# CLIENT APPLICATION

**Makana O Ke Akua, Inc.**
*"Gift of God"*
CLEAN AND SOBER LIVING

## APPLICANT INFORMATION

**Today's Date:** _____ **A/O Number:** _____

**First Name:** _____ **Middle Name:** _____ **Last Name:** _____

Suffix: _____ Preferred Name: _____ **Date of Birth:** _____
(if different than above)

**Do you have an ancestor that is Native Hawaiian?** □ Yes □ No

**Race:** (please select all that apply):

- □ Native Hawaiian
- □ Native American
- □ Alaskan Native
- □ African American
- □ Caucasian
- □ Portuguese
- □ Hispanic
- □ Chinese
- □ Korean
- □ Japanese
- □ Filipino
- □ Laotian
- □ Vietnamese
- □ Other Asian (please include): _____
- □ Marshallese
- □ Micronesian
- □ Samoan
- □ Tongan
- □ Maori
- □ Guamanian/Chamorro
- □ Other Pacific Islander (please include): _____

## FINANCIAL STATUS

Are you able to meet the financial obligations of MOKA? ■ Yes ■ No

Do you require financial assistance through the State Contract? □ Yes □ No

## CRIMINAL BACKGROUND

Convicted of a violent crime? □ Yes □ No

Sex Offense: ■ Yes □ No [□ Minor □ Adult]

Length of incarceration: _____

Number of times incarcerated: _____

Are you an active gang member? ■ Yes □ No

Have you ever been in a gang? □ Yes □ No

## MEDICAL INFORMATION

Mental Health Diagnosis? □ Yes □ No If yes, what?

_____

Are you on any type of medication(s) for this condition? ■ Yes □ No

Do you have any physical restrictions? □ Yes □ No If yes, what? _____

Have you ever tested positive for HIV or Hepatitis C? □ Yes □ No

## CHEMICAL DEPENDENCY

Drug of Choice: (check all that applies)
□ Amphetamines □ Methamphetamines □ Marijuana □ Opiates □ Benzos □ Alcohol
□ Other _____

List your high risk areas: _____

## SUPPORT/FAMILY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____