

# Gateway Landing - Application

DATE: \_\_\_\_\_

## I. PERSONAL INFORMATION

Name: \_\_\_\_\_ SSN \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight \_\_\_\_\_

Education: (Circle last year completed) Grade School: 1 2 3 4 5 6 7 8

High School: 9 10 11 12 College: 1 2 3 4 5+

Other Training (list type, # of years): \_\_\_\_\_

Referred here by: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to notify in case of emergency:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Complete address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Can you read and write? YES \_\_\_\_\_ NO \_\_\_\_\_

Are there any outstanding legal issues? YES \_\_\_\_\_ NO \_\_\_\_\_ (Please describe in section III)

What tools can you use? \_\_\_\_\_

Shop equipment? \_\_\_\_\_ Office equipment? \_\_\_\_\_

Past jobs: \_\_\_\_\_

Present monthly income (include social security): \_\_\_\_\_

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## II. MILITARY SERVICE

Have you ever been in the military service? YES \_\_\_\_\_ NO \_\_\_\_\_

Branch: \_\_\_\_\_ Job Held: \_\_\_\_\_

## III. LEGAL INFORMATION (Use separate sheet of paper, if needed, for additional information)

Have you ever been arrested or in jail? YES \_\_\_\_\_ NO \_\_\_\_\_

Where? \_\_\_\_\_ Charge: \_\_\_\_\_

Time served: \_\_\_\_\_

Are you on: Probation \_\_\_\_\_ Parole \_\_\_\_\_ How long? \_\_\_\_\_

Name of assigned officer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have pending court cases? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

## IV. HEALTH INFORMATION

Rate your physical health (check one):

Very Good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Declining \_\_\_\_\_ Other \_\_\_\_\_

Your approximate weight \_\_\_\_\_ Recent changes \_\_\_\_\_

List all important present or past illnesses, injuries, etc: \_\_\_\_\_  
\_\_\_\_\_

Date of last medical exam: \_\_\_\_\_ Report \_\_\_\_\_

Your physician: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have medical problems that require you to see a doctor on a regular basis, list reason and how often you need be seen:

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

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Are you presently taking medication? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of medication: \_\_\_\_\_

Prescribed by: \_\_\_\_\_

Do you have the means to get the medication while completing the program?

YES \_\_\_\_\_ NO \_\_\_\_\_

**(WE DO NOT ALLOW NARCOTICS TO BE TAKEN WHILE IN THE PROGRAM)**

Have you used drugs for non-medical purposes? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, list all drugs used and approximate dates and length of use: \_\_\_\_\_

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Have you ever had a severe emotional breakdown? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been a patient in a mental institution? YES \_\_\_\_\_ NO \_\_\_\_\_

Where? \_\_\_\_\_

How long? \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Have you ever had any psychotherapy or counseling? YES \_\_\_\_\_ NO \_\_\_\_\_

List counselor/therapist and dates: \_\_\_\_\_

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CIRCLE ALL HEALTH PROBLEMS YOU CURRENTLY HAVE OR HAVE HAD IN THE PAST:

TB	AIDS	VD	CANCER	HYPOGLYCEMIA	POOR EYESIGHT	HEARING
MENTAL ILLNESS	COLITIS		PNEUMONIA	BRONCHITIS	PROSTATE	
CIRRHOISIS	ANEMIA		LEUKEMIA	ARTHRITIS	TOOTHACHE	
KIDNEY	GLAUCOMA		DIABETES	BACKACHE	BLACKOUTS	
THYROID	DIZZINESS		NAUSEA	ULCERS	EPILEPSY	
OTHER	_____					

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## V. Substance Abuse History

(Include alcohol, illicit and prescription drugs of abuse)

Please start with the first alcohol/drug used and fill in the following chart. If you need additional space please use the back of the sheet.

Drugs used	Frequency How often used	Method of use (ex drink, inject, snort	Dosage/ How much used	Age First used	Date of last use

What drugs are you currently using, or used in the past 30 days? \_\_\_\_\_

If you are not currently using drugs/alcohol, how long have you been clean/sober? \_\_\_\_\_

What is your drug of abuse/addiction? \_\_\_\_\_

Withdrawal symptoms \_\_\_\_\_

Have you ever had occurrences of drug or alcohol overdose? YES \_\_\_ NO \_\_\_

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Please explain (include date \_\_\_\_\_)

How much are you currently spending on drugs? \$\_\_\_\_\_Day \$\_\_\_\_\_Week

What is the longest period of time that you have not used drugs/alcohol? \_\_\_\_\_

When \_\_\_\_\_

What helped you to remain abstinent? \_\_\_\_\_

## VI. Substance Abuse Treatment History

Have you ever received treatment at Gateway Landing? \_\_\_\_\_When? \_\_\_\_\_

Please list other treatment received, starting with the most recent first. Include inpatient, outpatient and detox experiences.

