



Application for Admission (Women's Recovery/Re-entry Center)

REFERRED TO Breakthrough Center for Women (BCW) by?

Name _____
(Last) (First) (Middle Initial)

Address _____
(Street) (City) (State) (Zip)

Phone Number: Home () Work ()

Relationship: Friend ,Parent, Relative, Other _____

Occupation/Position _____

PERSONAL DATA

Name _____
(Last) (First) (Middle)

Social Security Number _____

Other names or aliases used:
1) _____
2) _____

(Use the back of this page if additional space is required)

Address _____
(Street) (City) (State) (Zip)

Phone Number: Home () Work ()

Birth date _____ Age _____ Place of Birth _____

Drivers License No. _____ State _____

Drivers License: Valid ___ Expired ___ Suspended ___ Never applied for one _____

IN CASE OF AN EMERGENCY NOTIFY

Name _____

Relationship _____

Address _____
(Street) (City) (State) (Zip)

Phone Number: Home () Work ()

RACE/ETHNIC BACKGROUND (please check only one)

- White (Not Hispanic) Japanese Hispanic (Mexican)
- Black (Not Hispanic) Chinese Hispanic (Puerto Rican)
- American Indian Filipino Hispanic (Cuban)
- Alaskan Native Other Asian Other Hispanic

Are you an American Citizen? _____

(Use back side of this page if additional space is required)

PERSONAL FAMILY HISTORY

1. List parent/parenting figures, spouse, girl/boyfriend, brothers & sisters (do not list your children)

NAME RELATIONSHIP AGE WHERE LIVING

(Use back side of this page if additional space is required)

2. Write the word that best describes your relationship with your parents as a child and now:

AS A CHILD _____ NOW _____

Good (Get along well)

Fair (Minor problems, limited communication)

Poor (Generally problems and conflicts)

3. Are your parents still living? Father: Yes No Mother: Yes No

4. Are you adopted: Yes No If yes, how old were you? _____

5. Were you raised by anyone other than your parents? Yes No If yes, please explain:

Name _____ Relationship _____

Address

(Street) _____ (City) _____ (State) _____ (Zip) _____

Phone Number: Home () _____ Work () _____

6. When did you last see your parents?

7. When did you last live at home?

8. Reason for not living at home?

9. Occupation: Father _____ Mother _____

10. Parent's marital status? (Please check one) Married ___ Divorced ___ Separated ___
Remarried ___ Still living together ___ Widow ___

11. If they are not living together, the cause of the separation was

12. When did they separate? _____

13. Rate your parent's marriage (Please circle one): Very happy, Happy, Average, Unhappy,
Very unhappy

14. As you grew up whom did you feel closest to: Father ___ Mother ___ Someone else _____

15. What is your current relationship to your brothers or sisters: Excellent ___ Good ___ Fair ___ Poor ___
Extremely poor ___ None ___

MARITAL/INTIMATE RELATIONSHIP HISTORY

1. Marital status: Single ___ Married ___ Separated ___ Divorced ___ Remarried ___ Widowed ___

2. List your present living arrangement: (please check all that apply)

Living alone ___ With parents ___ With spouse ___ With others (non-relatives) ___

With others (relatives including children) ___ Other (explain):

3. If you are or have been married, please list: (Start with your most recent marriage)

PERSON MARRIED TO MONTH/YEAR ENDED IN (Divorce, MONTH/YEAR(First name only) Separation,
Death)

(Use back side of this page if additional space is required)

4. Current spouse (full name)

Address

(Street) (City) (State) (Zip)

Phone Number: Home () Work ()

5. Do you have any children? Yes No If yes, please list:

NAME OF CHILD AGE WHERE LIVING

(Use back side of this page if additional space is required)

6. Describe any positive or negative aspects of your relationship with your children that you would like to discuss:

7. Describe any problems or concerns related to your relationship with your spouse, girlfriend, or boyfriend that you would like to discuss:

