



FOUNDATION for Life MINISTRIES

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CLIENT ENTRANCE APPLICATION

FILL OUT COMPLETELY

Failure to disclose information is grounds for immediate dismissal from program

Referred by: _____ Date to enter: _____

Name: _____ DOB ____/____/____ SocSec# _____

Current Address _____ Phone # _____

Primary Doctor _____ Phone# _____

Current illness/injury/chronic condition _____

HIV _____ Hepatitis _____ TB _____ Covid _____ Other _____

Current Meds/doseage _____

Ever diagnosed bi-polar _____ schizophrenia _____ ptsd _____ depression _____

Drug of choice _____ Other drugs used _____ Date last used _____

How much/How often _____

Latest Criminal offense/Date/Where _____

Probation officer _____ County _____ Conditions _____

Any arrests for: sex _____ violence _____ arson _____

Applicant signature _____ Date _____