



## Deep Roots Application

*feel free to use separate papers for full answers*

Date: \_\_\_\_\_

Name: First: \_\_\_\_\_

Middle/Nickname: \_\_\_\_\_ Last: \_\_\_\_\_

Email address: \_\_\_\_\_

Pronoun preference: \_\_\_\_\_

Tell us your story and current situation:

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Are you or have you used substances to self-medicate? What is your relationship with them now?:

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What have you done in the past to change what is not working in your life:

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What do you have in place currently to support you in the change you want?

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What do you see as your biggest problem currently?

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What skills would you like to learn?

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What is the outcome you would like to see for your life in the next year?

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What questions do you have about the Deep Roots program?

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This is a year long program with stand alone 3-month segments. Would you be committed for 3 months

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On a scale of 1 to 10, 1 being least stable, how are your basic needs?

- housing \_\_\_\_\_
- finances \_\_\_\_\_
- community \_\_\_\_\_
- support \_\_\_\_\_
- safety \_\_\_\_\_

There is a limited spaces for each segment.

Due date for the next 3-month segment is October 20, 2022

Send completed forms to: [deeprootsodyssey@gmail.com](mailto:deeprootsodyssey@gmail.com)