



# PSALM 23 TRAINING CENTRE "APPLICATION FORM"

Email – psalm23society@shaw.ca Website – www.psalm23society.com

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

CONTACT #: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

SOC. INS.# \_\_\_\_\_ CARE CARD # \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ DOCTORS PHONE # \_\_\_\_\_

\*LIST MEDICATIONS YOU TAKE

\*LIST ALLERGIES YOU HAVE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST YOUR DRUG OF CHOICE: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

SOBRIETY DATE: (First day without any substance) \_\_\_\_\_

REFERRED HERE BY: (A & D Program, counselor, client etc.) \_\_\_\_\_

REQUESTED DATE OF ENTRY INTO PSALM 23: \_\_\_\_\_

SOURCE OF INCOME (eg. E.I., Disability 1, Welfare) \_\_\_\_\_

**\*\*IF YOU ARE ON WELFARE, PLEASE PROVIDE YOUR GA #** \_\_\_\_\_

NAME OF OTHER PROFESSIONALS (eg. Parole officer, Counselor, Mental health worker) YOU SEE:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

**FAMILY HISTORY:** - (please complete in detail)

Father: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Central BC - Head Office**  
**Psalm 23 Training Centre**  
Box 387 Cariboo Hwy 97  
Office – (250) 459-2220  
Fax – (250) 459-2260

**Southern BC**  
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Abbotsford, BC V2T 4X3  
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**WHO DO YOU CONSIDER TO BE YOUR NEXT OF KIN?**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone # \_\_\_\_\_

**PLEASE CIRCLE**, if you know of any signs of alcoholism, heavy drinking or substance abuse in the past or present among the following family members:

Mother      Father      Sister(s)      Brother(s)      Aunt(s)      Uncle(s)      Grandparents(s)

Comments: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE CIRCLE**

How would you describe your relationship with your mother?      *Good    Fair    Poor    Very Poor*

How would you describe your relationship with your father?      *Good    Fair    Poor    Very Poor*

How would you describe your relationship with your brothers or sisters (generally)?  
*Good    Fair    Poor    Very Poor*

Comments: \_\_\_\_\_  
\_\_\_\_\_

**MARITAL STATUS:** - (Please circle and comment)

1) Never Married      Married      Separated      Divorced      Widowed      Common Law

2) Number of marriages \_\_\_\_\_

3) Number of children and ages \_\_\_\_\_

4) Name of current spouse or girlfriend/boyfriend \_\_\_\_\_ Phone # \_\_\_\_\_

General assessment of current relationship: (please circle and comment)

N/A    Very Good    Good    Indifferent    Bad    Very Bad    Arguments    Separation    Divorce Action

Comments: \_\_\_\_\_  
\_\_\_\_\_



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### HOUSING HISTORY:

How long were you at your previous place of residence? \_\_\_\_\_

What is the longest time you have stayed in any place of residence? (other than family home) \_\_\_\_\_

When was that? (year)\_\_\_\_\_ Where was it? (city)\_\_\_\_\_ (province)\_\_\_\_\_

### SOCIAL INFORMATION: - (please fill out in full detail)

List current activities you enjoy, interests and hobbies:

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List past activities, interests and hobbies that you stopped doing but would like to do again:

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Religious affiliation: - Present: \_\_\_\_\_

- Past: \_\_\_\_\_

Are you willing to go to Church each week? \_\_\_\_\_

If not, why not? \_\_\_\_\_

### EDUCATION: - (please complete in detail)

Current or last school attended: \_\_\_\_\_ Year: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_ General Education Diploma? YES \_\_\_\_ NO \_\_\_\_ Year: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Languages written: \_\_\_\_\_

Additional training or skills: \_\_\_\_\_

Do you plan to continue your education or training? (please circle)

1) Currently doing so 2) Yes, most definitely 3) Yes, I'm going to 4) Maybe, thinking about it

5) Undecided 6) No plans to continue \*What were your average grades while in school? \_\_\_\_\_

Comments: \_\_\_\_\_

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### EMPLOYMENT:

Present or last employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date Began: \_\_\_\_\_

Date Left: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

How many weeks have you worked in the past 24 months? \_\_\_\_\_

Number of employers in the past 24 months? \_\_\_\_\_

When was the last time you worked (if not in the last 24 months)? \_\_\_\_\_

What is the longest time that you have held a steady job? \_\_\_\_\_

What kind of work was it? \_\_\_\_\_

### TREATMENT HISTORY:

1. Have you received previous counseling? Yes \_\_\_\_\_ No \_\_\_\_\_

When? \_\_\_\_\_ By Whom? \_\_\_\_\_

Reason \_\_\_\_\_

2. Have you attended any substance abuse education programs or any substance abuse treatment programs? Yes \_\_\_\_\_ No \_\_\_\_\_ List dates, programs and reasons.

