



## ADULT WELLNESS COURT PARTICIPANT APPLICATION

Please read each question carefully before answering. Failure to complete all required Wellness Court forms accurately will delay the processing of your application. False or misleading information will be treated as a false statement subjecting you to exclusion from the program.

### IDENTIFYING INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Length at current address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Gender:  Male  Female

Currently living:  Alone  Spouse/Significant Other  Roommate  Parent(s)  Homeless

List all addresses you have lived at in the last 18 months: \_\_\_\_\_

\_\_\_\_\_

Emergency contact: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### LEGAL HISTORY

Do you have any existing warrants or pending charges that are outside of the Hoopa Valley

Tribe?  Yes  No

If yes, explain: \_\_\_\_\_

Case number(s): \_\_\_\_\_

Do you have any prior convictions for violent crimes and/or convictions involving a weapon?

Yes  No

If yes, explain: \_\_\_\_\_

Case number(s) \_\_\_\_\_

What legal charge(s) have brought you to be referred for Wellness Court? \_\_\_\_\_

Case number(s) \_\_\_\_\_

List all active cases numbers: \_\_\_\_\_

Were you ever arrested as a juvenile (16 years old or younger)?  Yes  No

If yes, explain: \_\_\_\_\_

### SUBSTANCE ABUSE HISTORY/TREATMENT

Primary substance of choice: \_\_\_\_\_ Age of first Use: \_\_\_\_\_

Frequency: \_\_\_\_\_ Amount: \_\_\_\_\_ Last Used: \_\_\_\_\_

Secondary substance of choice: \_\_\_\_\_ Age of first Use: \_\_\_\_\_

Frequency: \_\_\_\_\_ Amount: \_\_\_\_\_ Last Used: \_\_\_\_\_

Other substances of abuse: \_\_\_\_\_

**PROBLEMS RELATED TO SUBSTANCE ABUSE**

Have you ever experienced a blackout?  Yes  No

Have you noticed an increase or decrease in tolerance to achieve desire effect?  Yes  No

Have you ever taken a substance in larger amounts over a longer period than what was intended?  
 Yes  No

Have you ever experienced withdrawal symptoms?  Yes  No

Have you ever spent a great deal of time in activities necessary to obtain the substance/ recovery from its effects?  Yes  No

Has there been a persistent desire or unsuccessful effort to cut down or control your substance use?  Yes  No

Have you given up social, occupational, or recreational activities because of your substance use?  
 Yes  No

Do you continue to use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused by the substance (e.g., continued drinking despite a medical warning that drinking would make a physical condition worse?)  Yes  No

Have you ever participated in treatment?  Yes  No If yes, please list the type(s) of treatment and approximate date(s): \_\_\_\_\_

Have you ever used substances intravenously?  Yes  No When \_\_\_\_\_

Have you ever attended AA/NA meetings?  Yes  No When \_\_\_\_\_

Have you ever had an AA/NA sponsor?  Yes  No When \_\_\_\_\_

Have you ever taken any type of medication to assist with your sobriety? (Antabuse, Suboxone, etc.)

Do you smoke?  Yes  No Daily Amount \_\_\_\_\_ Have you ever tried to quit?  Yes  No

**FAMILY & SOCIAL HISTORY**

Father's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Step-father's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Step-mother's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Sibling(s) Names and Locations: \_\_\_\_\_

Have you discussed the option of participating in Wellness Court with any family members?

Yes  No Explain: \_\_\_\_\_

Family History of Alcoholism/Substance abuse or addiction:  Yes  No

Current Status: \_\_\_\_\_

Single  Married  Divorced  Separated  Widowed

Name of spouse or significant other: \_\_\_\_\_ DOB: \_\_\_\_\_

Length of marriage/relationship: \_\_\_\_\_

Do you have any children?  Yes  No Do you have physical and/or legal custody of your children?  Yes  No Explain: \_\_\_\_\_

Children's names, ages and living situation:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living: \_\_\_\_\_

### **EDUCATIONAL HISTORY**

Level of Education:  HS Diploma  GED  HSED Year Completed \_\_\_\_\_

Vocational Degree \_\_\_\_\_ College Degree \_\_\_\_\_

Are you currently enrolled in any educational or skill development program?  Yes  No

If yes, explain: \_\_\_\_\_

Have you ever been diagnosed with a learning disability?  Yes  No

If yes, explain: \_\_\_\_\_

### **EMPLOYMENT HISTORY**

Do you receive any public assistance?  Yes  No

General Relief?  Yes  No

Social Security?  Yes  No

SSI?  Yes  No

Other?  Yes  No What type: \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, about how many days per week? \_\_\_\_\_ Length of time at current job? \_\_\_\_\_

Current Job site: \_\_\_\_\_

If not currently employed,  Unemployed, but seeking  Unemployed, but not seeking

Health Insurance:  Yes  No

### **MILITARY HISTORY**

Branch of Service: \_\_\_\_\_ Highest Rank Achieved \_\_\_\_\_  
Length of Service: \_\_\_\_\_ Discharge Type: \_\_\_\_\_

**PHYSICAL/MENTAL HEALTH**

Have you ever received treatment from a Psychologist or Psychiatrist?  Yes  No

Have you ever been diagnosed with a mental health condition?  Yes  No

Are you currently receiving treatment from a mental health professional?  Yes  No

Please list any mental health diagnosis: \_\_\_\_\_

Treating Psychiatrist/Psychologist: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Please list any current physical problems: \_\_\_\_\_

Treating Doctor: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Do you have any form of communicable diseases? (Hepatitis C, HIV, etc.) \_\_\_\_\_

Have you been hospitalized in the last year?  Yes  No Date(s) \_\_\_\_\_

Are you currently pregnant:  Yes  No If so, when is your due date: \_\_\_\_\_

History of suicidal ideations (threats/attempts/hospitalizations)?  Yes  No Year(s) \_\_\_\_\_

Please explain: \_\_\_\_\_

History of homicidal ideations (threats/attempts)?  Yes  No Year(s) \_\_\_\_\_

Please explain: \_\_\_\_\_

What do you believe your strengths are? \_\_\_\_\_

What do you believe your weaknesses are? \_\_\_\_\_

What do you enjoy doing in your leisure time? \_\_\_\_\_

Are there any on-resolved issues that you feel contribute to your alcohol/chemical use? Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you need assistance with ADA access or translation services?  Yes  No

**MOTIVATION**

Please explain why you want to be involved in Wellness Court:

I declare under penalty of perjury under the Laws of the Hoopa Valley Tribe that the above is true and accurate to the best of my knowledge and belief.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_