

Vivitrol Program Application

Please fill out the following completely and honestly.

PERSONAL DATA:

Full Name _____ Age _____ Date of Birth _____

Address _____ Place of Birth _____

City _____ State _____ Zip _____

Phone Number _____ Cell Phone _____

Email Address _____

Social Security Number: _____

Race: _____ Hispanic: _____ Non-Hispanic: _____

Gender _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Tattoos, Scars, Identifying Marks _____

US Citizen: Yes _____ No _____ Alien Status: _____

Driver's License NO: _____

Status: Valid _____ Suspended _____

Contact Persons for emergency

1. Name _____ Relation _____

Address _____

Phone _____

2. Name _____ Relation _____

Address _____

Phone _____

IMMEDIATE OFFENSE

Criminal Charge _____

Date of Offense _____

Days in Jail _____ Attorney _____.

Sentencing Date _____ Probation Officer _____

Community Corrections Officer _____.

MARITAL HISTORY

____ Single ____ Married ____ Separated ____ Divorced ____ Living together ____ Widow(er)

Name of Husband/Wife/Partner _____ Age _____.

Address _____ Date of Marriage _____.

Spouse's Employer _____.

Have any of the following contributed to marital problems: alcohol or drug abuse, sexual abuse, physical abuse, emotional abuse or child abuse. Give details: _____.

_____.

_____.

Names of Children	Age	Address	Supported By
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_____.

_____.

_____.

_____.

Do you pay child support? _____ Is it current? _____.

Name(s) and relationship(s) of person(s) you will reside with: _____.

_____.

_____.

EDUCATIONAL HISTORY

Last grade completed : _____ Date of Graduation: _____.

GED Completion Date _____

EMPLOYMENT HISTORY

Last Employer _____ Telephone _____.

Address _____.

Supervisor _____ Duties _____.

Date Employed _____ Salary _____.

Full-time or part-time _____

FINANCIAL STATUS INFORMATION

Own Property? _____ Value\$ _____ Balance owed\$ _____.

Location Address: _____.

Do you expect to receive public assistance ? (Food stamps, WIC, etc.)

Savings/Investment worth \$ _____

Checking account balance \$ _____

If you have no income, what is your current source of support? _____

Total Income reported last year? _____

MILITARY HISTORY

Branch of Service _____ Highest Rank Attained _____.

Date Enlisted _____ Date Discharged _____.

Type of Discharge _____.

HEALTH CONDITION

Present Physical Condition: _____ .

List dates and reasons for hospitalizations: _____ .

_____ .

List any serious illnesses or injuries: _____ .

Have you been diagnosed with Hepatitis C or other liver disorder? _____

List current medications: _____ .

What condition(s) are these medications treating? _____

Are you allergic to any medications? If so, list _____

Have you ever been diagnosed with a mental health disorder? _____

List any psychological treatment/counseling received and dates of service: _____ .

_____ .

Have you ever considered hurting yourself or someone else? _____ Yes _____ No

Attempted suicide? _____ Yes _____ No Explain if Yes: _____ .

_____ .

_____ .

Do you have health insurance ? _____ If so, who is the provider? _____

Have you been signed up for the Hoosier Insurance Plan while incarcerated? _____ Yes _____ No

If so when _____

Have you ever applied for Disability? _____ If so when and what is the status of your claim?

Have you been on Medicaid? If so when _____

Have you ever been on any State or Hospital assisted insurance plan? _____

If so, when and what plan? _____

ALCOHOL USE

Age first used alcohol _____ Number of arrests while drinking _____.

How often do you drink _____ Average amount used _____.

Have you ever been a daily drinker _____ How long _____

Indicate any treatment (including AA) which you have received for your alcohol use, locations and dates of treatment. _____
_____.

OPIATE USE

Age first used _____ Number of arrests because of use _____

Prescribed by MD _____ Yes _____ No List _____

How often used _____ How long _____

Heroin _____ Yes _____ No How often used _____ How Long _____

Other Opiate Use? List _____

Do you have a family history of drug use? _____

Have you ever injected drugs? _____ Yes _____ No

Have you ever overdosed? _____ Yes _____ No Date if yes _____

Were you revived using Naloxone ? Yes _____ No _____ How many times _____

OTHER DRUG USE:

Indicate frequency, level, how used, and date last used of following drugs:

Substance	Frequency	Average Amount Used	How Used	Date Last Used
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Marijuana _____.

Stimulants (meth) _____
(cocaine)

Synthetics _____
(Spice, Ecstasy, etc.)

Prescribed Drugs _____
(xanax, klonopin,, etc.)

What is your drug of choice? _____ Age of first use _____

