



## Peer Project Application

Full Name		Inmate #
DOB	Gender	Ethnicity
SS#	Phone	Date
Current address		How long
Current Charges		Release Date
Registered Sex Offender?		Date of last offence
Closest living relative		Relationship
Address		Phone
Do you have a valid driver's license?		DL# State
Do you have valid ID?		ID# State
Do you have reliable transportation?		Year, Make & Model
Are you able to pay the entry fee of \$350?		
Employment status		Employer
Do you have a fixed income?		Source Amount
Do you receive any government aid?		Type Amount
Explain your reason for seeking services		
Are you an alcoholic?		Are you a drug addict? Drug of choice
Ever sought treatment?		Where When
Can you pass a drug / alcohol screen?		Date of last use Substance of last use
Longest length of sobriety		Reason for relapse
Are you taking any medication?		What How long
Ever been diagnosed with mental disorder?		
<b>Are you willing to :</b>		<b>Are you able to:</b>
Follow instructions?		Find / maintain employment?
Be completely honest?		Participate in group settings?
Live with others?		Get around / care for yourself?
Emergency contact		Address Phone
Signature		Date