

# SALS Recovery

620 Maple Avenue  
Waukesha WI. 53186  
Phone 262-549-2121 Fax 262-753-6897

## Pre Screen Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Alas \_\_\_\_\_

Address of last residence \_\_\_\_\_

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

Email: \_\_\_\_\_

US Citizen: Yes \_\_\_ No \_\_\_

Identification: Birth certificate \_\_\_\_\_ Driver License \_\_\_\_\_ State ID \_\_\_\_\_ Passport \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Gender M \_\_\_ F \_\_\_

Referred by: \_\_\_\_\_

Referral contact name / number : \_\_\_\_\_

Date of last alcohol/drug use: \_\_\_\_\_

Drug(s) of choice \_\_\_\_\_ other drug/alcohol use: \_\_\_\_\_

Are you required to register as a sex offender? \_\_\_\_\_ If yes what level? \_\_\_\_\_

Have you ever been convicted of arson? \_\_\_\_\_

Do you have a history of violence to yourself or others, while Not under the influence?

Yes \_\_\_ No \_\_\_

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

Are you on probation or parole? \_\_\_\_\_ If yes Name of Officer \_\_\_\_\_

Address/Phone#: \_\_\_\_\_

Legal Involvement (i.e. Drug Court, WCS, etc.) Yes \_\_\_ No \_\_\_

If yes case manager's name: \_\_\_\_\_

Outstanding legal Issues(i.e. Warrants,pending,litigation,court dates,etc.)

What for? \_\_\_\_\_

Pending court dates: \_\_\_\_\_

Where: \_\_\_\_\_

Reason for Court: \_\_\_\_\_

Physical/Medically diagnosed conditions: \_\_\_\_\_

In the past six months have you traveled outside the United States? Yes \_\_\_ No \_\_\_

If so where? \_\_\_\_\_

Do you have any health care directives? What type? \_\_\_\_\_

Female only - Are you pregnant: Yes \_\_\_ No \_\_\_

Psychological diagnosed conditions: \_\_\_\_\_

Do you have thoughts of suicide? Yes \_\_\_ No \_\_\_ if so:

When was your last attempt at suicide? \_\_\_\_\_

Prescribed medication (current and previous) \_\_\_\_\_

Have you attempted sobriety or been to treatment before? Yes \_\_\_ No \_\_\_

If yes how many times? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_

Are you willing to commit to sobriety and follow a plan of sobriety prepared by SALS ?

Relationship Status: \_\_\_\_\_

Was there any criminal/drug/domestic violence involvement in the relationship ?

Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_

Children: Yes \_\_\_ No \_\_\_

How many? \_\_\_\_\_

Ages \_\_\_\_\_

Who are the children residing with: Family \_\_\_\_\_ Foster Care \_\_\_\_\_

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

Insurance provider name: \_\_\_\_\_

I am interested in counseling services Yes \_\_\_ No \_\_\_

If yes insurance information:

Policy holder full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Insurance provider number: \_\_\_\_\_

Member number: \_\_\_\_\_

Group Number: \_\_\_\_\_

**Option:** Housing Admission fee is \$350 this includes, first week of housing cost. Weekly housing costs are \$150.

**Option 2 Lifeskills track:** Lifeskills track \$900 this includes 4 weeks of housing costs, four \$50 food cards.

Weekly housing costs are \$150.

How will the housing costs be paid for? \_\_\_\_\_

Projected admit date \_\_\_\_\_

