



4. Are you taking any prescription medication on a regular basis for a physical problem? \_\_\_\_\_  
 If so what? \_\_\_\_\_
5. Are you currently under any individual or family health insurance plan (including Medicaid)? \_\_\_\_\_
6. Do you have a regular doctor? \_\_\_\_\_ Physician name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_
7. When was your last physical examination? \_\_\_\_\_ and Dental? \_\_\_\_\_
8. Do you have any physical or mental problems or concerns? \_\_\_\_\_ If so, what \_\_\_\_\_
- 

**RELATIONSHIPS**

Name/Relationship

**Your Relationship  
with them**

1. Childhood family structure:

GOOD FAIR POOR

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Present Family Structure:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Significant Other/Partner:

\_\_\_\_\_

_____	_____	_____
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4. At present, which of the individuals listed above do you consider to be most significant in your life and why?

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5. What are your reasons for choosing "good" in answer 1, 2, and 3? \_\_\_\_\_

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6. What are your reasons for choosing "poor" in answer 1, 2, and 3?

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7. Are any of the people listed aware you are applying for YouthBuild? \_\_\_\_\_

What are their expectations of you? \_\_\_\_\_

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8. Are any of the people listed willing to become involved in your process at YouthBuild? \_\_\_\_\_

Specify: \_\_\_\_\_

9. How do you perceive problems that are presently faced by family members in areas such as education, employment, legal involvements, health, drug usage, etc.? \_\_\_\_\_

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10. How would you rate your relationship with the following:

	<u>Males:</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Females:</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Friends/peers		___	___	___		___	___	___
Authority figures		___	___	___		___	___	___

11. What are your reasons for choosing "good" in answer to 10? \_\_\_\_\_  
\_\_\_\_\_

12. What are your reasons for choosing "poor" in answer to 10? \_\_\_\_\_  
\_\_\_\_\_

13. With whom do you spend most of your free time?      14. Are you satisfied spending your free time this way?  
Family \_\_\_\_\_ Friends \_\_\_\_\_ Alone \_\_\_\_\_      No \_\_\_\_\_ Yes \_\_\_\_\_ Indifferent \_\_\_\_\_

15. How many close friends do you have? \_\_\_\_\_

16. Have you had a significant period in which you have experienced serious problems with:

**(ANSWER: Yes or No)**

Past 30 days

in your life time

- |                             |       |       |
|-----------------------------|-------|-------|
| A. Mother                   | _____ | _____ |
| B. Father                   | _____ | _____ |
| C. Brother/Sister           | _____ | _____ |
| D. Grandparents             | _____ | _____ |
| E. Boyfriend/Girlfriend     | _____ | _____ |
| F. Children                 | _____ | _____ |
| G. Close friends            | _____ | _____ |
| H. Neighbors                | _____ | _____ |
| I. Other significant family | _____ | _____ |

17. Past living arrangements (including childhood):

- A. In how many different places did you live? \_\_\_\_\_  
\_\_\_\_\_
- B. If you lived in more than one place, what were the reasons for moving? \_\_\_\_\_  
\_\_\_\_\_
- C. What was the longest period you lived in any one place? \_\_\_\_\_
- D. With whom did you live during this long period? \_\_\_\_\_
- E. If at any time you did not live with your natural family, with whom did you live? \_\_\_\_\_
- F. Why? \_\_\_\_\_
- G. Have you ever lived with someone who abused alcohol and/or drugs? \_\_\_\_\_

H. Are there chemical dependency issues with members of your family? \_\_\_\_\_

I. Have you ever been enrolled in any chemical dependency treatment program? \_\_\_\_\_

J. Do you have any alcohol or drug problems or concerns? \_\_\_\_\_

18. **Living Arrangements** (During the 12 month period prior to entering the YouthBuild Program)

A. In how many different places did you live? \_\_\_\_\_

B. What was the longest period that you lived at one place? \_\_\_\_\_

C. With whom did you live during this longest period? \_\_\_\_\_

D. With whom are you living now? \_\_\_\_\_

E. Do you rent? \_\_\_\_\_ How much do you pay? \_\_\_\_\_

F. Are you satisfied with your present living arrangements? \_\_\_\_\_ If no, why? \_\_\_\_\_

\_\_\_\_\_

19. **Money Management**

A. How well do you generally handle money when you have it? Specify: \_\_\_\_\_

\_\_\_\_\_

B. Do you presently owe money? \_\_\_\_\_

To whom? \_\_\_\_\_ How much? \_\_\_\_\_

To whom? \_\_\_\_\_ How much? \_\_\_\_\_

To whom? \_\_\_\_\_ How much? \_\_\_\_\_

C. How do you plan to repay your debt(s)? \_\_\_\_\_

**EMPLOYMENT HISTORY**

1. How many of your present friends are employed?

ALL \_\_\_\_ Most \_\_\_\_ Some \_\_\_\_ Few \_\_\_\_ None \_\_\_\_

2. Describe the characteristics you think make a good reliable worker:

\_\_\_\_\_

\_\_\_\_\_

3. Are you currently employed and where? \_\_\_\_\_

If so, Full-time or Part-time (circle one) Hourly wage? \_\_\_\_\_ Average number of hours per week \_\_\_\_\_