8. To your knowledge, has anyone in your family ever been sexually abused? Yes No

When: _____ Who: _____

When: _____ Who: _____

When: _____ Who: _____

When: _____ Who: _____

9. Sexual life style: (Please check all that apply)

Adultery How recently involved? _____ How frequently? _____

Bisexual How recently involved? _____ How frequently? _____

Heterosexual How recently involved? _____ How frequently? _____

Homosexual How recently involved? _____ How frequently? _____

Lesbian How recently involved? _____ How frequently? _____

Pornography How recently involved? _____ How frequently? _____

Prostitution How recently involved? _____ How frequently? _____

Transvestite How recently involved? _____ How frequently? _____

Other _____

How recently involved? _____ How frequently? _____

MILITARY SERVICE HISTORY

1. Have you served in the U.S. Armed Forces or the U.S.Coast Guard? Yes No

if yes, describe: Branch of Service _____

2. Date of entry _____ Date of discharge _____

3. Total time spent on active duty? _____ Years _____ Months

4. Military occupation standing (MOS) _____

5. Rank attained _____

6. Discharge received: Honorable Less than Honorable Dishonorable Medical

7. Have you received any disciplinary action while on active duty? Yes No If Yes, please explain:

(Use back side of this page if additional space is required)

8. Eligible for V.A. medical benefits? Yes ___ No ___ Unknown ___

LEGAL HISTORY

- 1. Are you currently or will you be under legal supervision? Yes No
- 2. Are you legally mandated to participate in a drug treatment program? Yes No
if yes, by whom? (please check): Parole board Court Other (explain)

If answer is court, please list county of origin

- 3. Method of reporting: Phone ___ Letter ___ In person ___ Other (explain)

(Use back side of this page if additional space is required)

How often do you report? _____ How long _____ Time remaining _____

- 4. List your probation/parole officer's: Name _____

Agency _____ Phone number () _____

Address _____

(Street) _____ (City) _____ (State) _____ (Zip) _____

- 5. Your Attorney's Name _____

Phone number () _____

Address _____

(Street) _____ (City) _____ (State) _____ (Zip) _____

- 6. Are any of the following pending against you? Yes No (Please check those that apply)

Arrest warrant ___ Court appearance _____ Criminal charges _____ Sentencing _____

Other (explain) _____

If you have checked any of the above, in question #6, please explain

(Use back side of this page if additional space is required)

- 7. List all arrest and convictions.

DATE CHARGES CONVICTION , SENTENCE, TIME IN JAIL, WHERE, ALCOHOL (A)

YES NO OR DRUGS (D) INVOLVED

(Use back side of this page if additional space is required)

- 8. Have you ever been in a county jail, correctional institution or state prison? If yes, please list below in the allotted space.

DATE _____ INSTITUTION _____

SOCIAL INVOLVEMENT HISTORY

Describe your involvement in the following:

1. Have you ever been involved in the occult? (Please circle all that apply)

Fortune telling Horoscope Ouija board Palm Reading Satanic worship
Seances Tarot cards Voo doo Witchcraft Other _____

2. Cults (religious)

3. Recreation/sports _____

4. Peer Group _____

5. Community affiliations _____

6. Hobbies _____

7. Other (specify) _____

(Use the back side of this page if additional space is required)

FINANCIAL STATUS

1. Are you eligible for and/or receiving the following: Welfare ___ Unemployment compensation ___

Disability payment_ Workman's compensation ___ Food stamps___

Other Income: _____

2. Have you ever applied for food stamps? Yes No Where? _____

3. Do you have any outstanding debts? Yes No Explain _____

OWED TO _____ **AMOUNT** _____ **ADDRESS** _____

PHONE PAYMENTS _____

SIGNIFICANT LIFE EVENTS

Describe any of the following that you are experiencing or have recently experienced:

1. Moves _____

2. Losses (Personal, Financial) _____

3. Sexual abuse/rape _____

4. Physical abuse/neglect _____

5. Foster home placement or institutionalization _____

6. Ethnic/cultural influences _____

7. Other (Specify) _____

(Use back side of this page if additional space is required)

ACADEMIC HISTORY

1. List the highest grade that you have completed for each: Grade School _____ Jr. High School _____

High School _____ College _____

2. Are you currently in an education program? Yes No

If yes, list:

(Name of School) (City) (State)

4. If you are no longer in an education program, please explain your reason for leaving school:

4. Are you receiving or have you received vocational training? Yes No

if yes, list: TYPE OF TRADE _____ DATE OF TRAINING CERTIFICATE _____

OR SKILLS _____

5. Can you read? Yes ___ No ___ Good ___ Average ___ Poor ___

6. Can you write? Yes ___ No ___ Good ___ Average ___ Poor ___

7. Describe your future educational and vocational training goals and plans:

Educational _____

Vocational _____

OCCUPATIONAL HISTORY

1. What is your vocational trade or profession, if any?

2. How many jobs have you held in the last two (2) years? _____

3. List your present employment status: _____

Unemployed (Have not sought employment in last 30 days)

