

Synergy Sober Living Home

6069 Pickford Pl., Los Angeles, CA 90035

Tel: (310) 863-3099 Fax: (323) 933-5489

Background information

1. What is your secondary drug of choice?

2. How old were you when you first used / drank?

3. Have you ever been in Drug/Alcohol Treatment? When?

4. Have you ever been in a halfway house? When?

5. What is your highest level of education?

_____ High School Graduate

_____ GED

_____ College/University

_____ Other (Please explain) _____

6. Have you ever been in prison? _____ How many times? _____

7. Have you ever been ARRESTED for a sex crime or arson? YES _____ NO _____

8. Where did you live in before moving here? (City/State)

9. What kind of work do you do?

10. What are your means of transportation?

11. What is your source of income?

12. Check one: Are you Married _____ Single _____ Divorced _____ Separated _____

13. Have you ever received any DUI's or DWI's? Yes _____ No _____ If yes, how many? _____

14. What kind of problems has drinking and/or drug use caused you?

15. Do you have any problems with rule or authority?

16. Are you prejudiced towards any GROUP or RACE?

17. What kind of medical problems (physical or emotional) do we need to know about you?

18. Have you ever considered suicide? No _____ Yes _____ If so, how long ago? _____

19. If you answered yes to question #18, do you agree to enter into a plan of action with staff? Yes _____ No _____

SIGNATURE: _____ DATE: _____