



PO Box 1925
Daytona Beach, FL 32115
Pastor Ken's phone 386-214-3395

Interviewer _____ Today's Date _____

Name _____ AKA _____

Age _____ DOB _____ SS# _____

Current Address _____

City _____ State _____ Zip _____

Emergency Contact Info: _____

Are you on probation _____ if so contact info _____

Education History (please include names of School(s) City and State);

High School _____

College/University, etc _____

Total Years of Completed Education _____

Employment History;

Employer _____ Position _____

Dates: _____ Supervisor's name _____

Type of work you have done or skills you have: _____

Personal;

Are you ___ married ___ single Do you have children? ___ yes ___ no. If yes, who takes care of them? _____

Is the Department of Children and Families involved ___ yes ___ no

Case manager _____ Do you have a case plan ___ yes ___ no

Health;

Are you currently under a Doctor's care? ___ yes ___ no if yes, explain the type of treatment you are receiving _____

Please list any prescribed medication you are presently taking and the reason for the medication _____

Are you taking any mood altering meds to help you with ___ sleep ___ depression ___ anxiety

Please list any physical limitations you may have _____

Have you had surgery of any kind? ___ yes ___ no If yes, please explain and give dates _____

Have you ever had an abortion? ___ yes ___ no If yes, when _____

Are you Pregnant ___ yes ___ no Date of last menstrual cycle _____

Do you have menstrual problems ___ yes ___ no seizures, blackouts, fainting spells ___ yes ___ no

Any allergies ___ yes ___ no If yes, please explain, _____

Have you ever had a sexually transmitted disease either treated or untreated ___ yes ___ no If yes, please explain and list dates _____

Have you ever experimented with homosexuality ___ yes ___ no If yes, please explain _____

Emotional Health;

Do you have a problem with anger ___yes ___no If yes, please explain _____

Do you respond negatively or positively to authority? If your answer is negative, please explain_____

Do you find it hard to follow rules and regulations ___yes ___no If yes, please explain_____

What is your current problem(s)_____

What have you done to try to solve the problem (s)_____

How can we at the DOC help you overcome your problem(s)_____

Criminal History;

Have you ever been arrested ___yes ___no If yes, the charge(s) Please list charge w/ dates

Treatment/Addiction History;

Have you ever been in treatment ___ yes ___no		If yes, please list programs:
Where?	How long?	Did you complete program?
_____	_____	_____yes _____no
_____	_____	_____yes _____no
_____	_____	_____yes _____no
_____	_____	_____yes _____no
_____	_____	_____yes _____no

Have you ever attempted to stop drinking or using ___yes ___no

If yes, did you experience any of the following symptoms?

Shakes _____	Headaches _____	Nausea _____
Swelling _____	Tremors _____	Vomiting _____
Seizures _____		

What is your drug of choice?

	Last used		Last used
() Cocaine/Crack	_____	() Ecstasy	_____
() Crank	_____	() Marijuana	_____
() Barbiturates	_____	() Heroin	_____
() Crystal Meth	_____	() pills	_____
() Speed	_____	() PCP	_____
() other _____		() Alcohol	_____

At what age did you begin your substance abuse _____How often did you use _____

Longest period of sobriety_____

Religious background:

What is your religious preference? _____
What are your goals/plans for the future? _____

What are you willing to do to achieve your goals? _____

How can D.O.C. Ministries help you to achieve your goals? _____

Tell me your story (if more space is needed, please use the back of page)

The Daytona Outreach Center is a Christ centered program. It is designed for people who are sick of the way their life is going, desire a better one and are ready to do it God's way. We want you to look forward to a future that holds restoration, peace and love through Jesus Christ along with the courage to trust in Him and do His will.

What does it cost you? Nothing but a willing heart and a commitment to become the best you that God can make. This gives you the opportunity to find out the reason you do the very thing you do not want to do anymore and to work on those issues that cause you to make destructive decisions.

You will stay busy and the days will go by fast! *Just remember what ever you were doing on the street was not working for you.* You need to do something (everything) different Get your heart right, your thinking straight and let God do the rest

Remember!

If your goal is to learn a better way of life and to start living for God, the Daytona Outreach Center is the place to achieve that goal! This is the next step for the rest of your life! May God bless you!

Susan and Ray Kelley
Ministry Directors

Please circle the answer to the question below.

1. When do you feel your best...

- a). before the sun comes up
- b). in the morning
- c). during the afternoon and early evening
- d). late at night

2. You usually walk...

- a). fairly fast, with long steps
- b). fairly fast, with little steps
- c). less fast head up, looking the world in the face
- d). less fast, head down
- e). very slowly

3. When talking to people you....

- a). stand with your arms folded
- b). have your hands clasped
- c). have one or both your hands on your hips
- d). touch or push the person to whom you are talking
- e). talk with your hands

4. When relaxing, you sit with...

- a). your knees bent with your legs neatly side by side
- b). your legs crossed
- c). your legs stretched out or straight
- d). one leg curled under you

5. When something really amuses you, you react with...

- a). big appreciated laugh
- b). a laugh, but not a loud one
- c). a quiet chuckle
- d). A sheepish smile

6. When you go to a party or social gathering you....

- a). make a loud entrance so everyone notices you
- b). make a quiet entrance, looking around for someone you know
- c). make the quietest entrance, trying to stay unnoticed
- d). no thank you