Treatment Center	City / State	Date	Length of treatment

List any other treatments on the back of this sheet.

Have you ever attended AA or NA Meetings? YES \_\_\_\_ NO \_\_\_\_\_

Are you attending AA or NA Now? YES \_\_\_\_NO\_\_\_\_\_

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## VII. MARRIAGE INFORMATION

IF YOU HAVE NEVER BEEN MARRIED, AND HAVE NO CHILDREN, CHECK HERE \_\_\_\_\_ AND OMIT THIS SECTION, OTHERWISE, COMPLETE ALL QUESTIONS THAT APPLY.

Name of Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Education: (last yr. completed) \_\_\_\_\_ Religion \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Is spouse seeking help also? YES \_\_\_\_\_ NO \_\_\_\_\_ UNSURE \_\_\_\_\_

Date of this marriage: \_\_\_\_\_ Have you ever been separated? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever filed for divorce? YES \_\_\_\_\_ NO \_\_\_\_\_ When? \_\_\_\_\_

Do you have any previous marriages? YES \_\_\_\_\_ NO \_\_\_\_\_ How many? \_\_\_\_\_

Give a brief description about any past marriages: \_\_\_\_\_

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Information about children:

Name:	Age:	Sex:	Education (grade/years)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you responsible for paying child support? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what arrangements have you made for your payment responsibilities? \_\_\_\_\_

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## VIII. RELIGIOUS BACKGROUND

Denominational preference: \_\_\_\_\_

Church attendance per month (circle) 0 1 2 3 4 5 6 7 8 9 10+

Are you a church member? YES \_\_\_\_\_ NO \_\_\_\_\_

Church name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you consider yourself a religious person? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you believe in God? YES \_\_\_\_\_ NO \_\_\_\_\_ UNCERTAIN \_\_\_\_\_

How often do you pray to God? Never \_\_\_\_\_ Sometimes \_\_\_\_\_ Often \_\_\_\_\_

Are you saved ? YES \_\_\_\_\_ NO \_\_\_\_\_ NOT SURE WHAT YOU MEAN \_\_\_\_\_

Have you been baptized? YES \_\_\_\_\_ NO \_\_\_\_\_ AT WHAT AGE? \_\_\_\_\_

How often do you read the Bible? NEVER \_\_\_\_\_ SOMETIMES \_\_\_\_\_ OFTEN \_\_\_\_\_

Explain any recent changes in your spiritual life: \_\_\_\_\_

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## IX. FAMILY HISTORY

If you were raised by anyone other than your own parents, briefly explain: \_\_\_\_\_

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Father: Living? \_\_\_\_\_ Occupation: \_\_\_\_\_ Denomination: \_\_\_\_\_

Mother: Living? Occupation: \_\_\_\_\_ Denomination: \_\_\_\_\_

How many brothers and sisters do you have? \_\_\_\_\_

Names: \_\_\_\_\_

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## X. PERSONALITY INFORMATION

CIRCLE ANY OF THE FOLLOWING WORDS WHICH BEST DESCRIBE YOU NOW:

AMBITIOUS	SELF-CONFIDENT	PERSISTENT	NERVOUS	HARDWORKING
IMPATIENT	IMPULSIVE	MOODY	OFTEN-BLUE	EXCITABLE
IMAGINATIVE	SERIOUS	CALM	EASY-GOING	GOOD NATURED
SHY	INTROVERT	EXTROVERT	LIKEABLE	LEADER
QUIET	HARD-BOILED	SUBMISSIVE	LONELY	SENSITIVE
SELF-CONSCIOUS	OTHER _____			

## XI. BRIEFLY ANSWER THE FOLLOWING QUESTIONS

A. What do you see as your main problems? (Why are you applying to this program?)

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B. What have you tried to do about them? \_\_\_\_\_

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C. What can we do? \_\_\_\_\_

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D. As you see yourself, what kind of person are you? \_\_\_\_\_

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I certify that the information that I have given is true to the best of my knowledge. I have omitted nothing and have provided accurate answers to the questions asked.

Deliberate omission and failure to provide accurate answers to the questions asked could result in not being accepted in the program or immediate dismissal from the program if I am accepted.

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Applicant signature

Date