

Families In Recovery in Mount Vernon Missouri, Inc

Application/Intake Screening Form

INSTRUCTIONS: *Fill out completely and email to:*

Families In Recovery in Mount Vernon Missouri, Inc

Jimmy Crawford, Director **417-205-3261**

Familiesinrecovery64@gmail.com

Date _____ DOC# _____ Assigned Location _____

Name _____ Birth Date _____ Age _____

Current Address _____ City _____

County _____ State _____ Zip code _____

Phone # _____ How long at this address _____

Previous Address _____ City _____

County _____ State _____ Zip code _____

Emergency Contact _____ Phone _____

Marital Status _____ Number of children _____ Are you able to have contact with them _____

Highest Education _____ Veteran: Yes No Do you receive SSI: Yes No

CURRENT OUTDATE _____ Max Release Date _____ Sex Case: Yes No

Name of Parole Officer _____ Phone _____

PO Email Address: _____

Are you currently taking any Meds ? Yes No If, Yes, list all meds _____

Have you taken Impact of Crime on Victims? Yes No If Yes, where: _____

Have you taken Criminal Thinking? Yes No If Yes, where: _____

Drug of Choice _____ Age of first use _____ Last Usage _____

Any work skills: _____

Are you truly ready to make a change? Yes No Do you currently attend Church Services? Yes No

Entrance Fee \$300.00 Weekly fees \$230.00

Do you have 2 forms of current, non expired ID's? _____ If no, are you willing to actively work on getting your ID's prior to your release/outdate? _____

NOTE: If you receive an acceptance letter for our program and subsequently get a set back on your release date, we will RE-EVALUATE your acceptance letter in regards to your NEW release/outdate. Your acceptance letter could be withdrawn. Also, you WILL be drug tested upon arrival, if test comes back dirty, you cannot stay in FIR program.