

Send

Personal Profile

Your personal profile will help us know you better. So that we can provide you with the services you need, please complete the following questionnaire. If you have questions, please don't hesitate to ask them.

Name: _____ Date: _____

Work History: Briefly state what you have done or what you are going now in terms of employment?

Drug Abuse History:

Are you addicted to drugs or alcohol? **Check one** yes or no.

Do you use drugs or drink alcohol? **Check one** yes or no.

If yes, how often? _____

If you were once addicted to drugs or alcohol; how long have you been clean (recovery time)? _____

How long have you been in the homeless shelter? _____

How long have you been in the men's ministry? _____

Are you married, single, widowed, separated or divorced? _____

Do you have children _____ If so, how many? _____

What is your race? _____

What is your age? _____ Date of birth. ____/____/____.

Where did you grow up? _____
