The Way : Truth Discipleship Ministry
Program Application
PO Box 386 Senatobia, MS 38668
662-710-6074
kellslucius@thewaytdm.org

Thank you for your interest in The Way : Truth Discipleship Ministry. Our program is based on the saving grace of Jesus Christ and designed to help men with addictions, struggles, and strongholds that may be controlling their lives and hindering their healing.

Please complete the application and all forms in their entirety and return by email or mail to:

The Way Truth Discipleship Ministry
Attn. Kells Lucius
PO Box 386
Senatobia, MS 38668
kellslucius@thewaytdm.org

The Way is a voluntary program that ministers to men and helps lead them to find healing through Jesus centered studies and lifestyle changes. Due to this, along with the application, we will conduct a face-to-face interview to be sure of your understanding of our program and to help you decide if it is the right choice for you. The admission process may take two days or up to two weeks. We take into consideration mental health, current and past legal matters, medical conditions, and the level of care you may require. Please ensure your contact information stays up to date so that we are able to get in touch with you during this process. If you relocate or have a change, please contact the number above as soon as possible.

- Applicants need to have some form of identification at the interview.
- Applicants will be required to submit to an on-site drug screening upon admittance to The Way

Basic Information:

First Name: _____ Middle Name _____

Last Name: _____ AKA: _____

DOB: _____/_____/_____ Age: _____ Marital Status: _____

US Citizen: _____ SSN: ___-___-___ Height: _____ Weight: _____ Race: _____

Current Information:

Address: _____ (street)

_____ (city, state zip)

Phone: _____ Type: _____

Alternate Contact (phone): _____

Legal Resident of _____ (county) _____(state)

Emergency Contact

Primary Contact Name: _____

Relationship to You: _____ Phone: _____

Address: _____ (street)

_____ (city, state zip)

Alternate Phone: _____ Email: _____

Secondary Contact Name: _____

Relationship to You: _____ Phone: _____

Address: _____ (street)

_____ (city, state zip)

Alternate Phone: _____ Email: _____

Answer the following with Yes or No (or necessary answer):

1. Do you have any relatives currently at The Way Truth Discipleship Ministry, or previous graduate? _____

   If yes, who and when?

   _____

2. What is the highest level of school completed? _____
3. Do you have a high school diploma? _____
4. Do you have a GED? _____
5. Do you use tobacco? _____
6. Have you been in any previous facility for treatment? _____

Prior Treatment Facility (if more than one, give the most recent):

Name: _____ Did you complete the program? _____

Location: _____

Dates of Treatment: _____

Reason for Treatment: _____

Medical Information:

Name of Primary Doctor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Are you currently being treated by a medical doctor: _____

If yes, who and what for? _____

Medical History: Check all that apply to current or past conditions.

☐ Asthma	☐ Allergies	☐ HIV/AIDS
☐ Alcohol Abuse	☐ Drug Abuse	☐ Respiratory Problems
☐ Migraines	☐ Head Trauma/TBI	☐ Seizures
☐ Diabetes ☐ Type 1 ☐ Type 2	☐ Heart Condition	☐ STI/STD
☐ Respiratory Problems	☐ Hepatitis	☐ Tuberculosis
☐ Mental Illness	☐ High Blood Pressure	☐ Other: _____

Are you being treated with prescribed narcotics? _____. If yes, what medications and dosage? _____

Are you allergic to any medications? _____. If yes, list them.

_____

Have you ever been treated for a mental disorder? _____. If yes, when?

_____

Have you ever been treated by a psychiatrist or psychologist? _____. If yes, who and when was the last visit? _____

Mental Health History: Check all that apply to current or past conditions.

☐ ADD/ADHD	☐ Depression	☐ Personality Disorder
☐ Anger Problems	☐ Hallucinations	☐ Physical Abuse
☐ Anorexia	☐ Hearing Voices	☐ PTSD
☐ Anxiety Disorder	☐ Homicidal Tendencies	☐ Schizophrenia
☐ Bipolar Disorder	☐ Insomnia	☐ Suicide Attempts
☐ Brain Injury	☐ Multiple Personalities	☐ Suicidal Thoughts
☐ Bulimia	☐ Paranoia	☐ Other: _____

List all current PRESCRIBED medications you are taking:

_____

List all current NON prescribed, and NON mental health medications:

_____

Do you have any type of disability? _____ If yes, type: _____

Do you have any medical restrictions? _____ If yes, describe: _____

Have you thought about or attempted suicide in the last 3 months? _____

Do you currently have medical insurance? _____

Insurance Provider _____

Member ID Number _____

City _____ State _____

Zip _____ Phone _____

Prohibited Medications List

These medications, or the generic forms of these medications, are not allowed at The Way Truth Discipleship Ministry:

Antipsychotics:
Abilify, Geodon, Mellaril, Seroquel, Clozaril, Haldol, Risperdal, Zyprexa, Thorazine, Remeron

Pain Medications:
Lortab, Hydrocodone, Oxycontin, Percocet, Codeine, Darvocet, Lyrica, Methadone, Suboxone, Subutex, Naltrexone, Dilaudid, Ultram, Tramadol

Mood Stabilizers:
Depakote, Lithium, Topamax, Lamictal, Tegretol, Trileptal
(These medications are only allowed if prescribed for documented seizure disorders and must be accompanied by a letter from your treating physician).

Muscle Relaxers:
Flexeril, Soma

Antidepressants:
Remeron, Elavil, Seroquel, Sarotex, Seroten, Tryptanol, Tryptizol, Amitriptyline

Antianxiety Medications:
Valium, Xanax, Klonopin, Ativan, Gabapentin

Sleep Aids:
Ambien, Halcion, Lunestra, Restoril, Sonata

ADD/ADHD Medications:
Adderall, Concerta, Focalin, Provigil, Ritalin

Sign and Date here that you have reviewed this list:

_____

Employment and Legal Information (please answer all questions with **yes** or **no**, and expand when yes)

Are you currently employed? _____ If yes, where and monthly income? _____

Are you currently on probation? _____ State/County _____

Are you currently on parole? _____ State/County _____

Do you have pending court dates? _____ Date/State/County _____

Are you under any investigations? _____ State/County _____

Do you have outstanding warrants? _____ State/County _____

Have you been convicted of a violent crime? _____ If yes, list conviction, date, and state:

_____

Have you been convicted of a sex related crime? _____ If yes, list conviction, date, and state:

_____

Are you currently facing charges of a violent or a sex crime? _____ If yes, please give details:

_____

If you have an attorney, please complete the information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

By my signature below, I certify that I have answered all questions and statements honestly and truthfully to the best of my knowledge. I understand that should an investigation or background check disclose any dishonest or misleading answers, I may be discharged from The Way Truth Discipleship Ministry. I also understand that The Way is a Christ-centered ministry and I have voluntarily chosen to enroll.

_____ _____

Applicant Signature Date