you have any mental or physical handicaps? Yes _____ No _____
If yes, please explain:



Have you ever had moderate to severe depression? Yes _____ No _____

If yes, what were the symptoms

Have you ever had thoughts of suicide? Yes _____ No _____ If yes, did you ever actually attempt to commit suicide? Yes _____ No _____ Did you actually have a plan?

Yes _____ No _____

ALCOHOL and DRUG HISTORY

Do you drink alcohol? Yes _____ No _____

How frequently? _____

Date of last usage? _____

Do you use drugs? Yes _____ No _____ Have you ever used drugs? Yes _____ No _____

Date of last usage _____

What a kind of drugs have you used? Marijuana _____ Cocaine _____

Amphetamines _____ Barbiturates _____ PCP _____ Heroin _____

Other _____

LEGAL HISTORY

Have you ever been arrested? YES _____ NO _____

Date _____

Charge _____

Conviction _____

Sentence _____

Have you any case pending? Yes _____ No _____

What? _____

Do you have any outstanding warrants for your arrest? Yes _____ No _____

Are you on parole or probation? Yes _____ No _____

Who is your parole or probation officer? _____

Phone _____



Have you ever been convicted of a violent crime? _____

Are you a sex offender? YES _____ No _____

EMPLOYMENT HISTORY

Are you currently employed? Yes _____ No _____

What is your current occupation and where do you work?

PERSONAL HISTORY

What is your chief problem to be resolved?

What do you wish to obtain from counseling?

My signature below attests to the accuracy of the above information and my agreement to these terms.

Signature _____

Date _____