

RECOVERY THROUGH CHRIST MINISTRIES
Application for Residency – Men’s Recovery Home

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BIRTHDATE ____ / ____ / ____

PLACE OF BIRTH _____ STATE _____

PHONE NUMBER _____ - _____ - _____

LEGAL INFORMATION

Have you ever been arrested for, or accused of any sex or arson crimes? YES ____ NO ____

If yes, explain in full

Are you on any state supervision? Circle – Probation, Parole

Do you have any pending legal cases? YES ____ NO ____

If yes, explain

List ALL crimes for which you have been arrested

CRIME	STATUS
_____	_____
_____	_____
_____	_____

If more space is needed attach Rap Sheet

If incarcerated, when is your projected release date? _____

When is your maximum? _____

Do you have ANY 'No Contact' orders from the court or DOC? YES _____ NO _____

Name(s) of person(s) _____

How much total time have you spent in prison? _____

What programs will you be required (or likely to be required) to participate in as a condition of your release? _____

MEDICAL/HEALTH HISTORY

Have you been to Rehabilitation Center before? YES _____ NO _____

Location	Date (month/year)
_____	_____
_____	_____
_____	_____

Do you have any physical problems? YES _____ NO _____ List and describe below

Have you been treated, or are you being treated for mental illness or emotional problem?

YES _____ NO _____ If yes, please explain:

List any medications that you are currently taking.

Name of medication

Reason

Are you taking medication for opiate dependency? YES _____ NO _____

If so, what type? _____

MILITARY HISTORY

Military Service? YES _____ NO _____ What Branch? _____

Discharge Date _____

EDUCATION

High School – Highest grade completed _____ G.E.D. _____

College – Number of Years _____ Did you graduate? YES _____ NO _____

Additional Information: _____

JOB HISTORY

List any special job and/or vocational training that you have received.

Where were you last employed?

Employer: _____ Date: _____

What did you do there?

List any work skills and abilities that you have.

List your job preferences below

Is there a job you would like to do if you could receive the education/training required?

FAMILY BACKGROUND

Marital Status: Single ____ Married ____ Separated ____ Divorced ____ Widowed ____

Date of Marriage _____ Date of Divorce or Separation _____

Spouse's Name _____

Address _____

Phone _____

Reason for Divorce or Separation _____

List all relationships that you have at present (girlfriends, fiancé, etc.)

Name	Age
_____	_____
_____	_____

Mother's Name _____

Address _____

Phone _____

Father's Name _____

Address _____

Phone _____

ALCOHOL AND DRUG HISTORY

Age that you first drank _____ Age that you first used drugs _____

What was the drug? _____

Is there a history of alcoholism or drug abuse in your family? YES _____ NO _____ List

all illegal drugs you have used and the approximate age that you used.

DRUG NAME	AGE WHEN USED
_____	_____
_____	_____
_____	_____
_____	_____

When did you last use alcohol? _____

When did you last use drugs and what? _____

List the problems caused by your alcohol and/or drug abuse.

Legal

Medical/Psychiatric

Work/School

Friends

Family

How long have you had a problem with drugs and/or alcohol? _____

Have you sought professional help before? YES _____ NO _____

Have you ever attended AA or NA meetings? YES _____ NO _____

Have you attempted to quit drinking, or stop using in the past? YES _____ NO _____

Have you had success staying clean/sober? YES _____ NO _____ If yes, how long? _____

RELIGIOUS BACKGROUND

Denomination: _____

Church Attendance per month (circle) 0 1 2 3 4+

Did your family go to church when you were young? YES ___ NO ___

Do you believe in God? YES _____ NO _____ Don't Know _____

Do you pray to God? YES _____ NO _____ OFTEN _____ OCCASIONALLY _____

SELF EVALUATION

Please answer the following questions to the best of your ability.

What is your problem?

What have you done about it?

In what ways do you believe we can help you?

As you see yourself, what kind of person are you? Describe yourself:

REFERENCE LIST

Pastor/Chaplain

Address _____ Phone _____

Caseworker's name

Where office is located _____ Phone _____

Lawyer's name

Town where office is located _____ Phone _____

Employer _____

Address _____ Phone: _____

By signing below, I give my permission for Recovery Through Christ Ministries to speak with my caseworkers/probation and parole officers and references listed in this application. I also acknowledge I have read and understand the Recovery Through Christ Handbook.

SIGNATURE: _____ DATE: _____

You may mail your application to:

Recovery Through Christ Ministries

Box 271

Duffield, VA 24277

(276) 861-4124 or

Email: recoverytcm2@gmail.com

Agreement for Residency at Recovery Through Christ Home

I, _____, agree to commit myself to the care of Recovery Through Christ Ministries. I agree to participate fully in my program plan.

I also agree to participate in house meetings and to take an active role in developing my program plan for transition to the community. Additionally, I will comply fully with all conditions of probation, and parole, and understand that any violation of these conditions will be grounds for dismissal from my residency at Recovery Through Christ Ministries.

I understand that my residency at the Recovery Through Christ Center is entirely voluntary, and that I may leave at any time. I also agree to give notice of my intention to leave, and will arrange for a departure meeting with staff and, when appropriate, DOC personnel so that they understand your reasons for leaving.

I understand that my involvement and cooperation in all aspects of the program is of the utmost importance. I understand that my failure to be fully involved may result in dismissal from Recovery Through Christ Ministries.

I agree to work diligently toward maintaining a wholesome environment at Recovery Through Christ Ministries. I agree to be willing to work out differences and conflicts with staff and other residents in a healthy and productive manner, being ready to ask for and extend forgiveness when it is called for.

I understand that I will be responsible for paying Room & Board when I begin to receive an income. Room & Board will be based on 20% of all Gross Pay.

I also agree that I will not hold Recovery Through Christ Ministries, or its staff or volunteers, responsible for any personal property loss; nor will I hold Recovery Through Christ Ministries, its staff, or volunteers liable for personal injury or other losses related to theft, fire, vandalism, or natural disaster.

My signature below indicates that I have received a copy of the Resident Handbook, and understand its content. I am familiar with the **House Rules** section. My signature also indicates that any questions that I had have been answered satisfactorily.

Signed: _____ Date: _____