



Application and Personal History

Thank you for your interest in the National Center for Healthy Veterans (NCHV) Program. Before you start this application, we want you to know how much we appreciate your military service. It is our desire to help you be equally successful as a civilian and a veteran, helping you achieve your full, God-given potential. Once you complete the Application Form, your information will be reviewed by the Veteran Care Council (VCC). A follow up interview will be scheduled, a background check will be conducted, and other appropriate records will be reviewed to help determine support and medical needs. The overall goal is to carefully determine “fit” for the NCHV Program.

*Prior to completing this Application, you should review the National Center for Healthy Veterans website: www.HealthyVeteran.org.

Understanding your background will help us make the best possible decision – nothing you share will automatically disqualify you from entry into the NCHV Program. Please be truthful and open with your responses. The application process is private and confidential.

Full Name of Candidate: _____

Date of Birth: _____ Social Security Number: _____ – _____ – _____

Address: _____

(Street, Apt., Suite, P.O. Box)

(City)

(State)

(Zip)

I. Who referred you to the National Center for Healthy Veterans? _____

II. Tell us your story:

A. What is it you hope to get from the NCHV Program?

B. What do you think your family members, spouse or significant other feel is the reason entry into the NCHV Program may be needed?

C. Have you received any previous mental health treatment and/or counseling? If so, where? When? With whom? How long? Is there any history of suicidal thoughts or gestures? Violent thoughts or gestures?

D. Are there any present medical conditions or disabilities that will limit your participation in certain activities?

IV. Family History and Environment (Including Stepfamilies)

A. Who do you currently live with? For how long? Describe these relationships if any.

B. Describe your relationship with your family of origin (the family you grew up with). Were either of your parents divorced? If so, how old were you at the time? What was the home environment like (calm, chaotic, permissive, rigid, abusive, etc.)?

C. How were disagreements resolved in your family of origin? How was anger or aggression displayed? Who handled discipline? What form of discipline was utilized?

D. Was there any significant psychiatric, substance abuse or medical history in your family of origin?

V. Drug and Alcohol History

A. Have you used alcohol? _____ Yes _____ No

If Yes, describe your usage (i.e., type, amount, frequency, for how long, and last usage).

B. Have you ever used illicit drugs? _____ Yes _____ No

If Yes, describe your usage (i.e., drugs used, amount, frequency, for how long, and last usage).

C. Have you abused prescriptions/over-the-counter drugs? _____ Yes _____ No

Describe your usage (i.e., prescriptions/medications used, amount, frequency, for how long, and last usage).

D. What methods of use were most common (i.e., oral, injection, inhalation, etc.)?

E. How did ethnic origin, age, gender or sexual orientation interact with any drug/alcohol use?

F. What were the daily activity patterns that tended to support any drug/alcohol use?

VI. Education History

A. What is the highest level of education completed? _____

B. What are/were your feelings about school, classes, and peer relationships?

C. If you currently attend or have attended an undergraduate or graduate college/university, what is the name of the school(s) you have attended? What are/were your fields of study and any degree programs you were enrolled in or completed?

VII. Peer, Social, and Leisure History

A. Do you have close/intimate friendships? _____ None _____ 1-5 _____ 6-10 _____ 10+

B. How often do you talk or spend time with your friends? Are they supportive?

C. Describe the history of your friendships, church groups, social/cultural groups, gangs, etc.

D. Are/were these relationships healthy or do/did they contribute to the problems you have experienced?

—

E. What types of social, recreational or hobby-related activities do you participate in?

F. Do/did any of the above activities/interests contribute or relate to problems you have?

VIII. Marital/Significant Other, and Sexual History

A. Marital Status: _____

If married, spouse's name: _____

Dates of Marriage: _____

Previously married? _____ Spouse's Name: _____

Dates of Marriage: _____

Have you been married more than twice? _____ If so, how many times? _____

If not married, are you currently in a serious relationship? _____ Yes _____ No

If Yes, with whom? _____ For how long? _____

B. What is your sexual orientation? _____

Are you currently sexually active? _____ Yes _____ No

If Yes, with more than one partner? _____ Yes _____ No

What is your attitude/beliefs about sexuality? What impact does this have in your life?

