

Love And Compassion Ministries, Inc.

INFORMATION FORM PLEASE PRINT

Date: _____

Telephone # _____

Last four numbers of your social security # _____

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

Permanent Address _____
(Street #) (City) (State) (Zip)

Mailing Address _____
(Street #) (City) (State) (Zip)

Date Of Birth _____ Age _____ Place Of Birth _____
(Month, Day, Year)

Number Of Brothers _____ Sisters _____ Your Position In Family (1st, 2nd, etc.) _____

EMERGENCY NOTIFICATION

Name _____ Phone (home) _____ (work) _____

Address _____
(Street #) (City) (State) (Zip) (Relationship to You)

Father's Name _____ Phone Number _____

Address _____

Mother's Name _____ Phone Number _____

Address (if not the same) _____

Are Parents Separated? _____ Divorced? _____ Reason _____

Is either Parent Deceased? _____ Father _____ Mother _____ When? _____

Do you own a Home? _____ Property? _____ Vehicle? _____ (Model/Year) _____

Are you receiving any other income (disabilities, civil suit) If Yes, explain _____

Do you possess a valid driver's license? Yes _____ No _____ State _____

License's number _____ Type _____

Have you received any tickets in the past year? _____ State _____ County _____

MARITAL STATUS

Married? _____ Single? _____ Separated? _____ Divorced? _____ Widowed? _____

Spouse's Name _____ Date Of Birth _____ Age _____

Spouse's Address _____

(Street #) (City) (State) (Zip) (Phone)
 How Long Married? _____ How Long Separated? _____ How Long Divorced? _____ Spouse Remarried? _____

Reason for Separation or Divorce _____

Number of times married _____ (If more than one, complete below)

1. When Married? _____ When Divorced? _____ Reason _____

2. When Married? _____ When Divorced? _____ Reason _____

3. When Married? _____ When Divorced? _____ Reason _____

4. When Married? _____ When Divorced? _____ Reason _____

Are you subject to any Alimony Payments from any of the above marriages? _____ If so, how much? _____ per week/month/ other _____ List number of children (if any) from each marriage and amount of Child Support (if any)

Child	Name of Child	Sex	Age	Support	Mother's Name Of Child
Child #1					
Child #2					
Child #3					
Child #4					
Child #5					
Child #6					

Do you owe any child support? _____ How much? _____ What county? _____ State _____

Where are your children? _____

If widowed, date wife died: _____ Cause of death _____

If presently married, does wife work? _____ If yes, where? _____

Phone number _____

EDUCATION

How many years in: Grade school _____ High school _____ College _____ Grad. _____

College degree: _____ Major/Minor _____ Post Grad. _____

(Type & Year)

(Degree)

Trade School: _____ Did you complete? _____ Year _____

Name of College or Trade School _____

Specialized Training _____

OCCUPATIONAL EXPERIENCE

Usual Occupation _____ How many years at trade? _____
How long on your present job? _____ Is this your usual occupation? _____ If not, why not? _____

Are you working now? _____ if yes, what company and where? _____

If not working, why not? _____

List any special skills: _____

Last Steady Job _____
(What) (Where) (How long)

Have you ever been fired from a job because of your use of Alcohol or Drugs? _____ Have you ever
quit because of Alcohol or Drugs? _____ If so, explain: _____

Number of jobs in the past five years _____ Preferred type of work _____

MILITARY EXPERIENCE

Are you a Veteran? _____ Branch of Service _____ Highest Rank _____

How long in the service? _____ Date and Type of Discharge _____

Serial Number: _____ If other than honorable discharge, explain: _____

Are you retired from the Service? _____ Amount of retirement income: _____

Do you have a service connected disability? Amount of disability income _____

Type of work you did in the Service _____ Were you ever court-marshalled?

_____ If yes, explain: _____

Results of Court-marshal: _____

MEDICAL / HEALTH INFORMATION

What is the state of your health? Excellent ___ Good ___ Fair ___ Poor ___

Height _____ Weight _____ Usual weight _____ Have you had any recent weight changes? _____

During the past (5) years, have you:

Been treated for or told that you have any sickness or injury? _____

Consulted, been examined by or been treated by a physician, practitioner or specialist? _____

If yes, give the diagnosis: _____

Have you ever been in a hospital, psychiatric hospital, or other institution for observation, diagnosis, treatment or an operation?

_____ If yes, give the diagnosis: _____

Have you ever been advised to have any hospital, clinical or other treatment or surgical operation? _____ If yes, please explain:

Have you had any prior injuries to your back that would affect your lifting, bending, or twisting capabilities? _____
If yes, give diagnosis _____

Have you ever had a state claim for an industrial injury? _____ Date _____ Reason: _____
Where: _____

Employer: _____ Claim now open? _____ or closed? _____

Are you handicapped in any way? _____ Type of handicap: _____

Do you now have a venereal disease? _____ Have you had a venereal disease in the past? _____
What? _____ When? _____ When cured or arrested? _____

Have you ever been tested for HIV? _____ When? _____ Are you open to being tested for the HIV? _____

Do you smoke or use any other tobacco products? _____ Are you willing to give them up? _____

Have you ever been hospitalized for alcoholism or drug addiction? _____ If yes, Where? _____
When? _____ Condition? _____

Are you now taking any medication, prescribed or over-the-counter drugs? _____

If yes, what? _____

Name of Drug	How long have you been taking it?

