

The Calumet Center for Healing and Attachment

Strength ~Empowerment ~Resilience



Application for Admission

Ph. 706-416-2825 Fax: 706-416-2825

PO Box 1073 LaGrange, GA 30240

Legal Name _____ Date _____

Date of Birth _____ Marital Status _____ No. of Children _____

SSN _____

Mailing Address _____

Telephone # _____ Alternative # _____

Emergency Contact _____

Presenting Problem (Check one): Trauma Substance Abuse

Please Explain:

If applicable, please answer the following:

Drug of Choice _____ Date of Last Use _____

Last 12 step meeting _____ Do you currently have a sponsor? _____

Current Treatment Program

Expected graduation date _____

Previous Treatment (please provide intake and exit dates)

Symptoms you are experiencing:

Please answer the following including past and present:

Medical Conditions/ Mental Health Diagnoses

Medications

Do you have any pending Court dates or legal issues? If yes, please explain

Are you on probation or parole? If yes, please list the county and officer.

Felonies/Criminal History

Do you have custody of your children? _____ If not, please explain current arrangement.

Do you have an open case with DFACS? If so, list your caseworker and county.

Do you have a GED or High School Diploma? _____

Do you have a Driver's License? _____
If not, what steps do you need to take to acquire or reinstate it?

Are you employed? _____ Employer _____

List your last 3 Jobs (Employer, Position, Dates)

1.

2.

3.

Please tell us what you would like to accomplish if you are accepted into Calumet Center for Healing and Attachment.

What are your strengths?

What are your needs?
