



## 11:11 God's Grace Workforce Reentry program - Intake Form

### Personal Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

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

### Emergency Contact:

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

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

Phone Number: \_\_\_\_\_

### Medical Information:

Primary Care Physician: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Mental Health Diagnoses (if any): \_\_\_\_\_

### Substance Use History:

Substances Used: \_\_\_\_\_

Date of Last Use: \_\_\_\_\_

Previous Treatment Programs: \_\_\_\_\_

Sobriety Goal: \_\_\_\_\_

### Legal History (if applicable):

Probation/Parole Officer: \_\_\_\_\_

Court Requirements: \_\_\_\_\_

### House Requirements:

Participation in weekly drug testing is mandatory.

Compliance with all house rules and curfews.

Active involvement in recovery programs as assigned.

### Personal Commitment:

Why do you want to join 11:11 God's Grace?

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

