

Expected Discharge date: _____

Step It Up Ministries

863-618-8440

www.stepitupministries.com

Screening application

Name _____ Date _____

DOB/Age _____ SS# _____ DL/ID _____

Last address: _____

Criminal history: Have you ever been incarcerated? _____

If yes when, where and under what name _____

Present/Pending Charges: _____

Have you ever been found or pleaded guilty for any of the following "charges"

Sexual offenses _____

Child neglect\abuse _____

Violent charges such as assault or bodily harm ect. _____

Are you currently on probation or parole? _____ Name of your "Officer" _____

Do you presently have any outstanding warrants in this county or any other? _____

What was your drug/drugs of choice? _____

What 12-Step program do you work? _____

Do you have a Sponsor? _____

What church do or have you attended for spiritual growth? _____

What source of income do you have? _____

What type of work skills do you have "please name all" _____

How did you hear about "Step It Up Ministries"? _____

What do you hope to gain from this program? _____

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Have you ever lived in any other transitional housing? _____ If so, when, where and what was the outcome? Completed on time /left early/was discharged because _____

Marital Status: _____ Do you co-parent? _____

Name and ages of your children: _____

Do you have a DCF case? _____ Who do you report to "Devereux"/" One Hope United"/"Gulf coast Jewish"/ Children's Home Society" or other

Who is your case worker? _____

Are you court ordered to take substance abuse, parenting, or other classes? _____

Have you been diagnosed with any type of mental challenges? _____ If yes what _____

What Doctor diagnosed your mental challenges _____

What medications did he/she prescribe? _____

What other medications (over the counter) are you taking currently? _____

Are you currently attending counseling or therapy sessions? _____ With what services, Peace Rivers, / Tri-county Meadowbrook, MAT program/ Winter haven sweet center/ Lakeland Regional Behavioral health

Have you ever been diagnosed with partial or total disability? _____

Do you have any other medical or health problems that were not covered? _____

Additional Information: _____

WAIVER:

If accepted, I hereby, for myself and my children, waive and release all rights and claims I may have against "Step It UP Ministries" and its representatives for any injuries or damages against myself, my children or my property that may occur during my affiliation with "Step It Up Ministries".

P/S Signature: _____ Date: _____

I certify that the above-mentioned information has been provided by the P/S without any coercion or manipulation to join the program and I also certify that all information provided in the application is true to the best of my ability.