



**New Life USA, Substance Abuse Recovery Facility**

**Locations Cabool, MO & Lovelock, NV**

**http://www.NLUSA.org. Email: [newlife.precontract@gmail.com](mailto:newlife.precontract@gmail.com)**

**Interviewer T: (417) 254-1675; Office T: (417) 967-1155;**

**Director T: (417) 254-3007**

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## PRE-CONTRACT

Prior to arrival at the NEW LIFE SUBSTANCE ABUSE RECOVERY FACILITY, the CLIENT must fill out and sign the PRE-CONTRACT. Upon arrival to the FACILITY, the ADMINISTRATION will lead the CLIENT through the admission procedure. The admission period may take up to 72 hours after arrival.

1. Legal First Name & Surname \_\_\_\_\_ Preferred Name \_\_\_\_\_
  2. Age \_\_\_\_\_
  3. Gender \_\_\_\_\_
  4. State / Country of Residence \_\_\_\_\_  
ID ## \_\_\_\_\_
  5. Marital Status:  Married  Divorced  Widowed  
Spouse name: \_\_\_\_\_ Children names: \_\_\_\_\_  
Parent names: \_\_\_\_\_
  6. Reason for applying to the recovery program? \_\_\_\_\_  
Type of Addiction: \_\_\_\_\_  
Length of Addiction: \_\_\_\_\_  
Time of Last Substance Use: \_\_\_\_\_  
Are you determined to stay in this program for the entire 20-month duration of the program?  
 YES  NO
  7. Have you ever been part of other Recovery programs?  YES  NO  
If Yes, please provide the name of the Program \_\_\_\_\_  
Did you complete the Program?  YES  NO If No, Reason of Incompletion? \_\_\_\_\_
  8. Are you on parole or probation?  YES  NO. If Yes, Where ? Court date? \_\_\_\_\_  
Contact of the probation officer \_\_\_\_\_  
Have you been incarcerated in a state adult/ juvenile correctional facility?  YES  NO
  9. Have you ever experienced any mental Problem?  YES  NO.  
If yes, please provide an explanation: \_\_\_\_\_  
\_\_\_\_\_
  10. Are you currently experiencing any thoughts / attention of suicide?  YES  NO.  
If yes, please provide an explanation: \_\_\_\_\_  
\_\_\_\_\_
  11. Past professional history and skills: (for example, carpenter with stonework skills)
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12. Additional information that you would like to provide:

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13. All medical exam results should be emailed to [newlife.precontract@gmail.com](mailto:newlife.precontract@gmail.com) prior to arrival to the FACILITY.

14. The Security Deposit must be paid in full by the CLIENT prior to arrival to the FACILITY. The receipt will be attached to the Contract.

I, \_\_\_\_\_, understand the pre-contract and have filled out the form to the best of my knowledge.

CLIENT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FACILITY STAFF Signature: \_\_\_\_\_ Date: \_\_\_\_\_