



Last Name _____ First _____ Middle _____

Age _____ Date of Birth _____ Sober date _____

Current mailing address _____

Current phone _____ / _____ - _____

Permanent mailing address _____

Permanent phone _____ / _____ - _____ Cell phone _____ / _____ - _____

Email address _____

How did you find out about the StepUP Program? Who referred you?

Are you a first generation college student? Yes No

PARENTS/GUARDIANS (address and phone numbers)

Name: _____ Phone: _____ Address: _____

Name: _____ Phone: _____ Address: _____

Are your parents or siblings in recovery? Are they attending Al-Anon or Alateen?

How would you describe your present relationship with your parents?

EDUCATION

Have you received: High School Diploma G.E.D.

High School Name _____ City _____ State _____

Last Grade Completed _____ Diploma Year _____ GPA _____

GED Score _____ Date and location completed _____

Colleges attended & credits completed:

_____ GPA _____

_____ GPA _____

_____ GPA _____

RECOVERY NEEDS

1. What are your primary reasons to continue in a life of recovery?

2. Do you have a history of relapse? If yes, please explain.

3. What do you do in your life to protect your recovery?

4. Have you been a member of a faith community and are you a member now? What role does faith play in your recovery?

5. Have you ever experienced racism, discrimination and/or oppression?

6. How do you identify culturally/racially/ethnically? Has your cultural upbringing presented any challenges for you in your life?

7. What challenges will you face while striving to be successful in college AND maintaining a healthy recovery program?

CHEMICAL DEPENDENCY HISTORY

Do you believe you are chemically dependent? Yes No Other: _____

Drug(s) of Choice _____

Names and dates attended

_____ Graduate? Yes/No

_____ Graduate? Yes/No

_____ Graduate? Yes/No

Were you ever involved in any treatment romances? Yes No

Pleas list all Halfway Houses, Sober Houses, Aftercare Services - names and dates attended

What treatment have you received for co-existing addictions or do you have concerns about other addictions such as gambling, sex, exercise, shopping, money issues, issues with food, etc?

Tobacco: Non smoker ____ Smoker ____ Dip/Chew ____ Thinking about quitting? Yes No

Do you drink energy drinks? Yes No How often? _____

Are you aware of the dangers involved in consuming energy drinks?

MENTAL HEALTH DISORDER HISTORY OR CONCERNS

Have you been diagnosed with a mental health disorder? If yes, please explain.

Eating Disorders: Yes No

Self-injurious behaviors: Yes No

Comments:

Mental Health Services Received

Names and dates attended

_____ Complete? Yes/No

_____ Complete? Yes/No

Psychologist name/location: _____ Current? Yes/No

Psychiatrist name/location: _____ Current? Yes/No

Medications: _____ Current? Yes/No

Are you currently taking medications as prescribed? Yes No

When was the last time you received counseling, therapy or medication monitoring?

How long have you been seeing your current psychologist/psychiatrist/counselor? How often?

EDUCATIONAL PLANS

Desired Major/Interests

Hobbies, sports and/or outside interests

EDUCATIONAL ACCOMMODATIONS AND SERVICES

Do you have any learning issues? Yes No Do you have a diagnosis such as ADHD? Yes No

When was the last time you received educational testing, an IEP or educational support ?

MEDICAL

What is the name of your insurance provider?

What are your current medical needs or concerns?

Name of physician and location?

LEGAL ISSUES/ CONCERNS

Is StepUP currently recommended by the courts or are you under any pressure from lawyers or parents to attend? Yes No

What are your past and/or current legal issues?

If a release of information is necessary for anyone including; an attorney, probation or parole officer, please include their name and phone number here.

Name: _____ Phone#: _____

Have you reviewed and agree with the values and contract of the StepUP program? Yes No

Comments: _____

The information I have given in this form is accurate and true to the best of my knowledge. Any misrepresentation may lead to non-admittance or dismissal from the StepUP Program.

Prospective Student Signature: _____ Date: _____

Office Use Only

Will need to arrange for the following by move-in date:

- 1. _____ Local medication monitoring with a psychiatrist
- 2. _____ Local psychologist with set appt
- 3. _____ Medical insurance, _____ MN Care
- 4. _____ CLASS involvement
 - _____ IEP
 - _____ Updated educational testing
 - _____ Documentation of disability

Interviewer _____ Date _____

StepUP Entry Semester/Year _____

CLASS eligible? _____ GPA/ACT/SAT _____ / _____ / _____

Confidentiality Limitations Given Yes Review Contract Yes