

FAMILY BACKGROUND

Marital Status (Check one): ___Married ___ Single ___Divorced ___Separated
___Engaged ___Widowed___ Common Law

Current Residence (Check one): ___House ___Apartment ___Mobile home ___Dormitory
___ Other:_____

What amount do you pay per month to live there?_____

How long have you lived there? _____

Prior Residence? _____

	Name	Age	Relationship
Who do you live with?	_____		

	Name	Age
Your children who do NOT live with you?	_____	

EDUCATION

Check last year completed: ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8 ___9 ___10 ___11 ___12

College: ___1 ___2 ___3 ___4

Technical: ___1 ___2 ___3 ___4 Did you graduate? _____

Name, address and dates of schools attended:

High School: _____ From _____ to _____

College : _____ From _____ to _____

Other: _____ From _____ to _____

EMPLOYMENT

Present Employment _____

Supervisor's name _____

Past Employment- List recently held positions and duties performed:

Name of Company	Date	Description of Duties & Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are currently working, how much do you earn per month? _____

If you are receiving unemployment compensation or welfare, how much do you receive per month? _____

What skills or special training do you have? _____

List your present source of income (Employment, Welfare, ADC, disability income, Social Security, Training Allotments, Family contributions, etc):

Source	Amount per month
_____	_____
_____	_____
_____	_____
_____	_____

List your present monthly expenses (car payments, housing, medical bills, loans, personal debts, charge accounts, etc.)

Monthly bills

Amount paid per month

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total: _____

HEALTH

Rate your health (Check one): ___Excellent ___Good ___Fair ___Poor

Briefly describe any physical or emotional problems that you have: _____

Do you have a family physician? _____ Are you under a doctor's care? _____

Doctor's name and address: _____

Do you feel you may have a drug or alcohol problem? _____

Have you ever received counseling or treatment for the use of drugs or alcohol? _____

If so, name of agency: _____

Have you ever seen a psychiatrist or psychologist? _____

If so, when and where? _____

Please list medications that you are currently taking: _____

MILITARY SERVICE

Branch and Activity _____ Dates _____

List what types of training you received, or duties that you performed: _____

Type of discharge: _____

Are you eligible for any G.I. Benefits? _____ If so, what? _____

If less than an honorable discharge, what are the reasons? _____

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature

Date