



# VISUAL COMPASSION

## Pre-application Form

<b>Student Applicant</b>	Date of Birth: _____ Date: _____
Name: _____	Facility Telephone Number: _____
Street Address: _____	Home Telephone Number: _____
City: _____	Work Telephone Number: _____
State: _____	Cellular Telephone Number: _____
Zip: _____	Agency/Program referring/sponsoring you: _____
E-Mail Address: _____	List highest legal wage ever earned: _____

<b>Addiction history:</b>	1st diagnosed: _____	List all drugs/ alcohol abused, # yrs per item, treatment history per item: (use back if necessary)
<b>Incarceration history:</b>	1st convicted: _____	List type of conviction, # yrs per conviction, actual time served per conviction: (use back if necessary)
<b>CPS history:</b>	1st case: _____	List all CPS cases filed on you, charges of the filing, resolution of case per filing: (use back if necessary)
<b>Mental status history:</b>	1st diagnosed: _____	List family mental status history, institution time in yrs, treatment history per diagnosis, medications: (use back if necessary)
<b>Learning barrier(s) history:</b>	1st diagnosed: _____	List family learning barrier history, special training received, highest level of education completed: (use back if necessary)
<b>Visual corrective history:</b>	1st diagnosed: _____	List last eye exam, current age of last glasses and/or contacts, knowledge of any special visual circumstances/diseases: (use back if necessary)

I understand that by taking this course my name and personal information as an individual is protected. I do allow Visual Compassion to collect, compile and report any successes, failures and information correlations regarding addictive treatment, incarceration, CPS history, learning barriers, mental stability and visual status. I also agree to have an eye exam by Visual Compassion after acceptance to the curriculum. I waive all rights to this collected data other than identity protection.

SIGNED _____	DATE _____
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