



**Bridge House Clean & Sober and Vocational Program Application**

**Mail to:** P.O. Box 2489 Kailua-Kona, HI 96745 **-or-** **Fax:** 322-0809 **Phone:** 322-3305

Date: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Present Address: \_\_\_\_\_

Is this address a treatment or correctional facility? Yes No Facility Name: \_\_\_\_\_

**Gender:** Male Female **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Ethnicity/Race(s):**

**Hispanic:** Cuban Mexican Puerto Rican Other: \_\_\_\_\_

**Native:** American Alaskan Hawaiian Other: \_\_\_\_\_

**Pacific Islander:** Micronesian Samoan Tongan Other: \_\_\_\_\_

**Asian:** Chinese Filipino Japanese Korean Okinawan Other: \_\_\_\_\_

**White:** Caucasian Portuguese Other: \_\_\_\_\_

**Marital Status:** Married Never Married Separated Divorced

Do you have **children**? Yes No If yes, how many? \_\_\_\_\_ Where are they? \_\_\_\_\_

**Education:** High School Graduate? Yes No GED? Yes No College? Yes No

**Veteran Status:** Yes No Branch: \_\_\_\_\_ Years of service: \_\_\_\_\_

Are you an **IV** user? Yes No Are you **pregnant**? Yes No Don't Know

Who **referred** you to our program? Probation/Parole Drug Court Friend/Family Other: \_\_\_\_\_

**SUBSTANCE USE:**

Do you think you have a problem with alcohol? Yes No Do you have a drug problem? Yes No

Do you want to stop drinking alcohol **and** using addictive drugs? Yes No

Why? \_\_\_\_\_

**List the drugs/alcohol you used addictively:**

1<sup>st</sup> **Primary Substance:** \_\_\_\_\_ Route (smoke, oral, IV, etc.) \_\_\_\_\_

Date of last use: \_\_\_\_\_ Age of 1<sup>st</sup> use: \_\_\_\_\_

2<sup>nd</sup> **Secondary Substance:** \_\_\_\_\_ Route (smoke, oral, IV, etc.) \_\_\_\_\_

Date of last use: \_\_\_\_\_ Age of 1<sup>st</sup> use: \_\_\_\_\_

3<sup>rd</sup> Tertiary Substance: \_\_\_\_\_

Route (smoke, oral, IV, etc.) \_\_\_\_\_

Date of last use: \_\_\_\_\_

Age of 1<sup>st</sup> use: \_\_\_\_\_

**TOBACCO USE:**

Have you ever used tobacco/nicotine products? Yes No *In the past 30 days?* Yes No

Type: Cigarettes Vape/e-Cig Chew Other: \_\_\_\_\_

User status: Current daily Current some days Former user *Age of first use:* \_\_\_\_\_

Have you ever tried to quit? Yes No *Do you want to quit?* Yes No

**RECOVERY:**

Do you have a history of alcoholism or addiction in your family? Yes No

Have you ever been to a treatment facility for alcoholism and/or drug addiction? Yes No

Please list the name(s) and date(s) of all **treatment facilities** you have attended:

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Did you complete these programs successfully? Yes No *Why not?* \_\_\_\_\_

Have you ever attended AA/NA meetings? Yes No *In the past 30 days?* Yes No *How many?* \_\_\_\_\_

Are you willing to attend multiple AA/NA meetings per week? Yes No *Why not?* \_\_\_\_\_

Do you have a 12-step sponsor? Yes No *If no, are you willing to get one?* Yes No

Length of longest period of abstinence: \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_

**CULTURAL:**

In what city were you born? \_\_\_\_\_ In what city were you raised? \_\_\_\_\_

How long have you lived in the state of Hawai'i? \_\_\_\_\_ *On Hawai'i island (Big Island)?* \_\_\_\_\_

Are you comfortable being in a program with strong Hawaiian cultural components? Yes No

Are you comfortable learning and working outdoors? Yes No *If no, why?* \_\_\_\_\_

Are you capable of being respectful of cultural learning, even if you do not understand or agree with it? Yes No