Unemployed (Have sought employment in last 30 days)

Employed part-time (Working less than 35 hours per week)

Employed full-time (Working 35 hours or more per week)

4. List your two (2) most recent jobs - Start with your most recent job:

(Name of Employer) (Position Held)

(Employed from - Mo./Yr. to Mo./Yr.) (Reason for leaving)

(Name of Employer) (Position Held)

(Employed from - Mo./Yr. to Mo./Yr.) (Reason for leaving)

5. List your current average monthly income \$ _____

6. Describe your primary source of income

7. Describe your future occupational goals and plans

(Use back side of this page if additional space is required)

OCCUPATIONAL HISTORY, (Continued)

8. Work experience: (Please check only those that you have experience in)

Retail, Restaurant, General office work, Landscaping, Gardening, Typing, Printing, Cooking, Sewing, Child care, Nursing, Teaching, Painting, Carpentry, Plumbing, Other (specify):

9. HAVE YOU EVER EXPERIENCED OR PRESENTLY HAVE A PHYSICAL AILMENT, INJURY OR HANDICAP THAT WOULD PREVENT YOU FROM PERFORMING MANUAL WORK RELATED TASKS WHILE ENROLLED IN Breakthrough Center for Women?

YES NO

If Yes, Please explain:

(Use back side of this page if additional space is required)

SPIRITUAL

1. Are you a member of a church or religion? Yes No If Yes, which one (s)? _____

2. Denominational preference _____

3. Did you attend church as a child? Yes No If Yes, which one? _____

4. How often did you attend as a child? Never ___ Occasionally ___ Regularly ___ How many years? _____

5. How old were you when you stopped attending? _____ Why did you stop attending church as a child?

6. Do you believe there is a God? Yes No Uncertain

7. Do you read the Bible? Never Occasionally Often

8. Have you ever committed your life to God? Yes No Date: _____

Place: _____

9. How often do you attend church now? Never Occasionally Often

10. Where do you attend church? _____

11. What recent changes, if any, have occurred in your religious life?

(Use back side of this page if additional space is required)

INTEREST IN RECOVERY

1. Do you believe you have any serious problems? Yes Maybe No If Yes or maybe, please explain : _____

(Use back side of this page if additional space is required)

2. Do you believe that other people (family, parole officer, etc.) feel that you have any serious problems? Yes Maybe No If Yes or Maybe, please explain _____

(Use back side of this page if additional space is required)

3. Do you believe that other people feel that you need help for these problems? Yes Maybe No

4. Reason (s) for seeking entry into BCW at this time? (Check all that apply) -

- ___ Want to change my life style with God's help
- ___ Couldn't support habit
- ___ Want to avoid arrest
- ___ Want to avoid criminal activity
- ___ Want to get off drugs
- ___ Forced by the courts
- ___ Want to get public assistance
- ___ Want a Christian program
- ___ Get off Alcohol
- ___ Pressured by family and friends
- ___ Want to improve mental health
- ___ Want to improve physical health
- ___ Getting disgusted with lifestyle
- ___ Want to be self-supporting and not depend on family for support
- ___ Other _____

(Use the back side of this page if additional space is required)

5. How many times have you stopped using drugs or alcohol "on your own"? _____ What was your motivation? _____

Why did you return to drugs or alcohol? _____

(Use back side of this page if additional space is required)

6. If you stopped using drugs or alcohol, do you believe your life would be: Substantially improved
Somewhat improved Unchanged Worsened

Comments you would like to make _____

(Use back side of this page if additional space is required)

7. Do you have any feelings why you continue to use drugs/alcohol?

(Use back side of this page if additional space is required)

8. Are you presently receiving treatment for psychological problems somewhere other than a drug program? Yes No

If Yes, please provide information:

Where? _____

By whom? _____

Date of attendance: From _____ to _____

Nature of problem/issue _____

_____ (Use back side of this page if additional space is required)

9. How would you rate your need to enter Breakthrough Center for Women? Emergency____ As soon as possible____ Whenever you have an opening ____Take it or leave it____

