

# Application to THE BRIDGE

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

Full Name: \_\_\_\_\_

Name you prefer to be called: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number where you can be reached: \_\_\_\_\_ Do you prefer  
text or calls? \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sober date, if applicable: \_\_\_\_\_

Driver's license number & state: \_\_\_\_\_

Are you Married? \_\_\_ Separated/Divorced? \_\_\_ Single? \_\_\_ Widowed? \_\_\_

If married, spouse's name: \_\_\_\_\_

Who lives in the same house as you?

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What grade did you complete? \_\_\_\_\_ When (Year)? \_\_\_\_\_

Do you go to church? No \_\_\_ Yes \_\_\_ Name of church \_\_\_\_\_

Where have you worked (begin with the latest)

Employer	Your Job	Date Ended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Of all your jobs in the past, which one did you like the best? Why?

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What is your source of income? \_\_\_\_\_

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How did you hear about The Bridge?

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How do you think we can help you? \_\_\_\_\_

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Do you have someone you can confide in? Yes \_\_\_\_\_ No \_\_\_\_\_

Please give at least two emergency contacts.

**Name**

**Phone**

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**Comments:** Is there anything you believe is important for us to know about you that we have not asked? \_\_\_\_\_

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Please Print Your Name: \_\_\_\_\_

Please Sign Your Name: \_\_\_\_\_

Date: \_\_\_\_\_