C. If married or in a serious relationship, describe your relationship with your spouse/significant other (emotional, sexual, social, conflicts, level of communication, spirituality, etc.).

IX. Religious and Spiritual Influence

A. Do you identify with a religion and/or spiritual group/church/community? Please describe.

B. What is your perception of God?

C. Describe your religious upbringing (i.e., church membership, attendance, youth groups, etc.)

D. Describe any specific religious/spiritual values and beliefs you or your family adhere to.

E. How did all the above influences affect your feelings of self-identity and need for approval?

F. How do/did the above values and practices contribute, if at all, to your current situation or problems?

X. Employment History

A. Currently employed? _____ Yes _____ No For how long? _____

Place of employment: _____

B. Duties/Responsibilities: _____

C. Describe any other relevant employment history.

D. How long unemployed (if applicable)? _____

Describe your activities during the period of unemployment.

E. Describe your job motivation/satisfaction.

F. Describe any job-related stressors or factors.

G. Describe your relationship with your supervisor(s) and coworkers.

H. What are your current vocational pursuits or aspirations?

I. Describe any financial stressors or factors. How do you manage your finances, budget, etc.?

XI. Military History

A. Are you a veteran? _____ Yes _____ No

B. What branch(es) of the service were you in? _____

How long did you serve? _____

Highest rank achieved: _____

Dates of service: _____

What was your Military Occupational Specialty (MOS)? _____

C. Have you been deployed? _____ Yes _____ No If so, how many times? _____

D. Type of discharge: _____

If not honorable, please explain: _____

E. What did you enjoy the most about your time of service? _____

F. What were some of your biggest challenges? _____

G. Do you have any service-related disability(ies)? _____ Yes _____ No

If Yes, what is your current status? _____

XII. First Responder History [if applicable]

A. Are you a current or former first responder? _____ Yes _____ No

If Yes, indicate type of service (check all that apply): Law Enforcement _____ Firefighter _____

EMT/Paramedic _____ Crisis/CISM Responder _____ Medical _____

Other (please specify): _____

B. Highest rank achieved/position held: _____

C. Dates of service: _____

D. Are you currently employed as a First Responder? _____ Yes _____ No

If No, what was your reason for leaving? _____

XIII. Legal History

A. Do you have any charges pending? _____ Yes _____ No

If Yes, what is the nature of the charges? _____

Next court date: _____ Where? _____

B. Currently on parole or probation? _____ Yes _____ No

Name of probation/parole officer? _____

C. Have you ever been convicted of a felony? _____ Yes _____ No

D. Describe any legal involvement (past or present) including with Child Protective Services.

E. May we initiate any standard background checks (including FBI) on you? _____ Yes _____ No

F. Are you willing to allow authorized NCHV staff access to your medical records? _____ Yes
_____ No

G. Are you willing to participate in a standard personality test or standard interest and/or aptitude tests?
_____ Yes _____ No

XIV. Strengths and Weaknesses

A. Describe what you perceive to be your strengths and assets.

B. Describe what you perceive to be your weaknesses or problem areas.

XV. Goals and Expectations

A. What problem(s) and/or issues do you think we will need to focus on during your time in the NCHV program?

B. In what areas of your life do you feel like you want to see or need improvement?

C. What are your expectations regarding your time in the NCHV program and the outcome?

D. What expectations do your family members/significant other(s) have for counseling?

XVI. References

A. Other than immediate family members, please provide three personal references:

1. Name: _____

Relationship: _____

How long have you known this person? _____

Contact Email: _____

Contact Phone Number: _____

2. Name: _____

Relationship: _____

How long have you known this person? _____

Contact Email: _____

Contact Phone Number: _____

3. Name: _____

Relationship: _____

How long have you known this person? _____

Contact Email: _____

Contact Phone Number: _____

XVII. Miscellaneous

A. Is there anything else you would like to share with us in considering your application to the NCHV program?

XVIII. Attestation and Signature

I have answered all the questions in this application truthfully and to the best of my ability.

Candidate Signature

Date

