

Transformation Living Center  
256942 E. County Rd. 49 Fairview, OK 73737  
580-227-5008 [www.FairviewTLC.net](http://www.FairviewTLC.net)

Dear Applicant (prospective resident),

Enclosed is the information you requested regarding the Transformation Living Center discipleship ministry. We hope this information is helpful in making a decision regarding TLC.

- \* You are 100% committed to lifestyle change and walking away from addictions of all types in your life (Improper drug use, alcohol, pornography, codependence,.....)
- \* You are willing to invest your own time and earnings to pay for that process.
- \* You are willing to submit to the leadership and guidance of the TLC program without hesitation during your stay at TLC.

The following steps must be completed before admission into the TLC program. Please take the necessary time to carefully read over all the material, completely fill out the application, and sign all forms.

- 1) Return the completed application and forms with all required signatures to TLC.
- 2) After the application is reviewed you will be contacted concerning intake.

(If you are currently incarcerated and have restricted access to phone privileges, please have a family member or your lawyer serve as a contact person on your behalf).

- 3) All applicants using any prescribed psychiatric medication(s) must undergo a consultation before their admission application can be approved.

4) A **non-refundable \$500 admission fee will be required upon arrival.** Monthly payments of \$375 are required to help offset the cost of the program although the program expense is much more than that. The actual cost of the program is around \$2000 a month per resident. In some cases residents may be allowed to find jobs outside the program and in such cases residents are expected to reimburse TLC for program costs from this job income. Residents will be expected to plan their payroll deductions to cover expected income taxes themselves and will be expected to pay the remainder of their income to TLC to reimburse program expenses on their behalf. Residents will be allowed \$50 -\$100 a month from their income for personal expenses while in the program. The exception to this financial commitment would be all Graduating Residents will always receive a \$1500 exit bonus in order to assist in returning to public life.

- 5) You must provide record of current blood work prior to acceptance. This will include screening for HIV, TB, STD, Hepatitis, immunization records and proof of current tetanus shot.

If have any questions or need further information, feel free to contact us at (580)227-5008. Thank you for your time and consideration. May God bless you!

Sincerely,  
Pastor Ricky Chance  
Executive Director

Resident Signature: \_\_\_\_\_

Resident name (Print): \_\_\_\_\_

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

**STUDENT APPLICATION**

**Personal Data & Information**

Full Name: \_\_\_\_\_

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

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

Phone: ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License: \_\_\_ Valid \_\_\_ Expired \_\_\_ Suspended \_\_\_ Never applied for one

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

Birth Place: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_

Date Available for Program Entry: \_\_\_\_\_

Emergency Contact Information \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Marital History/Family Background**

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Common Law \_\_\_ Separated \_\_\_ Divorced

\_\_\_ Widowed \_\_\_ Remarried

Current Wife's Name: \_\_\_\_\_ Age \_\_\_\_\_

Please list previous marriage(s), starting with the most recent:

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

(Name of person married to) (Month/Year) (Reason marriage ended: (Month/Year) Number of children)

**List children and their age:**

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

Name of girlfriend or finance: \_\_\_\_\_

Age: \_\_\_\_\_

Have you ever engaged in homosexual activity? \_\_\_ If yes, to what extent:

\_\_\_\_\_

Are you required to register as a sex offender? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age \_\_\_\_\_

**Education**

Do you have a high school diploma or GED? \_\_\_\_\_ Do you wish to continue your education? \_\_\_\_\_

Please list any college, university, trade or technical school you have attended and the years attended;

\_\_\_\_\_

\_\_\_\_\_

Briefly describe your educational or vocational goals: \_\_\_\_\_

\_\_\_\_\_

Have you ever been diagnosed with a learning disability? \_\_\_\_\_

If yes, briefly describe: \_\_\_\_\_

\_\_\_\_\_

**Medical History**

Have you been under a physician's care for any reason in the past year? \_\_\_\_\_

If yes, briefly describe: \_\_\_\_\_

\_\_\_\_\_

List any communicable disease(s) with which you have been diagnosed?

\_\_\_\_\_

When was your last physical examination?

