1. Which of the following apply to you? (check all that apply)

- I am chemically dependent, and am sober and/or in recovery.
- I am chemically dependent, and I actively use chemicals.
- I use chemicals but am not chemically dependent.
- I have no history of ANY chemical use.
- I am co-dependent or involved in a significant relationship with a chemically dependent person.
- I am an Adult Child of an Alcoholic (ACOA).

2. Please indicate whether or not you have used any of the following categories of drugs in the past (over 12 months ago) and present (last 12 months) by circling the correct response.

<table>
<thead>
<tr>
<th></th>
<th>Past Use (over 12 months ago)</th>
<th>Present Use (last 12 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressants (alcohol, benzodiazepines, etc.)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Stimulants (cocaine, meth, crack, etc.)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hallucinogens (ecstasy, LSD, mushrooms, etc.)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Narcotics (oxycodone, heroin, etc.)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Cannabis</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Inhalants</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Nicotine</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

3. For any chemicals you checked for present use (last 12 months) please describe frequency, quantity, and duration of use.

4. Identify any past or present consequences you have experienced as a result of your chemical use (i.e. work, education, legal, social, family, spiritual, etc.) Provide dates as appropriate.
If you are a chemically dependent person who is currently sober and/or in recovery, please complete questions 5 – 10. Otherwise, skip to the end of this form.

5. What is your sobriety date? Your sobriety date should be continuous sobriety without slips or relapses.

6. Please provide a name and signature of a person (not related to you) who can verify your continued sobriety.

   Name: ___________________________ Phone Number: ___________________________
   Address: __________________________
   How long have you known the applicant? __________________________
   Comments: _________________________________________________________________
   _________________________________________________________________________
   _________________________________________________________________________
   Signature: ___________________________ Date: __________________

7. Have you been involved in a formal treatment process? _____ Yes _____ No
   Please explain: ___________________________________________________________
   __________________________
   Date(s) of involvement: ___________________________________________________
   Treatment program name(s): ________________________________________________

8. Have you EVER participated in any Self Help Programs? _____ Yes _____ No
   If you indicated yes, please explain.

9. What is the approximate length of time you have been involved with support groups?

10. Provide any additional comments regarding your recovery.

By my signature, I verify that the information disclosed is true and comprehensive to the best of my knowledge.

Student Signature: ___________________________ Date: __________________

Office Use Only:
_____ Approved _____ Not Approved _____ Initials _____ Date
Revised 09/08