

The Straight and Narrow, Inc.
3939 Indiana Ave
Kansas City, MO 64130
(913) 499-6741

Screening Application

Name: _____ Date: _____

Any other names you go by? _____

Date of Birth: _____ SS # _____

Phone number: _____

Other contact information (email, Facebook, etc) _____

Treatment Center/ Corrections Dept:

Exit Date: _____

CSW Name: _____ CSW Phone: _____

Emergency Contact Name and Phone Number:

Are you an alcoholic or drug addict? _____

Drug of choice? _____

How long have you used? _____

How long have you been drugs and alcohol? _____

Have you ever been in a recovery program before? _____

If so, how long were you clean and sober? _____

Do you believe in total abstinence from alcohol and any other mind altering substance and are you willing to go to any length to obtain sobriety?

Do you have any medical conditions? _____

Please list medications below:

Medication	Dosage	Used for	What is medical diagnosis	Are you currently taking

Do you have any known allergies? If so, what are they? _____

Are you employable? _____ Do you receive SSI/ SSDI? _____

What kind of employment have you done in the past?

Are you in a relationship? _____

Do you have children? _____ Ages? _____

Where are they living? _____

Have you ever been convicted of a felony? _____

Charge	Date	What jurisdiction	Outcome probation, parole, incarceration

If on Probation or Parole, please list their name, location and phone number:

Do you have any outstanding warrants? _____ If so, where and what for?

Please be honest. A background check may be ran and if you have been dishonest in any way, this application will be disregarded.

Print Name: _____

Signature: _____