\_\_\_\_\_

Do you take medication or need medical attention regularly? \_\_\_\_\_ List all medications, dosages, and purpose below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all medications you are allergic to:

\_\_\_\_\_

\_\_\_\_\_

Please list any other allergies:

\_\_\_\_\_

\_\_\_\_\_

Do you have any activity restrictions due to a medical condition? \_\_\_\_\_ briefly describe your medical condition: \_\_\_\_\_

\_\_\_\_\_

Do you have any special diet requirements? \_\_\_\_\_ If yes, please explain

\_\_\_\_\_

Explain any current problems with your teeth: \_\_\_\_\_

If you have health/dental insurance, please give the name of the provider, their address, phone number, and policy number:

\_\_\_\_\_

\_\_\_\_\_

Have you ever received treatment/counseling for emotional, mental or psychological conditions?

\_\_\_\_\_ If yes, list details below:

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(Date) (Counselor/Physician) (Reason)

Have you ever thought about committing suicide? \_\_\_\_\_ Are you currently thinking about committing suicide? \_\_\_\_\_

### Drug History

List how often you used the following drugs (never, once, several times or regularly):

Alcohol \_\_\_\_\_

Marijuana/Pot \_\_\_\_\_

Cocaine \_\_\_\_\_

Crack \_\_\_\_\_

Amphetamines (uppers) \_\_\_\_\_

Barbiturates (downers) \_\_\_\_\_

Hallucinogenic (LSD,acid) \_\_\_\_\_

Inhalants (glue, gas,etc.) \_\_\_\_\_

Methadone \_\_\_\_\_

Heroin \_\_\_\_\_

THC \_\_\_\_\_

Morphine \_\_\_\_\_

Crystal Meth \_\_\_\_\_

PCP (angel dust) \_\_\_\_\_

Speed \_\_\_\_\_

Others: (Specify) \_\_\_\_\_

What was the first drug you used? \_\_\_\_\_

Beginning at what age? \_\_\_\_\_

What was the main drug you used? \_\_\_\_\_

How long? \_\_\_\_\_

How much was spent on drugs each day? \_\_\_\_\_

What drugs have you injected? \_\_\_\_\_

Do you use tobacco? \_\_\_\_\_ What form \_\_\_\_\_

**Religious Background**

Do you believe in God? \_\_\_\_\_ Do you believe in the Bible as the Word of God? \_\_\_\_\_  
Do you pray? \_\_\_\_\_  
Have you ever had a conversion experience with Jesus Christ? (Born again, accepted Jesus, etc.) \_\_\_\_\_  
If yes, briefly describe your experience of salvation including date and place:

\_\_\_\_\_

What is your current spiritual condition? \_\_\_\_\_  
List denominational preference: \_\_\_\_\_  
Have you ever been involved with the occult? \_\_\_\_\_  
If yes, briefly describe your involvement:

\_\_\_\_\_

**Transformation Living Center Background**

Have you ever been in TLC or a like program before? \_\_\_\_\_ If yes, please give the following details:

\_\_\_\_\_

(Location) (Date) (Reason for leaving)

Do you understand the purpose of the program? \_\_\_\_\_  
Do you have responsibilities that would hinder your being in the program for 12 months? \_\_\_\_\_  
If yes, briefly describe:

\_\_\_\_\_

\_\_\_\_\_

**Legal Record**

Do you have any cases pending? \_\_\_\_\_ When? \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_

Name of Attorney: \_\_\_\_\_  
Attorney's phone number: \_\_\_\_\_  
Attorney's Address: \_\_\_\_\_

(Street) (City) (State) (Zip)

Do you have any outstanding warrants? \_\_\_\_\_ Reason: \_\_\_\_\_

Are you currently on parole or probation? \_\_\_\_\_ How long? \_\_\_\_\_

Name of Probation/Parole Officer: \_\_\_\_\_  
P.O.'s Phone Number: \_\_\_\_\_ P.O.'s Address: \_\_\_\_\_

(Street) (City) (State) (Zip)

List below all arrests and institutions to which you were committed or admitted.

Name and Location of Institution	Date	Reason for Confinement	Probation	Length of Confinement	Record During Confinement

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name \_\_\_\_\_

**Party Responsible For Monthly Fees (\$375)** (Monthly invoice may be sent here)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

PLEASE MAIL OR E-mail completed application to [ricky4christ@live.com](mailto:ricky4christ@live.com)  
 Transformation Living Center  
 256942 E. County Rd. 49 Fairview, OK 73737

### Contact List

These will be the people you will be allowed to contact or be contacted by either by phone or mail while you are in the program for 13 months. You will be limited to 5 approved friends or family.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

5. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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580-227-5008

Suggested Items to bring for Intake:

