

**PROGRAM APPLICATION FORM**  
**“POSITIVE CHOICES, POSITIVE VOICES”**

October 12– 25, 2021  
NNDFN

(PLEASE FILL IN ALL QUESTIONS and RETURN to Support Worker)

1. TODAY'S DATE: \_\_\_\_\_
2. APPLICANT'S FULL NAME: \_\_\_\_\_
3. CONTACT PHONE NUMBER: Cell \_\_\_\_\_ Landline \_\_\_\_\_
4. I UNDERSTAND **I MUST BE 5-7 DAYS SOBER** (from Alcohol) IN THE WEEK BEFORE THE PROGRAM STARTS **IN ORDER TO BE ACCEPTED INTO THE PROGRAM** TO WHICH I AGREE? YES \_\_\_
5. ANY SERIOUS HEALTH ISSUES? \_\_\_NO \_\_\_YES. (If Yes What is the Health Issue?)  
\_\_\_\_\_  
Is the Health Issue BEING ADDRESSED? \_\_\_YES. \_\_\_NO
6. Do you have any food allergies? \_\_\_Yes \_\_\_No. If Yes what foods are you allergic to?  
\_\_\_\_\_
7. USING MEDICAL MARIJUANA? \_\_\_YES. \_\_\_NO
8. IF THERE IS ANOTHER PERSON IN THE PROGRAM YOU HAVE A CONFLICT WITH OR A NO-CONTACT COURT ORDER DO YOU AGREE TO BRING IT TO ANDY'S ATTENTION ON THE FIRST DAY WHEN PROGRAM STARTS? \_\_\_YES. \_\_\_NO
9. THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS BOTH TRUE AND ACCURATE. NAME (Signed): \_\_\_\_\_

**IMPORTANT NOTICE: ONLY APPLICANTS ACCEPTED into the Program WILL BE CONTACTED (on or BEFORE Oct. 5, 2021)**