



APPLICATION

(please print carefully)

Scan and email back to info@washedcleanministries.com Or

mail to 2701 E. 15th Street Sioux Falls, South Dakota 57103

Name: _____ Phone number: _____

D.O.B: ____/____/____ SSN: ____/____/____ Female: ____ Male: ____

Desired Entry Date: _____

Planned Exit Date (9 months recommended): _____

Race: _____ How Did You Learn About Washed Clean:

Address: _____ City: _____ State:

Zip: _____

Emergency Contact/Relative: _____ Phone Number:

How long have you been using alcohol and/or drugs?

How do you identify yourself?

Alcoholic only: ____ Drug addict only: ____ Alcohol and drug addicted: ____



List ALL the drugs that you have used in the past 3 years:

What was the last drug used and when?

History of seizures: **Y/N**

(This information will be used to determine urinalysis in the future, so be 100% honest)

Sobriety Date (the date of first day 100% without drugs or alcohol):

Probation Officer: _____ Phone
Number: _____

Attorney: _____ Phone
Number: _____

Employment: _____ Phone Number:

AA/NA Sponsor: _____ Phone Number:

Counselor: _____ Phone
Number: _____

Doctor: _____ Phone Number:

Marital Status: Single ____ Married ____ Separated ____ Divorced ____



Prior Treatment facilities or centers:

Criminal
Record:

Do you have **any** mental health issues or diagnosis? **Y/N**? If yes, what:

Do you have **any** physical health/medical issues or disabilities? **Y/N** If yes, what:

Have you been prescribed any medications within 6 months: **Y/N**?



List ALL medications you are currently taking, and last date taken

1. _____ Last taken:

2. _____ Last taken:

3. _____ Last taken:

Are you required to register for **any** purpose: **Y/N**? If yes, why:

Are there any Restraining Orders against you or by you **Y/N**? If yes, Who:

Relationship:

For office use, only:

Date of discharge: ___/___/___

Reason for discharge:

Positive for Drugs____ Positive for alcohol____

Financial____ Non-compliance of Rules____

Walk Away____ Financial/non-payment____

