

The San Jose Salvation Army
Adult Rehabilitation Center
702 W. Taylor St.
San Jose, Ca 95126
Application for Intake

To be accepted into The Salvation Army San Jose ARC, you must first fill out this form **completely**. Once this form is filled out and returned, our staff will review it. Based on the information you provide us, we will make a decision if you are eligible for the program. You can find out your status by contacting us. Then if you qualify you will be put on a waiting list until a bed becomes available. If you are in custody and need an acceptance letter for the courts you or someone can contact us and one can be sent to you. Please answer all questions to the best of your knowledge. **Any information left out and/or found not to be true will result in your non-admittance into the program. Please print clearly.**

1. Name _____ Date _____
First Middle Last
2. Date of Birth ____/____/____ Age ____ PFN # _____ CDC # _____
3. Social Security # ____/____/____ Calif. Drivers Lic. Or I.D. # _____
4. Are you in custody or at another institution/facility at this time? Y/N _____ If yes, where and why are you there? _____
Please write down the name and address: _____

5. (Out of Custody) Address and city you are currently staying: _____
_____ Phone # _____
6. Are you on parole/probation? Y/N _____ If yes, what county? _____
7. If on parole/probation, what is your officer's name and phone number? _____

8. Do you have any upcoming court dates? Y/N _____ If yes, when is your court date(s)/what are the charges? _____
9. Problem you seek help for? Reason for wanting to come into the program. _____

10. Alcohol/Drug(s) of choice. _____
11. Date last used (drugs or alcohol)? Name of what you used. _____

12. How many years have you been using/drinking? _____
13. Do you have to register as a drug offender? Y/N _____
14. Have you ever been arrested for a sex offense? Y/N _____
If yes, do you have to register? Y/N _____
15. Have you ever been arrested for an arson offense? Y/N _____
If yes, do you have to register? Y/N _____

16. Have you ever been in a Salvation Army Rehabilitation Program before? **Failure to inform us about previous ARC or ARP stays, may result in non-admittance.** Y/N _____

If yes, which Center(s), dates/years you were there, and if you completed the program:

1. _____
2. _____
3. _____
4. _____

If you did not complete the program, explain why. (Use reverse side if you need additional space):

17. Have you been admitted to any other rehabilitation programs? Y/N _____

If yes, please list which one(s) and what for.

1. _____
2. _____
3. _____

18. Do you currently have any health concerns/problems? Y/N _____

If yes, please list: _____

19. Have you ever had any seizures, strokes, or heart problems? Y/N _____

If yes, please explain: _____

20. Do you have any current problems with your teeth? Y/N _____

If yes, please explain: _____

21. Have you ever been hospitalized for any medical reason? _____ If yes, please explain why and When: _____

22. Have you ever had any back problems? Y/N _____ **If yes, what year, and please explain what condition and any limitations you may have.** _____

23. Are you physically able to lift up to 50 lbs.? Y/N _____

24. Are you in good enough physical condition to work 8 hours a day, 5 to 5 ½ days a week? Y/N _____

25. Have you ever had a mental health evaluation? Y/N _____

If yes, when and what was the diagnosis: _____

26. Are you currently taking any medications? Y/N _____

If yes, please list all medications and explain what the prescription(s) are for: (Failure to list all medications will be automatic denial for admittance!) _____

27. Have you been diagnosed with a mental health issue? Y/N _____ If yes, were you prescribed psychiatric medication? Y/N _____ If yes, what was the issue and what were you prescribed? _____

28. Are you supposed to be taking medication for something, but currently are not? Y/N _____

29. Have you ever been hospitalized for any mental health issues? Y/N _____ If yes, please explain when and why: _____

30. Do you own a car? Y/N _____ If yes, do you have somewhere to keep it while you are in the Program? Y/N _____ (**No cars or driving of any kind are allowed while you in the program**).
31. Y or N to each please: Are you currently receiving: **Social Security?** _____ **Disability?** _____ **Unemployment?** _____ **Welfare?** _____ **or any other benefit?** _____
If yes to **ANY** of the above benefits, please list which one(s) and how much are you receiving monthly:

32. Are you currently receiving Food Stamps? (If yes, how much and what State & County?) _____
33. When was the last time you had a T.B. test? _____ What were the results?: _____
34. Marital status (circle one): **Single** / **Married** / **Engaged** / **Separated** / **Divorced** / **Widower**
35. Do you have children? Y/N _____ If yes, list by age and sex: _____
36. Do you have a Driver's License or ID card? Y/N _____
37. Do you have a Social Security Card? Y/N _____
38. Are you currently employed? Y/N _____ If yes, with whom? _____
39. Education background: Last grade completed in school. _____
Do you have a high school diploma? Y/N _____ Do you have a GED? _____
College or Trade School? Y/N _____
40. Are you a tobacco smoker? Y/N _____ Do you chew tobacco? Y/N _____
41. Are you willing to attend Christian church services, Bible Study & 12-Step meetings? Yes ___ No ___
42. **Are you willing to make a minimum six-month commitment to this program?** Yes ___ No ___

Applicant Signature _____ Date _____

(By signing this document you are giving consent for The San Jose Salvation Army Adult Rehabilitation Center to release information regarding your application to whom may inquire such as: family, friends, court, legal personal, probation and parole).

If you have been approved for a program by the court/probation/parole department, **we need to be notified**. If you are in custody and being released to this program, **you will be responsible for getting here**. When you do come in, you will have a formal intake interview. **You will be required to submit to a Urine Analysis (Drug) Test and an Alcohol Breathalyzer Test. You must pass both to enter the program.** Final approval for admittance into the program will be determined after the actual intake interview is conducted.

God Bless You,

Mark Senegal
Intake Coordinator
Email: mark.senegaljr@usw.salvationarmy.org

Mail applications to:
Attn: Intake Coordinator
The Salvation Army, ARC
702 W. Taylor St.
San Jose, Ca. 95126

Phone: (408) 298-7600 ext. 1011
Fax: (408) 676-0775