



Overcomers International Fellowship

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Date: _____

Name: _____ DOB: _____ Age: _____ Social Security #: _____

Probation: **Yes/No** Parole: **Yes/No** OID#: _____ Anticipated Release Date: _____

County of Commit: _____ Agent: _____ Phone: _____

Veteran: **Yes/No** What was your last address? _____

Emergency Relative/Contact: _____ Phone: _____

Medical Problems: _____

Physical/Emotional Problems: _____

Current Medications: _____

Emotional Status: (Rate 1-10)
 In the last **14 days**,
 how many times have you felt:
0 - Never **1** - I have once before
5 - Sometimes **10** - Always

Behaviors: (Rate 1-10)
 When dealing with emotional pain, how often do
 you use these behaviors/ reactions?
0 - Never **1** - I have once before
5 - Sometimes **10** - Always

1	Anger/Rage	
2	Annoyed	
3	Bitterness/Resentment	
4	Abandonment/ Rejected	
5	Betrayed	
6	Like a Victim	
7	Guilty	
8	Ashamed	
9	Depressed	
10	That you could verbal abuse someone	
11	That you could physical abuse someone	
12	Fearful of the future	
13	Had trouble sleeping	
14	Self-harmful	
15	Suicidal	
16	Any current thoughts of suicide?	Yes/No

1	Substance Abuse	
2	Alcohol	
3	Non-medication compliant	
4	Verbally abusive	
5	Physical violence	
6	Run away from the problem	
7	Manipulative of others	
8	Revengeful	
9	Dramatic	
10	Dishonest/Lying	
11	Overeating	
12	Stop Eating	
13	Lack of hygiene	
14	Dependent on others	
15	Dependent on yourself	
16	Withdrawn from family and friends	

Financial Status:

Do you have three forms of ID? Yes/No
Do you collect social security? Yes/No If Yes, How much? _____
Do you have a source of income? Yes/No From: _____
Are you able to do household chores? Yes/No If no, please explain: _____
What is your plan to stabilize housing? _____

Education:

Highest grade completed: High School _____ GED _____ Vo-Tech/College _____

Legal:

Any current warrants out for your arrest? Yes/No Any court fines or restitutions? Yes/No
Any pending court appearances? Yes/No Any court ordered treatment? Yes/No

Chemical Dependencies:

Last date of chemical use: _____
Drug of choice: _____ How often? _____
Any previous or current treatment programs? Yes/No How many have you started? _____
Where? _____ How many have you completed? _____
What is your longest length of being clean/sober? _____
What is your relapse pattern? _____
What causes you to relapse? _____
Do you have a relapse plan? Yes/No If No, why not? _____

Support:

Are you currently involved with any support groups? Yes/No
Therapy Groups? _____
AA, NA – Where? _____
Other Support Groups? _____
Court ordered treatment or group? Yes/No If Yes, what? _____
Describe what type of support you feel you need to become successful? _____

Spiritual Growth: (Circle One)

I am: Seeking/Avoiding/Growing
How are you growing spiritually? Meditation/Praying/Studying/Groups/Church

Life Goals:

- 1. _____
- 2. _____
- 3. _____

Program of Action: What I need to do to achieve goals:

- 1. _____
- 2. _____