

START OVER FUND

INTERVIEW FORM

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____

EMAIL ADDRESS _____

CONTACT PREFERENCE (CIRCLE ONE) TEXT / PHONE / EMAIL GENDER: (CIRCLE ONE) MALE / FEMALE

EMERGENCY CONTACT PERSON (FRIENDS/FAMILY) _____

CELL _____ EMAIL ADDRESS _____

USING? (CIRCLE ONE) ACTIVE / CLEAN IF ACTIVE, HOW LONG? _____ NEEDS DETOX (CIRCLE ONE) YES / NO

ESTIMATE NUMBER OF RELAPSES AND DURATION _____

CANDIDATE'S SHORT STORY – SOME BACKGROUND, WHAT HAS WORKED BEFORE, TRIGGERS WE SHOULD BE AWARE OF, ETC. _____

WHAT DOES THE CANDIDATE WANT / NEED TO BE SUCCESSFUL _____

WHAT IS CANDIDATE WILLING TO DO? _____

DOES CANDIDATE HAVE FRIENDS/FAMILY THAT WILL CONTRIBUTE WITH US? (CIRCLE ONE) YES / NO

DOES CANDIDATE HAVE A SAFE PLACE WHILE A PLAN & FUNDING ARE GENERATED? (CIRCLE ONE) YES / NO

DOES CANDIDATE HAVE OTHER NECESSITIES? (CIRCLE ONE) YES / NO IF NOT, WHAT DO THEY NEED? _____

CONFIDENTIAL