

# The Salvation Army

## CSRC Pre-Enrollment Application

All potential candidates **MUST** pass a drug urinalysis & breathalyzer at intake

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone number where you can be reached: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. What's going on in your life right now? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  2. What is your number one need from a Salvation Army Program? \_\_\_\_\_  
\_\_\_\_\_
  3. Why do you believe the CSRC Program will help you fulfill this need? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  4. Are you a drug addict, alcoholic or both?  Drug Addict  Alcoholic  Both
  5. If a drug addict, what is your drug of choice? \_\_\_\_\_
  6. Have you been diagnosed with a psychological disorder?  Yes  No
  7. List all psychological disorders you've been diagnosed with (I.E. Schizophrenia, Bi-Polar, etc): \_\_\_\_\_  
\_\_\_\_\_
  8. Do you have any medical issues and/or physical disabilities or handicaps? (List All) \_\_\_\_\_  
\_\_\_\_\_
  9. What medications do you take? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  10. Do you have any legal issues or cases pending?  Yes  No
  11. What charges you are facing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- When is your court date? \_\_\_\_\_

12. Have you been convicted of past crimes?  Yes  No

**Dates of Convictions & Offenses:**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Offense: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Offense: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Offense: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Offense: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Offense: \_\_\_\_\_

**Additional Convictions** (List All): \_\_\_\_\_

13. Are you a registered sex offender?  Yes  No

14. Have you been in the CSRC Program before?  Yes  No Year(s): \_\_\_\_\_

15. If you have been in the CSRC Program in the past but did not complete the program, why didn't you complete it? \_\_\_\_\_  
\_\_\_\_\_

16. What is your living/housing status (Own/Rent/Homeless/Etc.): \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
\_\_\_\_\_

All of the information provided in the application is accurate and true. I understand that the Salvation Army will conduct a verification check of my social service and program history in *Pathways* to consider me for enrollment in the CSRC Program. I understand that by refusing to sign this application or the Pathways Community Network Client Authorization form, I eliminate my opportunity for enrollment. I understand that this information will be used to verify my eligibility for the program and to help design specific program goals, if accepted. I understand that by completing this application and allowing a verification check, the Salvation Army is under no obligation to enroll me into their program and I am not guaranteed entry. I understand that all of my personal information, including, but not limited to, my Social Security number, social service and program history will be kept in the strictest of confidence and will not be exposed to outside agencies. I understand that the Salvation Army is under no obligation to enroll me into their program; rather enrollment is solely dependent on my pre-enrollment application, my pre-enrollment interview, my ability to meet all of the program guidelines and my Pathways verification check.

\_\_\_\_\_  
Signature:

**IMPORTANT!**  
You **MUST** complete the attached **PATHWAYS COMMUNITY NETWORK CLIENT AUTHORIZATION FORM** to be considered for enrollment into the CSRC Program.



## Pathways Community Network Client Authorization Form

I understand that **The Salvation Army** is part of the Pathways Community Network, a computer network designed to reduce the amount of time and effort it takes for me to obtain the social services I need. This agency has my permission to:

- Look at information about me in the Pathways system
- Enter in the system information concerning my situation and need for assistance

**I understand that:**

- Agencies in the Pathways system will keep this information confidential
- Other agencies will be able to look at this information only if I give each of these agencies my permission
- Staff at each agency receives regular training on client confidentiality and their legal responsibility to keep my information private
- The Pathways system uses passwords and computerized codes to protect my privacy
- Shared information may include my name, age, gender, marital status, veteran status, address, housing status, and basic information about my goals and the services I receive
- I can obtain a copy of information about me collected by the Pathways system, except for psychotherapy notes and other information kept private by law.

I also understand that I have the right to refuse to grant this authorization, and that even if I give permission for this agency to access my information in the Pathways system, I can revoke that permission at any time, without penalty. The permission I am giving this agency to view my information and to place information about me in the Pathways system will expire on: \_\_\_\_\_.

I also understand that under certain circumstances, this agency or Pathways may be legally required to disclose some or all of my confidential information. This may happen if there is any evidence of child abuse, if there is evidence I may harm others or myself, or if a court orders that my information be disclosed.

In order to improve services for persons in need, experts may study data from the Pathways system and other sources. As a result, an independent researcher may need to view personal information, such as names and Social Security numbers, to make sure that records are not counted twice. This researcher will remove all personally identifiable information before anyone else examines the data, so that the privacy of those who received services is protected. This procedure is done in accordance with professional standards, under strict government and research institution supervision, and in compliance with all regulations that specifically address those who have received services for mental health, substance abuse, HIV/AIDS and domestic violence.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **ID:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_