



DOING THE MOST GOOD™

CORPS SALVAGE REHABILITATION CENTER (CSRC) PROGRAM APPLICATION

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

Date: \_\_\_\_\_ Program?  Men  Women

Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race (Optional: \_\_\_\_\_ Marital Status (Optional): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate: \_\_\_\_\_

E-mail: \_\_\_\_\_

At this time, are you residing in a(n):  House  Apartment  Hotel/Motel  Shelter  Streets  Other \_\_\_\_\_

1. Tell us about your current situation.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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
If a drug addict, what is your drug(s) of choice? \_\_\_\_\_

5. Have you been diagnosed with a psychological disorder?  Yes  No  
List all psychological disorders you've been diagnosed with (I.E. Schizophrenia, Bi-Polar, etc):

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6. Do you have any medical issues and/or physical disabilities or handicaps? (List All)

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7. What medications do you take?

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8. Do you have any legal issues or cases pending?  Yes  No  
If yes, what charges are you facing?

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When is your court date?

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

Dates of Convictions & Offenses:

Date: _____/_____/_____	Offense: _____
Date: _____/_____/_____	Offense: _____
Date: _____/_____/_____	Offense: _____
Date: _____/_____/_____	Offense: _____
Date: _____/_____/_____	Offense: _____

10. Do you have to register as a sex offender?  Yes  No

11. Have you been in the CSRC Program before?  Yes  No Year(s): \_\_\_\_\_  
(If answered yes, please answer questions 16-18)

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

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13. Why should you be readmitted into the program?

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14. What steps will you take to ensure that you will remain compliant with the policies and procedures for the CSRC Program?

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**Other Information**

1. Are you a Veteran?

Yes (if yes, please answer questions below)

No (if no, proceed to signature line)

Military Branch: \*

- Army
- Air Force
- Navy
- Marines
- Coast Guard
- Client Doesn't Know
- Client Refused
- Data Not Collected

Discharge Status: \*

- Honorable
- General under honorable conditions
- Bad Conduct
- Dishonorable
- Under Other Than Honorable Conditions (OTH)
- Uncharacterized
- Client Doesn't Know
- Client Refused
- Data Not Collected

Service Entry Date: \* \_\_\_\_\_

Service Exit Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***\*Please note: Completing this application does not constitute entry into the CSRC Program.***