



Interview date: _____

Roommate preferences:

Wants to enter StepUP Program:

Smoker _____ non-smoker _____
messy ok _____ prefer neat _____
age preference: 18 19 20 21

Semester _____ Year _____

Student # _____

Confidentiality Limitations Given _____ (items in italics are for staff only) Dating restrictions given ____/____/____

Last Name _____ First _____ Middle _____

Date of Birth _____ Age _____ Dry date _____

Current mailing address: _____

Permanent mailing address: _____

Current phone (_____) _____ - _____

Cell phone (_____) _____ - _____ Email: _____

How did you hear about The StepUP Program? _____

Your Family Living Situation: Living with parent/s Legally emancipated Independent of parents
(Check any/all that apply) Parents together Parents separated Parents divorced
 Step Parent/s Guardianship Other family

Parent(s)/ Guardian(s) address (es) and phone number(s) if different from permanent:

Name: _____ Phone: _____ Address: _____

Education level: _____ Occupation: _____

Name: _____ Phone: _____ Address: _____

Education level: _____ Occupation: _____

Please describe your relationship with your parents or guardian over the last 12 months including: time spent with them, organized activities or events, general conversation, getting help from them, or meetings with teachers social workers, counselors etc. _____

Siblings ages and educational level:

Name: _____ Age: _____ Education Level: _____

Name: _____ Age: _____ Education Level: _____

Name: _____ Age: _____ Education Level: _____

Name: _____ Age: _____ Education Level: _____

EDUCATION

High School _____ City _____ State _____

Last Grade Completed _____ Diploma/year _____ GPA _____ ACT/SAT _____/_____

GED Score _____ Date and location completed _____

Colleges Attended, & credits completed: _____

College GPA: _____ **GPA you would like to attain your first semester at StepUP:** _____

EDUCATIONAL PLANS

Major:

Favorite Classes:

Disliked Classes:

Skills:

Hobbies, sports and/or outside interests:

PROFESSIONAL SERVICES HISTORY

Alcohol and other Drug Treatment History:

Your Drug(s) of Choice: _____ Your Alcohol/Drug Diagnosis _____

Tobacco use: Non smoker ___ Smoker ___ Dip/Chew ___ Have you ever been serious about quitting tobacco? Y/N

Are you currently taking medication for alcohol or drug problems? If yes, what is the medication? _____

Are you currently taking medications as prescribed? **Yes No**

Brief Treatment History:

AOD Treatment's: OP: _____, IP: _____, EXT: _____, LONG TERM: _____, LOCKED: _____

Name and date attended:

_____ **Graduate? Yes No**

_____ **Graduate? Yes No**

Halfway House(s), Name and date attended: _____

Sober House(s), Name and date attended: _____

Ongoing/Aftercare Care Professional/location: _____ Current? **Y/N**

When was the last time you received counseling or aftercare (i.e. relapse prevention groups)? _____

Please describe your relationship with your counselor(s)

Please describe your relationship with your peers while attending treatment or in fellowship.

Have you ever left treatment against staff advice? **Yes No**

What does your relapse history look like?

Were you ever involved in any treatment romances? **Yes No**

RECOVERY PARTICIPATION

During the past 90 days (or since completing a treatment program), how many days have you attended one or more self-help group meetings (AA, NA, CA)? _____

Do you have a sponsor? **Yes No** If yes, for how long? _____

Do you believe in a Higher Power? _____ Describe _____

Please describe your concept of *your* personal recovery program.

Have you received other forms of treatment for co-existing addictions or do you have any other co-existing addictions such as gambling, sex, money issues, or issues with food?

Yes _____ No _____ If yes, what are the co-existing addiction? _____

Mental Health Treatment(s) or Hospitalizations

Do you have a Mental Health Diagnosis? **Yes No** If yes, what is your diagnosis? _____

Mental Health Tx's : OP: _____, IP: _____, EXT: _____, LONG TERM: _____, LOCKED: _____

Name and date attended: _____

Psychologist Name/location: _____ Current? Yes: _____ No: _____ N/A _____

Psychiatrist Name/location: _____ Current? Yes: _____ No: _____ N/A _____

Medications: _____ Current? Yes: _____ No: _____ N/A _____

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 Accommodations and Services

Learning Issues? Yes No Diagnosis i.e. add/adhd/ _____

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

What kinds of academic support services have you received in the past and how long? _____

Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are guaranteed certain protections and rights to equal access to programs and services. Students wishing to take advantage of these rights must present documentation demonstrating that they have a relevant disability and that it substantially limits their opportunity to learn. Your documentation must have been completed within the last 36 months to qualify for services through our CLASS Program.

Ongoing Professional/location: _____ Current yes no n/a

What kinds of academic support do you anticipate needing in your academic career? _____

Health insurance and recovery maintenance

What is the name of your insurance company or provider, available coverage, and your plan (MH, CD, LD) to provide an adequate level of support services in considering your coverage for your personal needs/diagnostic criteria. _____

MEDICAL

Serious Medical History:

Current Medical Needs/Concerns:

Name of Physician/Healer? _____ Location _____

Do you have any concerns about HIV/AIDS/HCV? **Yes** **No**

LEGAL

Are you currently under pressure to come to StepUP or stay in treatment? (i.e. lawyer, parents, probation, court?) **Yes** **No**

Describe past legal issues related to alcohol and other drugs: _____

Do you have any Legal issues (unresolved, probation)? **Yes** _____ **No** _____

Is this a court-recommended program for you? **Yes** _____ **No** _____

Name and phone number of Attorney, Probation, or Parole Officers:

Name: _____ phone #: (_____) _____ - _____ Title: _____

Name: _____ phone #: (_____) _____ - _____ Title: _____

To be accepted into the StepUP Program a release needs to be in place to above agents. If you are dismissed from StepUP your attorney and probation/parole officer will be notified.

RECOVERY NEEDS

Why are you seeking StepUP as a support through your college career?

Specifically, what do you anticipate yourself needing from the StepUP program?

What are the "challenges" you may face in your attempts to:

- (a) succeed in college and
- (b) maintain a stable and healthy recovery program?

What are you willing to do on a regular basis to maintain your health and your recovery while attending college?

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: ____/____/____

For Office Use Only:
Interviewer synopsis identified blocks and resources

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