



APPLICATION PACKAGE

CHECKLIST

ORAS

BIO-PSYCH-SOCIAL

AUTHORIZATION TO RELEASE INFORMATION

CLIENT APPLICATION

CLIENT HANDBOOK

CLIENT AGREEMENT

MEDIA RELEASE

ACCEPTANCE LETTER

Consent to Release Confidential Information

I, _____, ACKNOWLEDGE AND AFFIRM THAT I AM CLIENT OF THE 1ST STEP MALE DIVERSION PROGRAM, INC. AND I AUTHORIZE THE RELEASE OF CERTAIN CONFIDENTIAL INFORMATION (INFORMATION ABOUT MY PROGRESS AND ATTENDANCE IN THE 1ST STEP MALE DIVERSION PROGRAM) OBTAINED BY THE 1ST STEP MALE DIVERSION PROGRAM TO THE FOLLOWING: THE TULSA COUNTY DISTRICT ATTORNEY'S OFFICE, THE COURTS, AND MY ATTORNEY. FOR THE PURPOSE OF MY TREATMENT AND PROGRESS IN 1ST STEP MALE DIVERSION PROGRAM, I UNDERSTAND AND APPROVE THE PROGRAM SHARING INFORMATION ABOUT ME WITH THE COURTS, DISTRICT ATTORNEY'S OFFICE, MY ATTORNEY, 1ST STEP MALE DIVERSION PROGRAM'S SERVICE PROVIDERS, AND OTHER REFERRING AGENTS. **1ST STEP WILL NOT SHARE INFORMATION WITH THE GENERAL PUBLIC, NEWS MEDIA, OR OTHERS NOT COVERED BY THIS RELEASE OF CONFIDENTIAL INFORMATION.**

PRINT

DATE

SIGNATURE

WITNESS

Application to 1st Step Male Diversion Program

I. GENERAL INFORMATION

Today's date _____

1. Name (First, Middle, Last)

Other names or Aliases ever used _____

2. Present Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email _____

3. Social Security # _____

Drivers License _____ State _____

4. Birthdate ____ / ____ / ____ Age ____ Sex ____ Weight ____ Height ____

5. Hair Color ____ Eye Color ____ Birthmarks or other Distinguishing Marks _____

6. Race: White ____ Black ____ Asian or Pacific Islander ____

Hispanic ____ American Indian ____ Other ____

7. Are you an American Citizen? Yes ____ Native ____ Naturalized ____ No ____

Explain _____

Visa for _____ Expiration Date _____

8. Previous Address _____

City _____ State _____ Zip _____

9. Emergency Contact:

_____ Relationship _____

Address _____ /City, State,

Zip _____ Home Phone _____ Work Phone _____

Cell Phone _____

10. Health Insurance Policy # _____ Company _____

Address _____ Phone _____

11. Are you eligible for and receiving; Welfare – Unemployment Compensation – Disability payments – Workman’s Compensation – Other Income? _____

If yes please explain _____

12. Do you have any outstanding debts? Yes ___ No ___ Explain _____

Owed To	Amount	Address	Phone	Payment
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II. PERSONAL

1. How long have you been on your own? _____

Reason for leaving home _____

2. What kinds of problems did you have while living at home? _____

3. What are your present living conditions? _____

With whom? _____ Where? _____

How are you supported? _____

4. What significant changes have occurred in your life recently?

(Behavior, employment, activities, etc.) _____

A. MARITAL STATUS: Single ___ Married ___ Separated ___ Domestic relationship ___ Common Law ___ Divorced ___ Widowed ___ Remarried ___

1. Spouse or former Spouse’s full name _____

Address _____ City _____ State _____ Zip _____

2. Please give date Married _____ Remarried _____

3. How many times have you been married? _____

4. If Separated or Divorced _____ please give date _____

Reason for break up _____

What is relationship like now? _____

5. Do you have a Boyfriend? _____ Girlfriend? _____ Fiancee? _____

If yes, What is the relationship like? _____

6. Do you have any dependents? Yes _____ No _____

Dependent's Name _____ Age _____

Dependant's Name _____ Age _____

Dependent's Name _____ Age _____

Dependant's Name _____ Age _____

Do you pay child support _____ If so how much? _____

B. EDUCATION / TRAINING

1. Last School Attended _____

2. Are you a High School graduate? _____ GED? _____

Last grade completed _____ Technical/Vocational School attended _____

C. SEXUAL LIFE

1. Homosexual _____ Bisexual _____ Transsexual _____ Heterosexual _____

2. How recently involved? _____

3. Have you ever engaged in homosexual activities? Yes _____ No _____

4. How recently? _____

5. Have you ever been involved with pornography? Yes _____ No _____

If yes, to what degree? _____

D. MILITARY SERVICE

1. Have you ever served in any branch of the military? Yes _____ No _____

2. Branch _____ Type of Work _____ Date of service _____

3. Discharge Date _____

4. Honorable _____ Less than Honorable _____ Dishonorable _____

E. WORK SKILLS (Circle all that Apply)

Carpentry - Plumbing - Electrical - Electronic - Typing - Cooking - Farming
Livestock - General Mechanical - Auto Mechanics - Sewing - Auto Body Work
Printing - Masonry - Nursing - Child Care - Teaching - Computer
Other (Please Specify) _____

