□ Alcohol Highway Safety Program □ Drug Awareness Program □ Anger Management Program						
	idential and is protected by State and Federal law.					
Only AHSP/DAP/ANG personne PLEASE PRINT	nave access to this form.					
1. Your Name:	Sex:   Male Female					
Full Address:	CITY & ZIP					
Home/Cell Phone:	Work Phone:					
Driver License #:	Date of Birth:					
Email address						
Division our scores our scores sour sources sources sources	Married ☐ Cohabitating Widowed ☐ Separated					
3. <u>Race:</u> □ White □ Black □ Hispanic	□ Other					
4. <u>Are you <i>presently</i> working?</u> □ Yes □ No	If yes, please indicate:					
☐ Full-time ☐ Part-time ☐ Retire ☐ Homemaker ☐ Disabled ☐ Laid	ed					
Occupation: Type of Business:	How Long?					
5. What is your <i>main</i> source of income?						
☐ Job ☐ Spouse ☐ Family ☐ Friends☐ Social Security/Pension ☐ Workmen's Com☐ Disability Insurance ☐ Other						
6. For statistical purposes only: Income: (Estimated yearly personal Household Income: (Total household estimated	gross) \$ d yearly gross) \$					
7. <u>Highest grade completed in school:</u>	Are you in school now? ☐ Yes ☐ No					
If in school <i>now</i> , please indicate type: ☐ High School ☐ Technical School ☐ Ce	ollege 🛘 GED 🗘 Other					
8. Rate your health:						
☐ Excellent ☐ Good ☐ Average	⊒ Fair □ Poor					
<i>☞ Please continue e</i>	on other side ®					

	Do you have any health problems?	☐ Yes	□ No	If yes, please list:		
	Are you taking any medication?	☐ Yes	□ No	If yes, please list:		
	Have you ever received counseling?	☐ Yes	□ No	If yes, when?		
10.	O. Have you EVER had any <u>other</u> alcohol or drug arrests? ☐ Yes ☐ No  When:					
	Charges:					
	Is your Driver's License:  uvalid		uspended			
11.	Please list family members who live w	•		<u>onship</u>	<u>Age</u>	
5.						
<b>™™</b> Who should we contact in the event of an <u>emergency</u> ? <b>™™</b>						
Name:			Relationship:			
Home	Phone:		Work Phone:			
	SS:					
Addres	street		citv	zip code		
Addres	street		city	zip code		
Addres	street	ad comple				

Date

Client Signature