



THE SALVATION ARMY TUCSON ARC

PRE-ADMISSION QUESTIONNAIRE

Name: _____ Date: _____

Answer

(Yes or No)

_____ 1. Have you used alcohol in the last 72 hours? If yes, when? _____

_____ 2. Have you used drugs in the last 7 days? If yes, when?

_____ 3. Have you used marijuana in the last 14 days? If yes, when? _____

_____ 4. Do you smoke cigarettes or use tobacco in any form? _____

_____ 5. Are you scheduled for any court appearances? If yes, where and when? _____

_____ 6. Do you have any outstanding warrants? If foreign born, do you have proof of legal residence? Explain: _____

_____ 7. Are you court ordered to this program? If yes, who must be informed upon Completion or discharge? _____

_____ 8. Are you on probation or parole? If Yes, who must be informed upon Completion or Discharge? _____

_____ 9. Have you had a Felony Conviction for Drugs, Sexual or Arson Offense Check Which Apply?

____ Sales, ____ Manufacturing, ____ Trafficking, ____ Possession Give County, ____ Sexual

____ Arson

_____ 10. This is a work therapy program. While working you may be required to do some Lifting. Do you have any physical limitations that would prevent or impair your ability to perform any tasks? If yes, please explain? _____

_____ 11. Do you have a persistent or chronic physical, mental or dental condition? If yes, please explain: _____

Pre-Admission Questionnaire (Tucson-ARC) cont.

____12. Are you taking or are you supposed to be taking any medications? If yes, What type of medication and what is the daily dosage? _____

Please note: all medications must be turned in to the resident manager for security and monitoring. They will be available twice daily "Med Call" (a.m. & p.m.)

____13. Do you have a problem with reading or understanding? _____

____14. Are you willing to attend and participate in spiritual activities? _____

____15. Are you receiving any income? If yes check which apply?

____Collecting Unemployment, ____Collecting Social Security Retirement, ____Collecting SSI/Disability, ____Pension, ____Pending Claims of any type

____16. Do you have an automobile?

____17. Are you willing to make a six-month commitment to this program?

____18. Are you required to register as an offender with the Pima County Police or other County? Check which Apply?

____Drug Offender, ____Arson Offender, ____Sexual Offender, ____Gang Member

____19. Have you ever been in a Salvation Army Adult Rehabilitation Center? If yes, When and Where? _____

____20. In order to be admitted you must apply for food stamps and if you qualify you will be asked to give them to the Tucson ARC. Are you willing to do this?

Signature _____

Date of Birth _____ Age _____

Falsification of information provided on this document could result in termination.