



**We are a long term, faith-based program. We do require a \$250.00 Intake fee which is non-refundable. If you are serious in your desire to get help, please call us regularly to see if we have an opening available for you. Your contact with us will keep your application valid. If we do not hear from you, we will only keep your application for 60 days, after that you will have to reapply.**

\*\*\*\*\*

**Personal Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Valid? \_\_\_\_\_

**Education:**

Highest Grade Completed: \_\_\_\_\_ Graduated /GED: Yes \_\_\_\_\_ No: \_\_\_\_\_

**Contact Person:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Marital Status:

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_ Widowed: \_\_\_\_\_

Number of times married: \_\_\_\_\_ Years married each time: \_\_\_\_\_

Does your husband support your decision to get help? \_\_\_\_\_

Husband's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parents:**

Names of Living Parents: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_ Mother's Phone Number: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

**Name of Deceased Parents:**

\_\_\_\_\_ How did they

Die: \_\_\_\_\_ When did

they die: \_\_\_\_\_

Is there a history of drug abuse in your family? If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\_ Siblings:**

Name and ages of siblings including yourself in the order of birth: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Hobbies & Interest:** \_\_\_\_\_

**Medical:**

Please request any and all medical/ psychological information from previous health provider, physician, and counselors and submit upon arrival.

Physical: \_\_\_\_\_ Psych Evaluation: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

\_\_\_\_\_

Primary Health Insurance Carrier Name and Number: \_\_\_\_\_

Physicians Name and Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ List of Allergies: \_\_\_\_\_

Current Medical Problems- Please be complete and specific: \_\_\_\_\_

\_\_\_\_\_

Please list all past surgeries and hospitalizations: \_\_\_\_\_

\_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_

\_\_\_\_\_

List any physical limitations you may have as indicated by a doctor: \_\_\_\_\_

Have you ever been to counseling / psychiatrist? Yes: \_\_\_\_\_ No: \_\_\_\_\_ How Long: \_\_\_\_\_

Have you ever been the victim of physical abuse? Yes: \_\_\_\_\_ No: \_\_\_\_\_ How Long: \_\_\_\_\_

Have you ever been the victim of sexual abuse? Yes: \_\_\_\_\_ No: \_\_\_\_\_ How Long: \_\_\_\_\_

Have you ever self-mutilated? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, How and how recent? \_\_\_\_\_

Do you have or Have you ever contracted a sexually transmitted disease? Yes \_\_\_\_\_ No: \_\_\_\_\_

Sexual Preference: Heterosexual \_\_\_\_\_ Homosexual \_\_\_\_\_ Bisexual \_\_\_\_\_

Have you ever been involved in prostitution? \_\_\_\_\_

Have you ever been involved in a homosexual relationship? \_\_\_\_\_

**Diet:**

Are you on a special diet? Explain: \_\_\_\_\_

Do you have food allergies? \_\_\_\_\_

Have you ever been diagnosed with an eating disorder? Please Explain: \_\_\_\_\_

\_\_\_\_\_

**Legal Information:**

Probation Officer Attorney:

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_ List all arrest and

results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List pending court cases, dates and allegations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ L

List any outstanding warrants of your arrest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Substance Abuse:**

List All Alcohol & Drugs You Use or Have Used:

Drug: \_\_\_\_\_ How Often: \_\_\_\_\_ How Much: \_\_\_\_\_ Last Used: \_\_\_\_\_

Drug: \_\_\_\_\_ How Often: \_\_\_\_\_ How Much: \_\_\_\_\_ Last Used: \_\_\_\_\_

Drug: \_\_\_\_\_ How Often: \_\_\_\_\_ How Much: \_\_\_\_\_ Last Used: \_\_\_\_\_

Drug: \_\_\_\_\_ How Often: \_\_\_\_\_ How Much: \_\_\_\_\_ Last Used: \_\_\_\_\_

Drug: \_\_\_\_\_ How Often: \_\_\_\_\_ How Much: \_\_\_\_\_ Last Used: \_\_\_\_\_

Drug: \_\_\_\_\_ How Often: \_\_\_\_\_ How Much: \_\_\_\_\_ Last Used: \_\_\_\_\_

When was the last time you used drugs? \_\_\_\_\_ Alcohol? \_\_\_\_\_

How old were you when you first started using drugs? \_\_\_\_\_ Alcohol? \_\_\_\_\_ Do

you use tobacco/ smoke cigarettes? \_\_\_\_\_ When did you use last? \_\_\_\_\_

Have you ever been in a Drug or Alcohol Detox program before? \_\_\_\_\_  
Please list the facilities: \_\_\_\_\_

Was it a religious program? \_\_\_\_\_

Explain how it helped or hindered your recovery? \_\_\_\_\_  
\_\_\_\_\_

How involved were your family in your recovery? \_\_\_\_\_  
\_\_\_\_\_

How willing are they to be involved in it now? \_\_\_\_\_

Spiritual:

What life controlling issues do you see in your life that you need or want to resolve? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel you have a need for God? \_\_\_\_\_

Have you ever committed your life to God? \_\_\_\_\_

What is your present relationship with God like? \_\_\_\_\_  
\_\_\_\_\_

Do you read the Bible? \_\_\_\_\_ Are you open to biblical solutions to our problems? \_\_\_\_\_

Are you a member of any church of religion? \_\_\_\_\_ Type of Religion: \_\_\_\_\_ Denomination: \_\_\_\_\_

Financial:

Explain current financial obligations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain why we should take you into our recovery program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you ready for your life to be changed? \_\_\_\_\_

How willing are you to do whatever it takes to make the change? \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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