Group Admission Form

NAME:____________________________________  DATE:__________________________

ADDRESS:_________________________________  Male______  Female_______

CITY:_________________________  DATE OF BIRTH:________________________

STATE:_______________  ZIP:______________  EMAIL:______________________

HOME PHONE:______________________  CELL PHONE:______________________

REFERRAL SOURCE:_______________________________________________________

In case of emergency, notify:______________________________________________

Phone:________________________  Relationship:___________________________

Living Arrangements:  Education:

☐ Alone  ☐ G.E.D.  ☐ HS Diploma
☐ With parents  ☐ Bachelors  ☐ Masters
☐ With spouse  Student in Education/Training  Yes_____  No______
☐ Children
☐ With friends
☐ Other______________________

<table>
<thead>
<tr>
<th>ETHNIC BACKGROUND</th>
<th>MARITAL STATUS</th>
<th>RELIGIOUS PREFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EMPLOYMENT STATUS

OCCUPATION__________________________________________

_____ Full time  _____ Part time  _____ Unemployed  _____ Fired  _____ Laid off

WHY DO YOU WANT TO ATTEND THIS GROUP:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

ARE YOU CURRENTLY ON ANY MEDICATIONS: (please list medication and for what reason you are taking them)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

DO YOU USE ALCOHOL?  _____ Yes  _____ No

If yes, what type of alcohol and how much do you drink per week:________________________

________________________________________________________________________

DO YOU USE DRUGS?  _____ Yes  _____ No

If yes, which drugs do you use and how often:____________________________________

________________________________________________________________________

PLEASE WRITE A BRIEF DESCRIPTION OF YOURSELF:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
IN WHAT WAYS DO YOU FEEL POWERLESS?

WHAT DO YOU BELIEVE YOUR MAIN STRENGTHS TO BE?

WHAT ARE YOUR GOALS?

As a part of group participation, I agree to the following:

1. Respectful and honorable behavior towards each member of the group
2. Commitment to attend all group sessions
3. Read all materials as assigned. Come to group prepared to learn and discuss the week’s homework.
4. Make payment for services each week unless other arrangements have been made in advance
5. Come to group on time.
6. Talk to the group leader about any problems or frustrations I may be experiencing in the group.
7. Fill out and return the Life History Form and Informed Consent Form to the group leader before the program begins.

Applicant Signature ________________________________ Date ________________________________