



# Overcomers International Fellowship

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Last, First, MI

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Veteran: Yes/No Corrections OID#: \_\_\_\_\_

What was your last address? \_\_\_\_\_

Closest Relative/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

County of Commit: \_\_\_\_\_ Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Physical/Emotional Problems: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Emotional Status:**  
 Rate Emotional Pain (Rate 1-10)

1	Anger/Rage	
2	Bitterness/Resentment	
3	Abandonment	
4	Rejection	
5	Betrayal	
6	Victim	
7	Guilt	
8	Shame	
9	Criticism	
10	Depression	
11	Attempted Suicide	
12	Verbal Abuse	
13	Physical Abuse	
14	Sexual Abuse	
15	Self Condemnation	
16	Self Hate	
17	Fearful	
18	Any current thoughts of suicide?	

**Behaviors:** What behaviors do you have in reaction to the emotional pain? (Rate 1-10)

1	Substance Abuse	
2	Violence	
3	Verbal Abuse	
4	Sexuality	
5	Running	
6	Stealing	
7	Be Judgmental	
8	Revengeful	
9	Irresponsible	
10	Dishonest	
11	Lying	
12	Overeating	
13	Stop Eating	
14	Hostile	
15	Manipulative	
16	Dependent	
17	Defensive	
18	Withdrawn	
19	Dramatic	
20	Aggressive	
21	Perfectionism	
22	Extreme Independence	

**Financial Status:**

Do you have three forms of ID? Yes/No  
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. \_\_\_\_\_

**We are a MN Licensed Board & Lodge; a resident must be qualified for Group Residential Housing (GRH)**

**To qualify:**

1. A person cannot apply for GRH until they have been released from incarceration or a County Social Worker approves a GRH plan by the Professional Statement of Need (PSN) document.
2. We need documentation of Axis I or Axis II diagnosis and medical/mental health records.

**PSA: Case Workers/Ex-Offenders:**

- Per OIF policy, all individuals coming from incarceration MUST be transported by a DOC official. Individuals cannot transfer themselves from prison or a jail.