

Step 1, Inc. "A Men's Transitional Living with Treatment Program"
1015 N. Sierra Street
Reno, NV 89503
Phone & Fax (775) 329-9830

Client Phone Number:(If applicable) _____
Name _____ Date _____
Date of birth _____ Age _____ SS# _____ BACK # _____
Race: _____ Ethnicity _____ Prison Facility(If applicable) _____
Contact Person/Case Worker _____
Are you a Veteran Yes _____ No _____ Branch _____
Present Mailing Address _____
How many children? _____ Ages? _____ Custody? ___ Yes ___ No

Please answer all questions with as much detail as possible. If it does not apply, then put n/a. Leaving questions blank or unanswered, lowers your overall score.

Client Initial _____

Do you have any outstanding warrants for your arrest? ___ Yes ___ No

If yes, for what and where? _____

If not coming from prison, do you have any legal issues that may surface after coming into our program? _____

What is your current offense/Sentence? _____

*What was your Sentencing Date? _____

Date of next Parole Board _____ Expected Release Date _____

Date that your parole/probation expires: _____

Parole/Probation Officer's Name & Phone Number _____

(Please Note: Should you fail to answer all questions honestly and completely or purposefully omit information on this application, Step 1 has the right to verify your information and then not accept you on the day of your scheduled admission).

Client Initial _____

<u>Dates</u>	<u>Criminal History:</u> <u>Charge(s)</u>	<u>Using/Drinking at the</u> <u>time of the offense?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many write-ups or disciplinary problems? _____

Have you ever been convicted of a violent offense? _____ If so, explain _____

Have you ever been convicted of a sexual offense? _____ If so, explain what tier level rating you were given. _____

Do you owe restitution or fines anywhere? _____ If so, where and how much do you owe? _____

In prison, did you participate in: (please indicate specific dates, programs, etc.)
 Counseling Groups _____
 Special Training Programs _____
 Jobs you had while in prison _____

(Please Note: You must be physically able to walk many miles per day while on job search and then be able to maintain a 40-hour per week job once employed. If you are unable to physically work, then Step 1 is the wrong program for you! You should apply to other programs in the community that can accommodate your needs.)

Client Initial _____

EMPLOYMENT/EDUCATION

Job skills and experience _____

Highest school grade completed (G.E.D. = 12) _____

Any college level classes? _____

SUBSTANCE USE HISTORY

Have you ever lost a job due to substance abuse related behavior?

(Like being in jail or prison)? Yes No

Do you have a drug or alcohol problem? Yes No (Just because you aren't drinking or using right now, does not mean you don't have a problem anymore).

If you do not qualify for Insurance, you will be expected to pay cash for your counseling fees. Prices are as follows: Screening = \$7 / Initial Assessment = \$98 / Individual Session = \$40/mo. / Group \$21/week). This program is not free!!

Client Initial _____

First Drug of Choice _____

Date of last use _____ Age of 1st use _____

Method of use: Oral/Smoke/Nasal/I.V. - (Circle the one you did the most often)

AA/NA Attendance Yes No Date of last attendance _____

Second Drug of Choice _____

Date of last use _____ Age of 1st use _____

Method of use: Oral/Smoke/Nasal/I.V. - (Circle the one you did the most often)

Any intravenous drug use? Yes No If yes, when _____

Prior Drug/Alcohol Treatment Yes No

Where _____ When _____

Was the treatment completed successfully? Yes No

What was your longest period of drug/alcohol abstinence?(Not using anything)

From _____ To _____

What do you attribute this period of abstinence to? _____

Have you ever developed a tolerance to any drug? Yes No

(Meaning, have you ever had to drink/use more to get the same effect you got in the beginning of your addiction)?

Have you ever tried to control your drug/alcohol problem unsuccessfully?

Yes No If yes, how? _____

What is your longest period of sobriety OUTSIDE of a controlled environment?

Medical / Psychological

Medical problems? (Please indicate if current or past condition)

Have you **EVER** been diagnosed with a Mental Health Disorder? _____

What Year _____ Diagnosis _____

Current Medications _____

Past Medications _____

Please Note: If you have ever had a M.H. Diagnosis, you will be required to obtain a Mental Health Assessment within one week of admission at Step 1. Should you fail to complete this task, you will be asked to leave the program. No exceptions!

Client Initial _____

Date of last TB test _____ Results _____

Have you received a COVID-19 Vaccination? Yes ___ No ___

1. If *yes*, please indicate when. 1st _____ 2nd _____
Moderna Pfizer Johnson&Johnson

2. If *no*, are you willing to be Vaccinated? _____

To be considered for acceptance into the Step 1 program, you must have the following items confirmed by your caseworker:

- **Current (TB) results.**
- **COVID Vaccination record (If applicable)**
- **Birth Certificate & Social Security Card on I-file.**

Once you have a bed date, YOU MUST COME TO STEP 1 DIRECTLY FROM THE P & P OFFICE, WITH NO STOPS IN BETWEEN! IF THERE IS A DELAY, WE MAY NOT ACCEPT YOU. PLEASE CALL TO KEEP US INFORMED!

Client Initial _____

Have you ever participated in a transitional/residential facility or similar program? ___

Yes ___ No ___ If yes, what program, when and where?

How long did you stay? _____

Reason for leaving? _____

HAVE YOU EVER LIVED AT STEP 1? _____

***IF YOU DO NOT ANSWER THE FOLLOWING THREE QUESTIONS, YOU
COULD BE AUTOMATICALLY DISQUALIFIED!!!!**

1. Why are you considering the Step 1, Inc. program?
2. What is your concept of Spirituality?
3. What is your opinion regarding AA/NA recovery?

(Explain All of the above questions on a separate sheet of paper).

Besides Step 1, Inc., do you have alternative programs that you are considering? If so, what are they? _____

Do you have family / significant others in Nevada? ____ Yes ____ No (if yes, please circle the area) Southern Northern

Please describe these family members or significant others:

	NAME	RELATIONSHIP	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

5. **EMERGENCY CONTACT: (MUST HAVE AT LEAST ONE NAME & #)**

I state that the above statements are true to the best of my knowledge.

Signed _____ Date _____