DRUG USE HISTORY

1. Drug of choice?

2. Which drug causes you the most overall harm?

3. Which drug causes you the most problems in the following areas:

Family _____ Job _____

Friends _____ Educational _____

Legal _____ Financial _____

Physical _____ Legal _____

4. Have you used any drugs in combination? Yes No If Yes, please explain _____

(Use back side of this page if additional space is required)

5. What is the main reason for your starting to use drugs? Friends influence ____ Good times ____
Escape reality ____ Experiment ____ Medical ____ Other _____

(Use back side of this page if additional space is required)

6. Have you ever lost consciousness while using drugs? Yes No How many times? _____

7. Have you used alcohol to the point of drunkenness? __Constantly __Frequently __Sometimes
__Seldom __Never

8. Have you been drunk continuously for several days? __Constantly __Frequently __Sometimes
__Seldom __Never

9. How many of your present friends are drug users?__ All__ Most __Some__ Few __None

10.How many of your present friends are alcohol users? __All __Most __Some__ Few__ None

11.When using drugs or alcohol are you generally: __Alone__ With one or two people__ In a group

Please check those items listed below, that must change in your life during your stay at RHM if you are going to have a successful future.

__My attitudes __ How I use my free time __ Self- discipline __My work habits __My finances __ My relationship with my family __My values __ My sleeping habits __My thought life __My relationship with God __My sexual life __How I view and respond to authority __My dress and appearance

What do you think will be the biggest hindrance to your stay at BCW?

(Ex - boy/girlfriend, discipline, dress and appearance codes, schedule, financial problems, missing your family, obeying authority, Christian program emphasis, etc.)

(Use back side of this page if additional space is required)

The undersigned student applicant fully acknowledges that the information provided herein is accurate and true to the best of her knowledge, and that the application form has been completed and filled out by student applicant in her own handwriting. Student applicant further understands that any false or incomplete information may cause and result in disqualification from admittance into

the program, whether a student is just entering into or is in fact in the program.

(Student Applicant) (Date)

IF THIS APPLICATION FORM HAS BEEN COMPLETED OR FILLED OUT BY ANYONE, OTHER THAN STUDENT APPLICANT, PLEASE PROVIDE FOLLOWING:

1. Name of person completing and filling out application form:

(Other Person) (Date)

2. Relationship to applicant _____

3. Explain why student applicant was unable to complete or fill out the enclosed application form:

Student Signature _____ Date _____

Sponsor Signature _____ Date _____

DO YOU UNDERSTAND?

Breakthrough Center for Women (BCW) is a Christian program. We are here to tell you that God cares about you and can help you. Some of the procedures we follow may be new to you, and may seem childish or overly restrictive, but we simply advise you to approach them with an open mind and heart. You are entering a recovery healing program. This means that you will not be free to come and go as you please. You will voluntarily restrict yourself to the structure of the BCW program. You will be free to leave at any time, and only your desire to change your life can keep you here if you think we can provide help. We cannot, and will not, restrain you in any way to keep you here. Your staying is your choice, not ours. Your willingness to restrict yourself to the BCW program is saying to us, "I need the special help that BCW can give me." You are committing yourself to an institutional setting where rules are established to help everyone get along with each other. You are, then, committing yourself to follow these rules so that everyone can get the best possible benefit from their stay in BCW.

NO SMOKING, tobacco related products, drugs, alcohol, or related products or implements will be permitted while in the program. If you need medical or dental care, it must be taken care of prior to admission in to the program. Only emergency treatment (at student's expense) for medical problems or sudden toothache pain will be addressed. We do not want anything to distract you from the treatment for which you came to Breakthrough Center for Women. You will not be permitted to take any type of psychiatric medications while in the program (unless approved by Executive Director). Any skin conditions requiring care by a dermatologist must be taken care of prior to treatment at BCW. No cursing or excessive talk about street life or drugs will be permitted. Fighting is NEVER tolerated, and will be met with harsh discipline, or dismissal from the program. No cell phones, radios, clock-radios, tape

or CD players, musical instruments, reading materials, inappropriate photos, pornographic materials, excessive jewelry, earrings or any other type of body piercing jewelry are to be brought to BCW. **Any student** entering the program with any of these items will have them confiscated and discarded unless you quickly provide the means for sending them home. They will not be stored. Non-Christian music, easy listening, or instrumental music, that highlights values contrary to Biblical principles will not be permitted. The playing or singing of, or listening to, music related to the drug culture is not permitted. No visits are permitted during the crisis portion of the program. **Except for emergencies**, you must have been here for at least 29 days before making or receiving telephone calls. Phone calls are only permitted to your immediate family. Our driver can only handle a limited number of appointments and emergency cases. Patience and consideration is necessary when scheduling necessary appointments.

