

The Turning Point of SC

24 Bruce Road
Greenville, SC 29605
864-299-0090 fax 864-299-5248
www.turningpointofsc.org



Application for Turning Point Program

Name _____ Age _____ DOB _____

Social Security # _____

Do you have a Social Security Card: Yes or No _____

Do you have a valid ID: Yes or No _____

Phone # _____

Email _____

Can you work at least 40 hrs per week:

Yes or No _____

Are you receiving Disability, Social Security Benefits or any other type of compensation:

Yes or No _____, if so explain: _____

Probation or Parole: Yes or No _____

Criminal Convictions, if so explain:

Have you ever been to The Turning Point:

Yes or No _____ When _____

Are you presently in a Detox, Treatment Center, or Recovery House:

Yes or No _____ if so explain _____