



Application for Admission

APPLICATION PROCESS

Thank you for taking an interest in Sober College. Please complete the following information as completely as you can. Once completed, please fax the attached pages to our admission offices.

Sober College
6233 Variel Avenue
Woodland Hills, CA 91367
Phone: 800-465-0142
Fax: 818-301-1935

Once we have received this information, we will conduct a candid appraisal of the appropriateness of the applicant for Sober College. The accuracy of the information given here will help us in effectively understanding the applicant. Keep in mind, that this is a screening application, designed to gather information in an expedient, yet thorough manner. Following admission, we may need your cooperation in requesting additional information.

All applications are reviewed within 24-48 hours and appropriateness is determined.

Transportation: The Bob Hope Airport in Burbank, California (Airport Code "BUR") is the most convenient airport to the Sober College campus. For those flying privately, Van Nuys Airport (www.lawa.org) would provide the necessary requirements.

Admission Criteria: At the time of the physical admission to Sober College, staff will do an assessment to ascertain whether or not the applicant is physically and mentally suitable for admission. Sober College does not provide on-site medical, psychiatric stabilization or detoxification services. Should such services be needed, we have several places that we work closely with that can be utilized to provide such a service.

Any such services are extraordinary and will be covered outside of Sober College fees and tuition. We can coordinate admission to such places.

Sober College can accommodate an applicant that has not completed a primary treatment program and once the person enters our program they must remain abstinent, except for prescribed medications.

Sober College is a voluntary program for young adults that have the legal rights to make their own decisions and determinations. If the applicant is recalcitrant, refusing and unwilling to participate in the program at any time during their stay or relapses into drug and alcohol use, Sober College reserves the right to immediately discharge the applicant. At that point, we assume no responsibility for transportation, monitoring of the client or arrangements to another facility.

Forms of payment: We accept wire transfer, checks, cash and most major credit cards (Visa, MasterCard, American Express, & Discover).

How do I get them there? In most of the cases, our students seek us out. However, we understand the nature of young adult addiction and recovery, which is our primary expertise. We have relationships with experts in the field in intervention, primary treatment, transportation and in regards to many other situations. Our admissions counselors can help you devise a plan to benefit your particular situation. Give us a call.

CONTACT INFORMATION

APPLICANT

Full Name		
Address		Home Phone #
City	State	Zip
Gender Male Female	DOB	SSN
Height	Weight	Cell #
Where is student currently living?		

PARENT/GUARDIAN/FINANCIAL SPONSOR (Primary)

Full Name		Relationship	Emergency Contact?
Address		Phone #	
City	State	Zip	
Employer		Job Title	
Cell Phone #	Work Phone #	Email	

FATHER

Full Name		Living or Deceased?	Emergency Contact?
Address		Home Phone #	
City	State	Zip	
Employer		Job Title	
Cell #	Work Phone#	Email	
Stepmother/Significant Other's Full Name (if applicable)			

MOTHER

Full Name		Living or Deceased?	Emergency Contact?
Address		Home Phone #	
City		State	Zip
Employer		Job Title	
Cell #	Work Phone#	Email	
Stepfather/Significant Other's Full Name (if applicable)			

REFERRAL SOURCE

How did you find out about Sober College?		
If internet, please list keywords or phrases that you used to find us:		
Did any specific professional refer you to us (educational consultant, psychiatrist, therapist, alumnus, family friend)? Please initial here if we have your permission to contact this person.		
Full Name	Relationship	
Address	Phone #	
City	State	Zip
Fax #	Email	

REASON FOR REFERRAL

Chief complaint and symptoms (please be very specific including issues at home and school as well as any symptoms noticed such as mood changes, etc.)

APPLICANT HISTORY AND BACKGROUND

The information requested here will give us a picture of the applicant's appropriateness for Sober College. Upon enrollment we request full and detailed educational records.

EDUCATION

What is the applicant's current grade level? Are they currently attending school?	
Name of Current School:	Name of Previous School:
Is the applicant behind in credits? If yes, please explain:	
Does the applicant have any college experience? If so, please describe.	
Does the applicant have any learning differences, disabilities or other special needs?	

EMPLOYMENT

Describe any work history and if there are any particular vocational interests:

PLACEMENT INFORMATION

What specific event precipitated your decision to seek treatment?

