## Beginning Experience of Oregon Registration form for the "Coping with Life Alone" Program

Name (please	: print)				
□ Male	☐ Female	Date of Birth	Month	/	Year
Address			Nonth		
Email					
			and ages of children i		
Present status	s:				
□ Widowed -	- How long _		☐ Divorced - How	long	
☐ Separated -	- How long				
If sepa	arated, have y	ou filed for divorce?	? □ Yes □ No		
If not,	, do you plan t	to file?	□ Yes □ No		
Do yo	ou feel there is	a chance for reconc	ciliation?	□ No	
Religious affi	iliation				
Church/parish	hurch/parish Pastor				
Are you prese	ently in couns	eling?	$\square$ No		
If so, does yo	ur counselor l	know you are attend	ing this program?	□ Yes □ No	)
How did you	hear about thi	is Beginning Experie	ence® program, Cop	oing with Life Alc	one?
The cost of the	his program:	TBD			
Make check	payable to:	c/o P	g Experience of Ore Karen Melvin O Box 8564	gon"	
		Citrus H	Heights, CA 95621		
LOCAL TE	EAM USE				
Program loca	ation			Start/end date	s
Doid in full	J Vog □ No	☐ Arrangements mad	1 2 11		