Do you have enough medication to last 30 days? _____

Do you have any Doctor's appointments within the next 30 days? _____ If so, give date: _____

Have you ever suffered from depression? _____ Describe any treatment you may have received: _____

Have you ever had any thought of suicide? _____ When? _____ Have you ever attempted suicide? _____

When? _____ How did you try to do this? _____ Have you
ever been treated for any psychiatric illness? _____ If yes, explain and describe treatment, if any: _____

Please place a check mark next to any that applies, either past or present:

Amputation of foot, leg, arm, or hand	_____	Loss of sight of one or both eyes	_____
Any permanent physical condition	_____	Kidney or bladder trouble	_____
Arthritis or rheumatism	_____	Knee injury	_____
Back surgery	_____	Loss of hearing	_____
Cancer	_____	Phlebitis	_____
Diabetes	_____	Polio	_____
Dizziness or fainting spells	_____	Varicose veins or leg ulcer	_____
Epilepsy	_____	High blood pressure	_____
Head injury	_____	Heart trouble	_____

Physician name: _____ Phone Number: _____
Address _____

Have you ever been in a drug, alcohol, rehabilitation center or program before? _____

Where? _____ When? _____ Completed? _____ Yes ___ No

Where? _____ When? _____ Completed? _____ Yes ___ No

Where? _____ When? _____ Completed? _____ Yes ___ No

Have you ever attended AA or NA Meetings? _____ When? _____ How long? _____

ALCOHOL/DRUG USE HISTORY

PAST USE:

Alcohol: _____ How much? _____ How long? _____
(Beer? Wine? Whiskey? All?) (Years)

Drugs: _____ How much? _____ How long? _____
(Pot? Crack? Cocaine? Speed? Other?) (Years)

What was your age and the circumstances of your first drinking or drugging experience? _____

Has your drinking or drugging pattern changed? _____ In what way? _____

What's your drinking or drugging pattern now? _____

Have you ever tried to control your drinking or drugging on your own? How? _____

Have you ever had a blackout? _____ Seizures? _____ Hallucinations? _____ DT'S _____

What is your drinking or drugging behavior? _____

(Aggressive, Calm, Abusive, Quiet, Happy, Isolated, etc.)

What is your longest period of sobriety in the past two years? _____

Have you ever misused or abused prescription drugs? _____ If so, what drugs? _____

Have you ever abused or misused over-the-counter drugs? (Nyquil, No-Doz, Vivarin, Aspirin, etc.) _____

If so, what drugs? _____

Have you ever used or abused any other substances (not listed above) in the past to change your mood or get you high? _____
If yes, what? _____ How long? _____

Any other information concerning your past alcohol or drug use that you would like to share: _____

ARREST RECORD / LEGAL INFORMATION

Number of times arrested? _____ What is the longest you have spent in jail? _____ What misdemeanor(s) and/or felony(s) have you spent time in jail for: _____

Are you presently involved in any lawsuits? _____

Has your Driver's License ever been suspended or revoked? _____ If so, why and when? _____

Have you ever been convicted of a felony? Y / N _____

If so, how many convictions? _____ What were you convicted of? _____

Do you have any sex charges? _____

Are you currently on probation? Y / N _____

If so, what county and state? _____

Probation officer's name: _____ Tel # _____

Do you have any probation appointment in the next 30 days? Y / N _____
If yes, When? _____ Where? _____

Do you have any court appearances in the next 60 days? Y / N _____
If yes, When? _____ Where? _____

Have you ever been in Prison? _____ When? _____ Why? _____
Where? _____

Are there any charges pending against you at this time? _____ If so, explain: _____

Your Attorney's Name _____ Phone Number _____

What are you incarcerated for? _____

Next court date: _____ Date you are to be released: _____

Do you have any charges in other counties? _____ Where? _____

Misdemeanor(s) _____ Traffic _____

Felony(s) _____

RELIGIOUS BACKGROUND

Pastors' name: _____

Were you ever a Church officer, preacher, Sunday school teacher? _____

Are you saved? Yes _____ No _____ Not sure _____ If yes, when? _____

Did you attend Church as a child? _____ How often do you read the Bible? _____

Have you ever been baptized? _____ When did you last attend Church on a regular basis? _____

How often do you attend Church? _____

Do you ever pray? _____ If so, When? _____

Please state any additional information, not already provided, so that we may accurately assess your needs!

I do hereby testify that all information written or checked on this form is accurate and true to the best of my present knowledge.

Print Full Name: _____

Signature: _____

Date: _____

Mail to: Love And Compassion Ministries
P.O. Box 152636
Cape Coral, Florida 33915-2636

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