4. Do you plan to remain employed with your current employer while participating in the YouthBuild Program?  
Yes \_\_\_\_\_ No \_\_\_\_\_

5. What are your plans after leaving YouthBuild? \_\_\_\_\_

**EDUCATIONAL HISTORY**

Name of last school attended: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

When did you leave? \_\_\_\_\_

Do you have an I.E.P.? \_\_\_\_\_ Last grade completed? \_\_\_\_\_ Date: \_\_\_\_\_

1. How well did you do in Junior High? Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

2. How well did you do in Senior High? Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

3. What were the best and worst things about it (school/teachers/students/curriculum/etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

4. What are your academic strengths? \_\_\_\_\_

5. What are your academic weaknesses? \_\_\_\_\_

6. What is the highest grade completed by any member of your family? \_\_\_\_\_

7. Did you have a history of suspensions in school? \_\_\_\_\_ Why? \_\_\_\_\_

8. Have you ever enrolled in a G.E.D. program? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

9. Have you completed the course and taken the test? \_\_\_\_\_ Are the scores available? \_\_\_\_\_

10. What are your educational goals? \_\_\_\_\_  
\_\_\_\_\_

11. How can YouthBuild help you achieve these goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECREATIONAL ACTIVITIES**

A. In the past year have you engaged in any of the following activities? (check all that apply)

	<u>Frequency</u>			
	<u>Daily</u>	<u>Weekly</u>	<u>Less than Weekly</u>	<u>Never</u>
Parties	_____	_____	_____	_____
Dancing	_____	_____	_____	_____
Movies/Watching TV	_____	_____	_____	_____
Writing	_____	_____	_____	_____
Reading	_____	_____	_____	_____
Painting/Sculpting	_____	_____	_____	_____
Theater	_____	_____	_____	_____
Music/Concerts	_____	_____	_____	_____
Museums	_____	_____	_____	_____
Hobbies	_____	_____	_____	_____
Camping	_____	_____	_____	_____
Hiking/Walking	_____	_____	_____	_____
Sporting events	_____	_____	_____	_____

B. How do you currently spend your leisure time? \_\_\_\_\_  
\_\_\_\_\_

C. What is your view on casual drug and/or alcohol use? \_\_\_\_\_  
\_\_\_\_\_

D. How often do you use alcoholic beverages in a social context? \_\_\_\_\_

When and where? \_\_\_\_\_

E. How many of your close friends would you say use drugs and/or alcohol? \_\_\_\_\_

Specify drugs: \_\_\_\_\_

Specify alcohol: \_\_\_\_\_

F. How much time do you spend with these friends? Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

**MENTAL HEALTH STATUS**

A. Have you ever been treated or recommended for treatment for any psychological or emotional problems?

YES or NO (circle one)      If so when? \_\_\_\_\_      Inpatient or Outpatient (circle one)  
Where? \_\_\_\_\_      Length of stay? \_\_\_\_\_

B. Have you had a significant period, that was no directly result of drugs or alcohol use in which you have:

(Mark)      0=NO      1=YES

	<u>Past 30 days</u>	<u>in your life</u>
1. Experienced serious depression.	_____	_____
2. Experienced serious anxiety or tension.	_____	_____
3. Experienced hallucinations.	_____	_____
4. Experienced trouble understanding, Concentrating or remembering.	_____	_____
5. Experienced trouble controlling, Violent behavior.	_____	_____
6. Experienced serious thoughts of suicide.	_____	_____
7. Attempted suicide.	_____	_____
8. Have you taken medication for any? Psychological or emotional problem.	_____	_____

C. How would you rate your mental health status at this time?      Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Explain?

\_\_\_\_\_  
\_\_\_\_\_

**ABUSE HISTORY**

A. Were you abused as a child? \_\_\_\_\_ By whom? \_\_\_\_\_

As a young adult? \_\_\_\_\_ By whom? \_\_\_\_\_

B. Do you think you have the potential to abuse others? \_\_\_\_\_ Explain? \_\_\_\_\_

\_\_\_\_\_



C. What services are you receiving from other agencies/programs? \_\_\_\_\_

D. What do you do when you become frustrated? \_\_\_\_\_

**By signing below I declare the answers on this application are true and correct.**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

If completed application with help, who assisted: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Date \_\_\_\_\_

Return to: 3023 Mill Street NE – County Road 406, Bemidji, MN. 56601

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