

# Confidential Application

This is a confidential application. Fill in all the applicable information below and hit submit. If your application is approved, a copy of this will be signed in the presence of the director of Good Samaritan Rehabilitation, or an authorized delegate of the director and will be kept on file by Good Samaritan Rehabilitation.

\* Required

**Sex \***

Male

Female

**Name \***

First, Last

Your answer

**Your Age \***

Your answer

**Date \***

Your answer

**Your Phone number \***

Your answer

**Spouse**

Your answer

**Spouse's Phone**

Your answer

**Emergency Contact \***

Name

Your answer

**Emergency Contact phone \***

Phone

Your answer

**Children**

How many

1

2

3

4

5  
6  
7  
8  
9

**Names and ages**

Your answer

**Are you pregnant \***

Yes

No

**If yes, what is the due date?**

Your answer

**Nearest Relative \***

Name

Your answer

**Nearest Relative \***

Relationship

Your answer

**Have you ever been through an intensive in-house treatment? \***

Yes

No

**If yes where and when?**

Your answer

**What drugs did you use? (list all) \***

Your answer

**How long have you used drugs? \***

Your answer

**Have you ever been molested? \***

Yes

No

**If yes, was it a family member?**

Yes

No

**Are you in trouble with the law? \***

Yes

No

If yes, explain thoroughly  
Your answer

Probation Officer

Your answer

Judge

Your answer

Prosecutor

Your answer

List all court dates

Your answer

Have you ever been charged as a sex offender? \*

Yes

No

If yes, please explain thoroughly

Your answer

Are you on any medications? \*

Yes

No

If yes, list all and reason for use:

Your answer

Do you have a job? \*

Yes

No

If yes, where?

Your answer

Do you have a valid drivers license? \*

Yes

No

Do you have a motor vehicle? \*

Yes

No

How did you hear about this program? \*

Your answer

Are there any reasons you could not physically work in the home? \*

Yes

No

If yes, explain how

Your answer

Have you ever been diagnosed with anything? (sexually, mentally, physically, socially) \*

Yes

No

If yes, explain thoroughly

Your answer

Have you ever been violent? \*

Yes

No

If yes, explain

Your answer

Explain why you would like to be in this program \*

Your answer

Can you financially afford this treatment \*

\$3,000.00 Womens & Mens program

Yes

No

If yes, explain how

Your answer

Previous Job Experience \*

Your answer

Parents and/or spouses employment \*

Please leave as much info as possible

Your answer

This is a 120 day program for women and 60 day for men. All contracts will be terminated after 30 days unless otherwise approved by the Director. This is only an application. It will be

reviewed by the Director or an authorized representative and you will be contacted by phone. Thank you.