**VOCATIONAL:**

Have you ever been employed? Yes No Length of longest employment: \_\_\_\_\_

**List your last 3 Employers:**

Company Name

Supervisor Name

Phone Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any special skills/certification/training? Yes No *Type(s):* \_\_\_\_\_

Are you physically capable of doing farm and landscaping work outdoors for at least 15 hours per week? Yes No

Are you interested in: Going to college Career Development Learning a Trade Improving reading/writing

Are you currently receiving any income? Yes No *Total monthly income:* \$ \_\_\_\_\_

If yes, what is your income source? DHS Financial SNAP SSI/SSDI Work Other: \_\_\_\_\_

Do you have a valid driver's license? Yes No Do you have a valid state ID? Yes No

Do you have a birth certificate? Yes No Do you have a Social Security card? Yes No

**MEDICAL:**

Have you had a TB test completed within the past year? Yes No *Where?* \_\_\_\_\_

Do you currently have health insurance? Yes No *Company:* \_\_\_\_\_

Do you have any current medical conditions or allergies? \_\_\_\_\_

Do you have a medical doctor? Yes No *Dr.'s Name:* \_\_\_\_\_ *Phone number:* \_\_\_\_\_

How many times have you been to the emergency room in the past six months? \_\_\_\_\_

*Hospital(s):* \_\_\_\_\_ *Date(s):* \_\_\_\_\_

*Diagnosis:* \_\_\_\_\_

Have you ever been diagnosed **by a doctor** with a mental health condition? Yes No

*Diagnosis:* \_\_\_\_\_ *Date diagnosed:* \_\_\_\_\_

*Doctor's name:* \_\_\_\_\_ *Phone #:* \_\_\_\_\_

Do you see a *Psychiatrist*? Yes No *Name:* \_\_\_\_\_ *Phone #:* \_\_\_\_\_

Do you see a *Psychologist* or *Therapist*? Yes No *Name:* \_\_\_\_\_ *Phone #:* \_\_\_\_\_

Do you take any prescription drugs? Yes No *How long have you been taking medication?* \_\_\_\_\_

Please list all medication(s) you are currently taking and the reason it has been prescribed:

<u>MEDICATION NAME</u>	<u>REASON</u>	<u>MEDICATION NAME</u>	<u>REASON</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list the name(s) and date(s) of all **psychiatric facilities** you have attended:

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Current weight: \_\_\_\_\_ Current height: \_\_\_\_\_

Do you have a history of an eating disorder? Yes No *Current status:* Active Remission

Do you have a history of bingeing, purging, or diuretic or laxative use? Yes No

**LEGAL:**

Have you been **arrested** in the past 30 days? Yes No Are you currently on **probation** or **parole**? Yes No

*If yes, who is your probation/parole officer?* \_\_\_\_\_ *Ph#:* \_\_\_\_\_

Do you have an open case with Child Welfare Services (CWS)? Yes No

*If yes, do you have an established visitation schedule?* Yes No *Day/Time:* \_\_\_\_\_

Please list any current legal issues you have:

<u>CHARGE</u>	<u>NEXT COURT DATE</u>	<u>CHARGE</u>	<u>NEXT COURT DATE</u>
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

**OTHER INFO:**

What do you like to do on your free time? \_\_\_\_\_

What would you say are your best characteristics? \_\_\_\_\_

What would you say are characteristics you need to work on? \_\_\_\_\_

Have you ever stayed in a shared living environment before? Yes No

Do you anticipate a problem with such and arrangement? Yes No

Why do you want to come to Bridge House? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACTS:**

Name	Relationship	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

*I have read all of the material on this application and have answered each question honestly. I agree to follow all rules and conditions of residency for Bridge House and I am willing to be honest, open-minded and willing to take direction from others to establish a clean and sober lifestyle for myself.*

***NOTE: If you are appropriate for services, you will be placed on a waitlist and contacted by staff when there is an available opening. It is your responsibility to remain in contact with Bridge House at least once per week to remain on the waitlist. Failure to contact us will result in the removal of your application from the waitlist.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date