

MIDWEST CHALLENGE SOCIAL HISTORY

A. GENERAL INFORMATION

1. Date:

2. Name:

3. Address:

4. City/State:

5. Date of Birth:

6. Age:

7. Race:

8. SSN:

9. DL or MN ID #:

10. Phone:

11. Cell Phone:

12. Are you leaving another program? Yes No

If Yes, name of program:

Phone:

Caseworker Name:

List ALL other programs you have been a resident in over the last five (5) years:

13. Why are you here now (pressure source)?

B. SPIRITUAL

1. What was your parent's religion:

What is your religion:

2. Are you a member of a church: Yes No

How long have you been attending:

Name/address of church:

Name of Pastor:

Phone:

3. Average church attendance per month:

4. Do you fully understand what it means to accept Jesus Christ as Lord and Savior: Yes No

5. Do you consider yourself a born again Christian: Yes No

6. Have you had any cult or occult experiences: Yes No
Explain:

C. ALCOHOL & DRUG USE

1. Alcohol & Drug use history:

Drug used	Age at first use	Date of last use	Frequency			Average Amount	# times used in past 30 days
			Day	Wk	Mo Yr		
Caffeine							
Nicotine							
Alcohol							
Marijuana							
Cocaine							
Amphetamines							
Barbiturates							
Heroin							
Methadone							
Opiates							
Tranquilizers							
Hallucinogens							
Inhalants							

2. What is your drug of choice?

3. How long was your longest abstinence?
When?

4. What is your "trigger?"

5. List prior Chemical dependency treatments: (Starting with most recent)

Facility Name	Dates		Inpatient or Outpatient	Length of program	Your length of stay
	From	To			

6. Have you ever been a member of any Self-help groups? (AA, NA) Yes No

7. If *Yes*, Which one(s) and how often:

8. Last time attended?

9. What has been your experience with these type of groups?

D. EMPLOYMENT

1. Employment status: Employed Unemployed Retired SSI / Disability

2. What happened to make you unemployed?

3. How long have you been in present status:

4. What is your trade / skill:

5. What are your career goals for the next five years:

6. Have you ever considered working in Christian ministry or missions: Yes No

7. Longest full-time job: When: from to

8. Have you lost any jobs because of alcohol or drug use: Yes No When:

9. List last three jobs: (starting with most recent)



Company Name City/State
Dates: from to Description
Reason for leaving



Company Name City/State
Dates: from to Description
Reason for leaving



Company Name City/State
Dates: from to Description
Reason for leaving

E. FINANCIAL

1. List your sources of financial support:
2. Does anyone depend on you for support? Yes No
3. **If yes, who?**
4. List any debt:

F. EDUCATION

1. Highest grade completed
2. Do you have a GED? Yes No
3. College level completed
4. Degree/Major:
5. Vocational/Technical training:
6. Are you interested in continuing your education? Yes No
If Yes, explain:

G. LEGAL STATUS

1. Is this appointment promoted or suggested by the courts, judge, or probation officer? Yes No

If *Yes*, you must provide Midwest Challenge with the conditions of your release. They must be provided prior to you being able to reside as a resident of Midwest Challenge and turned into the Admissions Coordinator.

2. Are you on probation or parole? Probation Parole

3. Probation/Parole Officer Name:

Address:

County:

Phone:

4. Have you ever been convicted of a felony? Yes No OID Number:

For what?

5. Have you ever been convicted of a sexual offence of any kind? Yes No

If *Yes*, are you a registered sex offender? Yes No

Are you required to report your whereabouts? Yes No

To who? Name:

Phone:

6. Arrest record:

Offense

Dates

Amount of Jail/Prison Time

7. Describe any pending court action:

H. SOCIAL HISTORY

1. What has been your living arrangement over the past 3 years?

1 - with sexual partner (wife or other) and children

2 - with sexual partner (wife or other) alone

3 - with children alone

4 - with parents

5 - with family; relationship

6 - with friends

(Brother, Aunt, ...)

7 - alone

8 - jail/prison

9 - treatment facilities

10 - no stable arrangements

2. How long have you lived in these arrangements?

3. Are you satisfied with these living arrangements? Yes No

4. If *No*, how would you like it to change?

5. Do you live with anyone who has a current alcohol/drug problem? Yes No

6. Do you live with anyone who uses non prescription drugs? Yes No

7. How many close friends do you have?

8. With whom do you feel closest to presently?

9. Does your family support you in what you are attempting to do in this program? Yes No

10. Do your friends support you in what you are attempting to do in this program? Yes No

11. Please tell us about anything you think we should know about: Your Goals/Dreams/Ambitions; Situations that are of concern to you; or whatever you feel would enable us to better understand and assist you.