I understand that if I leave the program that I am not eligible to return for thirty days and will not be allowed in the vicinity of the BCW residential facility or office. I also agree not to have contact with any BCW student also during this period. If you leave the program without taking your belongings, they will immediately become the property of BCW. We cannot guarantee any of your things will be stored and available to be picked up at a later date.

You will not be permitted to pursue employment while you are in the "Recovery" program. No medication will be purchased off site or given to any student without program approval.

I HAVE READ THESE STATEMENTS AND UNDERSTAND THEM. MY SIGNATURE INDICATES THAT I AM WILLING TO COMPLY.

SIGNATURE _____ DATE _____
Notary _____ Date _____

SPECTIVE STUDENT ACKNOWLEDGMENTS REGARDING WORK ASSIGNMENTS IN WORK THERAPY

PROGRAM of: Breakthrough Center for Women

Statement of Student Applicant:

- I understand that if I am admitted as a student that I am physically able and am willing to participate in the BCW Work Therapy Program.
- I acknowledge that I have read and fully agree with the BCW program's description of its Work Therapy Program, which addresses the importance of my work assignments in helping to build in me the Biblical values of a good work ethic and the character of a responsible, upright individual.
- I understand that if I am admitted, I will be performing my work assignments not as an employee of BCW, but solely for my benefit, to further my spiritual growth and maturity, character development, recovery from controlled substances, and readiness to go back into the work place.
- Accordingly, by submitting this Application, I am not applying for a position of employment, and if admitted, I understand I will not be receiving any monetary compensation or any kind of benefits in exchange for the performance of any work assignments.

• I further understand that if I fail to perform my work assignments, BCW may revoke my status and privileges as a student, not because performance of work assignments are the consideration for the receipt of such status and benefits, but because each student's participation in the Work Therapy Program is a necessary and vital part of the recovery process.

• I also understand I will not hold Breakthrough Center for Women, Global Gogirl, Inc or it's staff/volunteers /directors or family liable for any injury that I may incur while on work assignment.

_____ Date: _____

Signature of Applicant

Name: (print) _____ Date: _____

Signature of Witness _____ Date: _____

Notary Witness: (print) _____

Breakthrough Center for Women

MEDICAL HISTORY & PHYSICAL EXAMINATION FORM

Name: _____ DOB: _____

Social Security #: _____

The following lab work is required for admission to the program and copies included at the time of entrance:

A. RPR- **Reactive** or **non-reactive** (circle one) (date read) _____

B. Liver function tests- _____ (date read) _____

C. Pap Smear- _____ Date completed _____

D. Pregnancy Test --- Pos. or Neg. _____ (date read) _____

E. Hepatitis Screening, **if indicated** based on history or abnormal liver function test results.

Circle pos. or neg. for each

Hepatitis A- **Pos. or Neg.:** Hepatitis B- **Pos. or Neg** Hepatitis C- **Pos. or Neg**

TB testing is mandatory and results included should be no older than 30 Days prior to Admission.

Tetanus shot must be up-to-date with documentation or date given.

Tuberculin Test/PPD Date _____ Size _____

Chest x-ray if pos _____

Tetanus Toxoid Date _____

Immunizations should be up-to-date and include:

A. Measles date performed _____

B. Mumps date performed _____

C. Rubella date performed _____

Significant Medical Conditions (circle one)

Yes NO IF Yes, Explain

ASTHMA

CARDIAC
CHEMICAL DEPENDENCY
DRUGS
ALCOHOL
DIABETES MELLITUS
GASTROINTESTINAL DISORDER
HEARING DISORDER
HYPERTENSION
NEUROMUSCULAR DISORDER
ORTHOPEDIC CONDITION
RESPIRATORY ILLNESS
SEIZURE DISORDER
SKIN DISORDER
VISION DISORDER
OTHER (SPECIFY)