What are your specific goals for the applicant while receiving treatment?

Has the applicant expressed a desire to receive help? If so, why?

What would you describe as the applicant's strengths (intellectually, artistically, socially, physically, etc.)?

What would you describe as the applicant's challenges (intellectually, artistically, socially, physically, etc.)?

PREVIOUS INVOLVEMENT WITH PROFESSIONALS

Full Name or Program Name		Type of Service	
Dates of Service:			
Address		Phone #	Cell #
City		State	Zip
Fax #		Email	
By signing here I authorize the transfer of information between Sober College and the professional listed here.			

Full Name or Program Name		Type of Service	
Dates of Service:			
Address		Phone #	Cell #
City		State	Zip
Fax #		Email	
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Full Name or Program Name		Type of Service	
Dates of Service:			
Address		Phone #	Cell #
City		State	Zip
Fax #		Email	
By signing here I authorize the transfer of information between Sober College and the professional listed here.			

EMOTIONAL/MENTAL HEALTH INVENTORY

Please check any of the following that apply to the applicant:

Behavior	Yes	No	Behavior	Yes	No
Anger			Obsessions/Compulsions		
Violence towards others			Stealing, Vandalism, Criminal Activity		
Intentionally hurting them self			Eating Issues		
Running Away			Isolation		
Suicidality			Substance-related issues		
Risky Sexual Behavior			Other Addictive Patterns		
Mood Issues			Legal Problems		

Does the applicant exhibit any of the following **unusual behaviors**?

Behavior	Yes	No	Behavior	Yes	No
Delusions			Hallucinations		
Paranoid Thinking			Nightmares		
Tics			Stuttering		
Bedwetting			Head Banging		

Please give explanation for any marked yes:

Has the applicant had any **psychological testing**? If yes, please describe (include date/reason):

Describe any **mental health diagnosis** given by licensed Mental Health Professionals:

Diagnosis	Date Given	Name of Professional

Ethnicity, race, religion, nationality, or sexual orientation. Please describe anything of note:

Please describe any **major events** the applicant has struggled with (divorce, moving, birth of a sibling, loss, death, abuse, illness etc.). Please include the date the event occurred:

DRUG AND ALCOHOL USE

To the best of your knowledge, please complete the following use history:

Substance	Yes	No	Age of First Use
Alcohol			
Cigarettes			
Marijuana			
Hallucinogens (PCP, LSD, Angel Dust, etc.)			
Inhalants (gasoline, paint, glue, etc.)			
Stimulants (cocaine, crack, methamphetamine, etc.)			
Opiates (heroin, methadone, etc.)			
Depressants (sedatives, barbiturates, etc.)			

For items checked yes, please elaborate, including age of first use. Give us some idea of the extent of their addiction.

CURRENT SOBRIETY LENGTH

How long has the applicant been abstinent from drugs/alcohol (if at all)? Have they experienced any periods of sobriety?

OTHER ADDICTIVE PATTERNS

Describe any other significant addiction related issues:

LEGAL PROBLEMS

Does the applicant have any legal issues? If yes, please list any charges arrests, convictions, misdemeanors, felonies, probation and current legal status including court dates and contact person:

FAMILY HISTORY

Is there a family history of drug or alcohol abuse? If yes, please describe (include who/relationship, problem area, current status):

Is there a family history of mental illness (eg. Depression, anxiety, etc.)? If yes, please describe (include who/relationship, problem area, current status):

Was the applicant adopted? If adopted, at what age? Describe any important circumstances surrounding the adoption process or afterwards (including applicant's current relationship with birth parents, if any):

MEDICAL INFORMATION

General Health Condition?	Good	Average	Poor
Allergies?	Yes	No	
If Yes, explain:			
Food Restrictions?			
List/Explain any Chronic conditions (asthma, heart murmur, diabetes, enuresis)			
History of surgeries/broken bones			
Has applicant ever been hospitalized other than for above described surgeries or fractures? If so, why and for how long?			

MEDICATIONS

Name of Medication	Date Prescribed	Dosage/Schedule	Reason for Medication

ADDITIONAL COMMENTS (add pages if necessary)

Is there anything else we should know about the applicant?

_____ Name of Person Completing Application

_____ Relationship

_____ Date