

Project New Start Assessment Application

Date: _____ Phone Number (870) 523-8413 Fax Number (870) 217-0912 Mailing Address: P.O. Box 885 Newport, AR 72112

#1 Have you done an assessment with us before? _____ When? _____ (If Yes, look in file cabinet for assessment)

#2 PNS is designed to be a 1-year program but can be completed earlier with good behavior. PNS is a tobacco free faith based spiritual boot camp program.

#3 Are you physically and mentally able to do chores and 40 hours a week of volunteer work for PNS? _____ #4 Have you have been to prison? Yes/No #5 How many times? _____

#6 Have you ever been charged or convicted of a sexual offense Yes/No Violent crime Yes/No If yes; what charge? _____

#7 Do you have any medical problems? List them: _____ #8 Have you ever been diagnosed with a mental illness? _____

#9 Are you taking any medications? List them _____

If yes, do you have your medication? _____ (You must bring your medications in with you) Do you have insurance for your medical needs? YES or NO

Any medication that can be abused, is narcotic, a sedative, can alter your mood or can get you high will not be allowed. Are you willing to voluntarily stop taking any medication that falls into the previously mentioned categories? _____

First Name _____ M.I. _____ Last Name _____ Date of Birth ____/____/____

Phone: _____ City: _____ County: _____ State: _____

Female Male Race _____ Age _____ Height _____ Weight _____ Do You Have Active Driver's License? _____

Where would you be coming from? Home Hospital Jail (Facility Name) _____ If coming from jail once you have been released you must come straight here.

Do you have any upcoming court dates? (When?) _____ District Or Circuit County? _____

What are your charges? _____

Are you on probation/Parole? (Circle One) Felony -Misdemeanor- Juvenile Officer Name: _____ Phone#: _____ County: _____

Do you have a lawyer? Yes/No If yes; is your lawyer court appointed? Yes/No Please state name and phone number: _____

Do you know anyone or have a relative in our program? _____ Why do you want to enter program? Drugs Alcohol Depression Homeless

(If Drugs What Type?) _____

You will not receive a certificate of completion until you have successfully completed the program. Sexual orientation: Straight Gay Lesbian Bisexual

Are you pregnant? Yes OR No If yes how many weeks are you? _____

* There is a 1-month Blackout. No visits, mail, or phone calls during that time. You may only receive mail during this time. Are you okay with this? _____

Are you collecting a check of any type? Yes or No If yes, what type? _____

Why are you collecting a check? _____ How much? _____

45% of your check will be donated towards PNS each month is this ok? YES OR NO (This will not exceed \$400.00 a month)

If you have a child /children will they be coming with you? _____ Are they in DHS custody? _____ # of kids _____

If yes then provide DHS caseworkers name, county and phone number _____

* When would you like to come into the facility? _____ Your Signature _____ Interview Form done by _____

Your assessment will be reviewed, and someone will contact you to advise you if you are accepted.

STAFF USE ONLY

