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: ____________________________________________
   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*
9. 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. Have you EVER had any other alcohol or drug arrests?  □ Yes  □ No

When: ____________________________________________

Charges: _______________________________________

Is your Driver’s License:  □ valid  □ suspended  □ restricted

11. Please list family members who live with you:

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<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
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🌟🌟🌟 Who should we contact in the event of an emergency? 🌟🌟🌟

Name: ____________________________________________

Relationship: ____________________________________

Home Phone: __________________________  Work Phone: __________________________

Address: ______________________________________

street  city  zip code

🌟🌟🌟 Please read completely, then sign: 🌟🌟🌟

I am aware:
• The fee must be paid in full before a schedule can be given, I cannot be more than ten minutes late for any class. If I am late or do not show for a scheduled class, a $125 fee will be charged for another class schedule. A $25 fee will be charged if I miss any enrollment or final interview appointment.
• If there is a true emergency, it is my responsibility to submit written proof within three (3) business days.
• If I don't comply with all Program requirements, am disruptive in class, or attend while impaired by alcohol or other drugs, I may be terminated from the Program, and the referring source will be notified.

I have received:

______________________________  _______________________
Client Signature  Date