

Program Application

Marin Services For Men (MSM)

424 Mission Avenue San Rafael, CA 94901
office: 415-485-6736 fax: 415-236-1830

Marin Services For Recovery (MSR)

Date: _____

NAME Last: _____ First: _____ Middle: _____

Current Address (institution name, Current Location of residence)

Contact Phone Numbers _____

S.S. #: _____ - _____ - _____ Birth Date _____

Years in this country: _____ Sex: _____ Age: _____ Race: _____ Height: _____

Weight: _____

Years of Education: _____ Driver's License Number: _____

Drug of Choice _____ Years of Problem Using: _____ Length of Abstinence: _____

Last Drink(date): _____ Lost Control When(age): _____

Drug Use History: _____

Medication Use History: _____

Psychiatric History: _____

Arrests(year and charges): _____

Court Orders/Court Dates/Legal Problems – Current or Pending: _____

Probation Officer & Address: _____
_____ Phone: _____

History of Violence: _____

Current / Most Recent Occupation: _____

Employment Status: _____ Monthly Salaries / Wages: _____

Other Monthly Income: _____ Sources of Other Income: _____

SPOUSE / SIGNIFICANT OTHER/PARENTS (Names and Phone Numbers): _____

I understand that I must pay the first month fee of \$825-\$1350(sliding scale) and entrance fee \$250 upon entrance, and commit to pay \$825-\$1350 per month when due for the duration of my stay.

Print Name: _____

Signature: _____

Date: _____