<u>Date</u>	<u>Name of Program</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*Give summary if not enough space:**

3. Have you ever attended AA, NA, CA, AV, Al-Anon or other self-help groups? Yes \_\_\_\_\_ No \_\_\_\_\_

When? \_\_\_\_\_ Location \_\_\_\_\_

Reason \_\_\_\_\_

Are you currently working on recovery Stepwork? Yes \_\_\_\_\_ or No \_\_\_\_\_ (please place a check mark)

If yes, what Step are you currently working on? \_\_\_\_\_ (E.g. Step one)

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### LEGAL - COURT HISTORY:

1. Are you involved in any active cases (civil, traffic, criminal?) Yes\_\_\_\_ No\_\_\_\_ If yes, what are they?

A) Charges: \_\_\_\_\_

B) Court: \_\_\_\_\_

C) Hearing Date: \_\_\_\_\_ Trial Date: \_\_\_\_\_

2. Are you presently on probation or parole? Yes\_\_\_\_ No\_\_\_\_

\*\* Do you have any outstanding warrents for your arrest? Yes\_\_\_\_ No\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Parole Officer: \_\_\_\_\_ Phone No. \_\_\_\_\_

3. Any traffic violations (past or present), other than parking? Yes\_\_\_\_ No\_\_\_\_

4. Civil involvement (past or present)? Yes\_\_\_\_ No\_\_\_\_

5. Criminal involvement (past or present)? Yes\_\_\_\_ No\_\_\_\_

If you answered yes to questions 3, 4 or 5 please complete the following:

<u>Date</u>	<u>Charge</u>	<u>Outcome</u>	<u>Where</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Give summary if not enough space:

Are you willing to allow Psalm 23 Transition Society to do a criminal background check? Yes\_\_\_\_ No\_\_\_\_

List and describe LEGAL problems for which you are presently seeking assistance:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Do you have a lawyer? Yes\_\_\_\_ No\_\_\_\_ If no, are you going to pursue one? Yes\_\_\_\_ No\_\_\_\_

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**MEDICAL / PSYCHIATRIC HISTORY:**

1. Do you have any medical problems at this time? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain...

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2. Are you able to participate in recreational activities and work duties (e.g. dishwashing, some manual labour, etc)? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain...

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3. Have you ever been under psychiatric care? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason \_\_\_\_\_

When? \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Mental Health Worker: \_\_\_\_\_

4. Do you have any problems with anger? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you ever get into fistfights or express your anger by throwing things? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

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5. Have you ever had thoughts of taking your own life? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you have a plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever attempted to take your own life? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

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**SUBSTANCE USE HISTORY**

**DEVELOPMENT OF PROBLEM**

1. Age when regular alcohol/drug use began: \_\_\_\_\_ years old
  - (i) Age when first excessive: \_\_\_\_\_ years old
  - (ii) Evolution of problem (please circle) - Gradually over a long time - Sudden rapid increase
  - (iii) Special circumstances surrounding evolution (ie. - was there a significant personal event at the same time - loss of loved one, loss of job, etc.)

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**EXTENT OF PROBLEM**

2. Withdrawal symptoms (please circle all that apply)
 

Hangover	Shakes	Hallucinations	Seizures	Nausea / Vomiting
DT's	Blackouts	Health problems (specify) _____		

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3. Problem use of other drugs (if applicable) - Remember that alcohol is a drug also!

DRUG	# OF YEARS	AGE WHEN STARTED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**REASONS FOR DRINKING / DRUG USE** (Please be specific)

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**USUAL ALCOHOL / DRUG PATTERN**

4.      Current drinking / drug use pattern (please circle) -    Abstinent      Problem drinking / drug use

(a) Type of alcohol user : (please circle)

Periodic / Binge

Steady / Regular

Length of last binge (days) \_\_\_\_\_

Days of the week of heaviest use \_\_\_\_\_

Length between bouts (days) \_\_\_\_\_

REASONS (please be specific)

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(a) Type of substance user : (please circle)

Periodic / Binge

Steady / Regular

Length of last binge (days) \_\_\_\_\_

Days of the week of heaviest use \_\_\_\_\_

Length between bouts (days) \_\_\_\_\_

REASONS (please be specific)

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Locations (please circle)    Pub / Bar            Restaurants            At work            Street

Outdoors            In own home / apartment            In other people’s homes / apartments

At private clubs            Social events            Other

(specify) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Social Settings (please circle)    Alone    With spouse            Relatives            Male friend

Female friend            Business associates            Friends of both sexes

People I meet after drinking            Other

(specify) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Cohabitants drinking / drug use (spouse, roommate, etc.)

Yes (specify) \_\_\_\_\_

No

Are you pressured because of their use? (please circle)            Yes            No

Periods of abstinence

(a) Usual reason for stopping (be specific)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(b) Usual reason for starting again (be specific)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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What are some of the goals you would like to achieve in your first year of sobriety? (Be specific)

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Explain why you want to be in Psalm 23 Transition Society and in what ways can we help you to achieve your recovery and future goals? (Be specific)

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I, \_\_\_\_\_ (please print clearly)

**being in need of help with my transitional living in recovery, I ask to be admitted into Psalm 23 Transition Society recovery program and commit to the minimum of 8.5 months in the program.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signature: \_\_\_\_\_

Intake Worker: \_\_\_\_\_