

☐ Alcohol Highway Safety Program

☐ Drug Awareness Program

☐ Anger Management Program

 Please note: Information on this form is **confidential** and is protected by State and Federal law. Only AHSP/DAP/ANG personnel have access to this form.

PLEASE PRINT

1. Your Name: _____ Sex: ☐ Male ☐ Female

Full Address: _____
STREET CITY & ZIP

Home/Cell Phone: _____ Work Phone: _____

Driver License #: _____ Date of Birth: _____

Email address _____

2. Marital Status: ☐ Never Married ☐ Married ☐ Cohabiting
☐ Divorced ☐ Widowed ☐ Separated

3. Race: ☐ White ☐ Black ☐ Hispanic ☐ Other _____

4. Are you presently working? ☐ Yes ☐ No If yes, please indicate:
☐ Full-time ☐ Part-time ☐ Retired ☐ Student ☐ Self-employed
☐ Homemaker ☐ Disabled ☐ Laid off ☐ Other

Occupation: _____ How Long? _____

Type of Business: _____

5. What is your main source of income?

☐ Job ☐ Spouse ☐ Family ☐ Friends ☐ Welfare ☐ Parents
☐ Social Security/Pension ☐ Workmen's Comp ☐ Unemployment Benefits
☐ Disability Insurance ☐ Other

6. **For statistical purposes only:**

Income: (Estimated yearly personal gross) \$ _____

Household Income: (Total household estimated yearly gross) \$ _____

7. Highest grade completed in school: _____ Are you in school now? ☐ Yes ☐ No

If in school now, please indicate type:

☐ High School ☐ Technical School ☐ College ☐ GED ☐ Other

8. Rate your health:

☐ Excellent ☐ Good ☐ Average ☐ Fair ☐ Poor

 **Please continue on other side** 

I have received: