

BIOGRAPHICAL INFORMATION

What is your highest level of education?

Any known learning disabilities? **Yes** **No.** If yes, briefly describe.

Any history of mental health issues? **Yes** **No.** If yes, briefly describe treatment.

Any history of substance/alcohol abuse? **Yes** **No.** If yes, briefly describe drug/substance of choice, when the addiction began, any treatment received, and your sobriety date.

What is your current marital status?

(Check one:) **Single** **Married or Entered into a Civil Union** **Divorced** **Widowed**

Do you have children or other dependents? **Yes** **No**
If yes, describe them. (Example: name, age and living arrangement)

Current employment status, if not employed state the reasons.

Are you currently enrolled in school/vocational training? If yes, provide the name and location and your area of study.