F. EMPLOYMENT HISTORY

1. Name of last Employer _____

Address _____ Phone _____

2. Reason for Leaving _____

3. Other Jobs held in the last Year _____

4. Reason for Leaving _____

III. HEALTH HISTORY

1. Rate you General Health: Excellent _____ Good _____ Fair _____ Poor _____

2. Do you have any communicable diseases? _____ What? _____

3. Do you have any medical problems? _____ What? _____

4. Are you presently receiving medical care? _____ Where? _____

5. Are you presently taking medication? Yes _____ No _____ If yes, list below

6. Have you been hospitalized within the last twelve months? Yes _____ No _____

If Yes, explain _____

7. List the name and address of your Physician _____

8. Have any provisions for Medical Expenses been made by family or sponsor?

Yes _____ No _____ Explain _____

9. Any Physical Ailments or Handicaps? (bad back, Epilepsy, Etc.) Yes _____ No _____

Would these inhibit normal manual labor? Yes _____ No _____

If yes, explain _____

10. Do you have any difficulties hearing? Yes _____ No _____ If yes, Explain _____

11. Date of your last Eye Exam _____ Results: Excellent _____ Good _____

Fair _____ Poor _____ Eye Glasses/Contacts prescribed _____

Explain present eye problems _____

12. Are you wearing Prescription Glasses or Contacts now? Yes _____ No _____

13. Date of your last Dental Exam _____ Results _____

Current dental problems _____

14. List any Allergies _____

15. List drugs you are allergic or sensitive to _____

16. Any other past or present illness (es) not listed: _____

17. Do you have Epilepsy? Yes _____ No _____ Type _____

18. Have you ever had a blood transfusion? Yes _____ No _____

III. MENTAL HEALTH HISTORY

1. Is it easy for you to express your feelings? Yes _____ No _____ Sometimes _____

2. Do you enjoy being with other people or would you rather be alone?

3. Do you have trouble sleeping? Yes _____ No _____

4. Have you ever had a severe emotional upset? Yes _____ No _____ Explain: _____

5. Have you ever had suicidal tendencies? Yes _____ No _____ Explain: _____

6. Have you ever been under psychiatric care? Yes _____ No _____

7. Have you ever had psychotherapy? Yes _____ No _____

8. Have you received counseling for an emotional disorder? Yes _____ No _____

9. Have you ever been hospitalized for an emotional disorder? Yes _____ No _____

IF YOU ANSWERED YES TO QUESTIONS 6 THROUGH 9 FILL IN INFO BELOW

Doctor's Name Response: Excellent

Date For What Where Address, Phone Good, Fair, Poor, None

10. Are you willing to send the complete records of any mental health history

(including any psychological exams or social history) enclosed with the application?

Yes _____ No _____ Explain _____

11. Are you willing to give doctors or agencies involved in previous treatment your

written consent to release the above mentioned confidential information to 1st Step Male