Current/routine medications:
MEDICATION DOSAGE

1. _____
2. _____
3. _____
4. _____
5. _____

Please list any allergies you have to any medications, foods, or other substances. _____

Report of Physical Examination: Normal Abnormal If Abnormal, please explain

HEIGHT (INCHES) _____

WEIGHT (POUNDS) _____

TEMPERATURE _____

PULSE () _____

BLOOD PRESSURE _____

HAIR/SCALP _____

SKIN _____

EYES ---VISUAL ACUITY R ___/___ L ___/___

EYES ---COLOR _____ VISION _____

EARS---HEARING DB _____ R _____ L _____

NOSE AND THROAT _____

TEETH AND GINGIVA _____

LYMPH GLANDS _____

HEART---MURMUR, ETC. _____

LUNG—ADVENTITIOUS FINDINGS _____

ABDOMEN _____

GENITALIA _____

NEUROMUSCULAR SYSTEM _____

EXTREMITIES _____

SPINE (PRESENCE OF SCOLIOSIS) _____

8. Physician's observations and comments (be specific) _____

Name of Examiner (Please print) _____

Practice Name and Address: _____

Signature of Physician _____ Date of Examination _____

Form will be UNACCEPTABLE if examiner's title and address are ILLEGIBLE

Breakthrough Center for Women Clothing Guidelines

Student Name: _____ Date: _____

****MUST** bring social security card and any of the following: driver's license, photo id, or birth certificate, medical/insurance card if you have one.

Clothing - MAXIMUM of 2 suitcases per student

12 T-shirts including pajama tops

6 undershirts - long enough to be tucked into pants

5 jeans (not low rise, must be loose fitting)

5 workout/ sweatpants/ pajama bottoms

3 knee-length shorts/ casual capris - loose fitting

3 dress shirts including 1 white button-up collar shirt

3 dress pants (loose fitting, not low rise including 1 black pair)

3 knee-length dresses or skirts.(must come to mid knee)

3 sweaters/ hoodies/ jackets

10 panties - NO thong underwear

5 bras

10 socks

3 hose or knee-highs

2 slippers

1 bathrobe

1 slippers

6 shoes including 2 dress shoes, 2 tennis shoes, 2 flip-flops

1 purse

1 book bag/ back pack

1 pair gloves

1 bathing suit and cover up - ONE-PIECE bathing suit ONLY

Jewelry - not an excessive amount. Any valuables brought are at your own risk. RHM is not responsible for any lost, stolen or damaged items.

Personal Care/Hygiene Products

Toothbrush, toothpaste, mouthwash (alcohol free only)

Shampoo, conditioner, body wash, body lotion

Hair dryer, curling iron, straightener, curlers

Deodorant, disposable razors

Sanitary napkins/tampons

Makeup, cleansers, creams

Perfume - limit to 2

Hairbrush/comb

Also Needed

Bible, journal

Stationary, envelopes, stamps

Notebook paper, pens/pencils, highlighter for classes

Photos of immediate family only

***NO clothing with offensive logos or slogans are permitted including obscene language, secular messages, pictures or anything representing tobacco, drugs, secular music, the occult or racism, etc.

***NO body jewelry including tongue, brow, navel, nose, etc.

DO NOT BRING:

Spaghetti straps, no tank tops unless under a shirt

Backless dresses/blouses

Low-cut tops

Shirts that reveal belly or waist line

Spandex or clinging pants/shorts

Dry-clean-only clothing

Low-riding pants/jeans

Cell phones, any electronics, secular books or magazines

Nicotine replacement patches or gum

Drug paraphernalia of any kind

Lighters or matches

Weapons of any kind

Personal vehicles

I understand that my belongings are subject to be searched randomly at a staff member's discretion and when doing so, they have my permission to confiscate anything that I have that is considered "over the limit" or not allowed in my clothing closet and/or drawer/bins. Anything "over the limit" or not allowed will be sent home at my own expense. I also understand that any of my belongings that are left after my departure of the program will be donated to local charity and **will not** be held for pickup at a later date. **I acknowledge that Breakthrough Center for Women is not responsible for any lost, stolen or damaged items.**

Student Signature _____ Date _____

BCW Representative (witness) Signature _____ Date _____