I. FAMILY HISTORY

1. Marital status:

Remarried Married Separated Divorced Widowed Never Married

2. How long have you been in this present status?

3. Are you satisfied with situation? Yes No

4. Parent's marital status: During your childhood? Currently?

5. Information about your family:

(Write in any children, brothers & sisters, any step-parents or significant aunts & uncles)

Relationship	Name	Age	List any Chemical Abuse	List any Psychological Problems	Living (Yes/No)
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Grandparent

Grandparent

Father

Mother

6. Please tell us anything you would like us to know about your family.

J. MEDICAL

1. Describe your health: Excellent Good Fair Poor

2. Do you have any medical conditions that limit your activity? Yes No
 If *Yes*, please explain:

3. Are you presently receiving medical care? Yes No
 If *Yes*, Where?

4. List ALL medications you are on (include over-the-counter)?
 Prescription Name Dose (how much) How Often For What

5. List any major injuries:

6. List any surgery:

7. List any allergies:

8. Do you have, or have you had:
 Problem Yes/No When Treatment

- Diabetes

- Seizures

- Hepatitis

- Tuberculosis

- Venereal Diseases

- HIV/AIDS

- Heart Issues

9. List any other medical problems:

K. PSYCHIATRIC

1. Have you ever been treated for any psychological or emotional problems? Yes No
If Yes, where were you treated?
2. Are you still seeing a Psychologist? Yes No
If Yes, Name:
3. Have you had a significant period in which you have experienced:

Problem	When	Explain
Serious depression		
Serious anxiety or tension		
Hallucinations		
Trouble understanding, concentrating, or Remembering		
Trouble controlling violent behavior		
Thoughts of suicide		
Attempted suicide		
4. Have you ever been prescribed any medication for any psychological/emotional problems? Yes No
5. If Yes, what was the name of the prescription(s)?

L DOMESTIC ABUSE AND VIOLENCE DATA

1. Have you been the victim of:

Physical abuse? Yes No

Physical neglect? Yes No

Verbal abuse? Yes No

Emotional neglect? Yes No

Incest? Yes No

Rape? Yes No

Other

2. Have you perpetrated any violence in:

Physical abuse - spouse? Yes No

Physical abuse - children? Yes No

Physical abuse - others? Yes No

Verbal abuse - spouse? Yes No

Verbal abuse - children? Yes No

Verbal abuse - others? Yes No

Sexual abuse - rape? Yes No

Incest? Yes No

3. Would like to explain any of the above answers?

M. MILITARY SERVICE

1. Have you served in the Military? Yes No (if not, skip to the next section)
2. Military Branch: Service dates: from to
3. Did you ever:
 - A. Engage in combat? Yes No
 - B. Fire your weapon at the enemy? Yes No
 - C. Come under enemy fire? Yes No
 - D. See others killed or injured? Yes No
4. Highest Rank? Any rank reductions?
5. Type of discharge? Reason for discharge?

N. RECREATION AND LEISURE

1. How do you currently spend your leisure time?
2. List any Skills, Interests, Talents, Hobbies or Sports:
3. When was the last time you were involved with leisure skills as a group or as an individual?
4. List three activities or hobbies you would like to participate in or learn about during treatment:

If there is anything else you desire to let us know?

I HEREBY AFFIRM THAT ALL THE INFORMATION IS TRUTHFUL, AND I UNDERSTAND THAT ANY MISREPRESENTATION OF FACTS WILL CONSTITUTE AN IMMEDIATE DISMISSAL FROM MIDWEST CHALLENGE OR MY BEING INELIGIBLE FOR CONSIDERATION TO MIDWEST CHALLENGE.

Signature: _____

Date: _____

O. CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____

Date of Birth: ____/____/____

Authorize Midwest Challenge to disclose information to, obtain information from and exchange information with any organization Midwest Challenge requires as part of their process for admissions to their program. I further authorize Midwest Challenge to as a condition of residency, to disclose information to, obtain information from, and exchange information with any organization as part of their ongoing process for managing my care while I am a current resident and give consent for one year from my departure from the program.

The information that my be required to be disclosed/obtained/exchanged is as follows:

Drug test results, Psychological Evaluation, Pre-sentence Investigation Report, Institution Records, Family and Social History, Chemical Dependency Assessment, Legal Records, Treatment Progress Notes, Medical & Physical Examinations, Discharge Summary, Other (Specify)

I understand that this consent will automatically expire one year after the date of my departure from Midwest Challenge and also understand that I may revoke this consent upon written notice to Midwest Challenge at anytime.

Signature of Resident _____

Date _____

Signature of Staff _____

Date _____