Diversion Program? Yes _____ No _____

IV. PARENTAL & FAMILY HISTORY

Father's Name _____ Home Phone _____

Address _____ Work Phone _____

Mother's Name _____ Home Phone _____

Address _____ Work Phone _____

1. What is your current relationship with your parents? Excellent _____ Good _____

Fair _____ Poor _____ Extremely Poor _____ None _____

Explain: _____

2. When did you last see them? _____

3. When did you last live at home? _____

4. Are you adopted? Yes _____ No _____

5. If you were raised by anyone other than your parents, briefly explain _____

6. Are your parents religious? Father? Yes _____ No _____ How Long? _____

Mother? Yes _____ No _____ How Long? _____

7. Parents Marital Status

A. Married _____ Divorced _____ Separated _____ Never Married _____ Other _____

B. If not together, what was the cause of the separation? _____

C. When did they separate? _____

8. Rate your relationship to your parents: Very Happy _____ Happy _____ Average _____

Unhappy _____ Very unhappy _____

9. As a child, did you feel closest to: Father _____ Mother _____ Other _____

10. List siblings below: Current Relationship: Excellent _____ Good _____ Fair _____

10. Were you abused as a child? _____ How? _____

By Whom? _____

12. Have you been abused as an adult? _____ How? _____

By Whom? _____

13. Do you think that you have the potential for abusing others? Yes _____ No _____

Why? _____

14. To your knowledge, has anyone in your family committed incest? Yes ___ No ___

Who? _____ When _____

Who? _____ When _____

V. **DRUG HISTORY**

1. Have you ever experimented with drugs or alcohol? _____

2. Why did you experiment with or become involved with drugs? _____

2. Do you consider yourself addicted? _____

FILL OUT CHART USAGE HOW OFTEN USED

Drugs Used	First Time	Last Time	Once	Several	Often	Regularly
Alcohol						
Barbiturates (downers)						
Amphetamines (crank,diet pills,etc)						
Heroin						
Cocaine						
Hallucinogenics						
Opium						
Glue/Inhalants (huffing)						
Tobacco						
Marijuana						
Prescription Drugs						
Others (Specify)						

4. I depend on drugs (check which one (s) apply to you)

To cope with Life _____

To fit in with the crowd _____

For Pleasure _____

To Escape Reality _____

Other _____

5. Longest period clean? _____

When was that? _____

VII. LEGAL STATUS

1. How many times have you been arrested? _____

Have you been convicted of a felony? _____

Date _____ **Charge** _____ **Probation** _____ **Incarceration time served** _____

2. What charges are pending? _____

3. Are you now on probation? Yes ___ **No** ___ **How Long** _____

Time Remaining _____ **How often do you report** _____ **In Person** ___ **By Mail** ___

Name of Probation Officer _____

Address _____ **Phone** _____

Client Agreement

I, _____, desiring to participate in the 1st

Step Male Diversion Program agree to the following rules and conditions:

1. I have read the **Participant** Handbook and promise to follow all rules and regulations set forth therein and to submit to the authority of the staff and service providers as set forth therein.
2. I understand the 1st Step Male Diversion Program is a **15-18** month program, and I will dedicate myself to achieving the goals set forth by the program.
3. I relinquish the right to object to searches of my person, my mail, my phone, my possessions, and habitation. I understand these searches can occur at any time without warning.
4. I also understand that failure to follow the rules will result in sanctions or termination from the program.
5. I understand that 1st Step Male Diversion Program contracts services to different service providers.
6. I promise to follow the rules and regulations of these service providers as if they were given by 1st Step Male Diversion Program.
7. I understand that failure to follow the rules of the various service providers will result in sanctions or termination from the program.
8. I understand that all information obtained by 1st Step Male Diversion Program and its service providers is confidential and will not be released without my written consent. I recognize that certain information is collected and maintained for statistical and research purposes but in no case will my identification be associated with such data.
9. I understand that I am voluntarily entering the 1st Step Male Diversion Program, and I accept responsibility for my participation in the said program and hold blameless 1st Step

Male Diversion, its agents and service providers for any harm caused by negligence or indifference of their employees or staff.

10. I agree that 1st Step is not responsible for any theft, loss of or damage to any property that may occur while in the 1st Step Program.
11. I agree that I am financially and legally responsible for all accidents, injury, illness or other misfortune that may occur to me while in the 1st Step Program.
12. I agree that I will be required to perform some community service while at 1st Step and that service will not be compensated by 1st Step or any other entity.
13. I am _____ years old, and able to give my consent to participate in the 1st Step Male Diversion Program.

This Form Must Be Signed and witnessed before your Application can be Processed!

Client Signature _____ Date _____

Witness Signature _____ Date _____

Media Release

I hereby certify that I **voluntarily** enter into this agreement with 1st Step Male Diversion Program to have my photograph and or information given by me to be used by 1st Step Male Diversion Program in promotional/media materials for the agency. 1st Step Male Diversion Program agrees to protect the confidentiality of any client of the agency fully.

I understand that signing this agreement in no way obligates 1st Step Male Diversion Program except as provided herein. Any audio and video recordings produced as a result of this agreement become the sole property of 1st Step Male Diversion Program and may be used by 1st Step Male Diversion Program for any purpose whatsoever without compensation to me.

I irrevocably consent to and authorize the use and reproduction of any photographs or information given by me to be used by 1st Step Male Diversion Program, or anyone authorized by 1st Step Male Diversion Program.

I discharge 1st Step Male Diversion Program from any liability if I voluntarily or inadvertently disclose confidential information about myself or others.

This constitutes the entire agreement between 1st Step Male Diversion Program and me. I acknowledge receipt of a copy of this agreement.

Participant's Name (print)

Participant's Signature

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____ E-Mail: _____

EX. A