- |  |                               |
|--|-------------------------------|
| 1 - Heavy coat or jacket   | Notebook Paper, Pen, Pencil   |
| 1 - Pair of Coveralls  | Stationary, envelopes, Stamps |
| 2 - Sweaters or sweatshirts  |                               |
| 2 - Sets of dress clothes (2 dress pants, 2 dress shirts with collars) |                               |
| 1 - Pair of dress shoes  | Bible (NIV Version)           |
| 2 - Pair of jeans shorts (no cutoffs)                                  | Phone Card                    |
| 4 - Pair of work pants or jeans  | 3 - Bath Towels               |
| 4 - Work shirts  | 3 - Wash Cloths               |
| 2 - Pair of sweat pants  | 3 - Polo/Golf Shirts          |
| 1 - Pair work shoes or boots   | 1 - Dress, 1-work belt        |
| 1 - Pair of work gloves  |                               |
| 7 - Pairs of underwear, socks  |                               |
| 2 - Pairs of pajamas   |                               |

Shampoo, Soap, Deodorant, Toothpaste, Toothbrush, Shaving Cream, Disposable Razors, Brush/Comb.

**ABSOLUTELY NO: Clothing or items that contain secular messages, photos, or music that promote alcohol, cigarettes, etc.**

**Due to limited space students should not bring more than 1 bag/suitcase and 1 carry-on bag – each weighing no more than 50lbs.**

**TRANSFORMATION LIVING CENTER, INC.**  
**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

In consideration of permission to participate in the programs and services offered by Transformation Living Center, Inc. Fairview, Oklahoma, the undersigned \_\_\_\_\_ does hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Transformation Living Center, Inc., its agents, employees, officers, hereinafter referred to as The Center, from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury that may be sustained by me, or to any property belonging to me, while participating in such programs or receiving such services, whether provided on premises owned by The Center or elsewhere, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF The Center or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

I further agree to indemnify and hold harmless The Center from any loss or liability, damage or court costs and attorney's fees that The Center may incur due to my participation in said programs and services whether caused by The Center's negligence or otherwise to the fullest extent allowed by law.

It is my express intent that this waiver and hold harmless agreement is binding on my spouse, and family members if I am alive and any successors in interest if I die.

This agreement shall be construed by the laws of the State of Oklahoma and the venue of any action relating to this agreement shall be in the District Court of Major County, Oklahoma.

Any portion of this agreement deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

In signing this agreement I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no representations, statements or inducements, other than this agreement, have been made; I am at least 18 years of age and fully competent, as I execute this agreement for full and complete consideration; fully intending to be bound therein.

In WITNESS WHEREOF I have signed this Agreement this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

In the event resident is removed from program or leaves program and has no permanent location with family other place to reside they will be transported to a shelter or bus station in OKC.





**BACKGROUND CHECK DISCLOSURE AND RELEASE AUTHORIZATION FORM FOR EMPLOYMENT PURPOSES**

**Background Screening Disclosure**

\_\_\_\_\_ (the "Company") may request a comprehensive review of your background information from a consumer reporting agency in connection with your employment application and for employment purposes, including promotion, reassignment, or retention as an employee. Your background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment. Corra, 201 Continental Boulevard, Suite 107, El Segundo, CA 90245, 1-310-524-9800, and its designated agents and representatives or another consumer reporting agency will prepare or assemble the reports. The scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: consumer credit, names and dates of previous/current employment, worker's compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, civil cases, OIG/GSA, OFAC/patriot act, any sanction lists, finger printing and drug testing. These reports may include information as to your general reputation, character, personal characteristics, mode of living, work habits, job performance and experience along with reasons for termination of past employment from previous employers. You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

**Authorization and Release**

I, \_\_\_\_\_ authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, institution, school or university, law enforcement or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at the Company. I certify that all information provided below is true and accurate to the best of my knowledge. This authorization and consent shall be valid in original, facsimile ("fax"), or copy form. I understand that Corra's privacy practices can be found at <http://www.corragroup.com/privacy-policy.html>.

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

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. PLEASE PRINT LEGIBLY:

\_\_\_\_\_ Print Full Name (First Middle Last) \_\_\_\_\_ Maiden/AKA/Previous Name(s)

\_\_\_\_\_ Social Security Number (SSN)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Birth (MM/DD/YYYY) (This will not affect hiring decision)

\_\_\_\_\_ Driver's License Number \_\_\_\_\_ State of issue

\_\_\_\_\_ Current Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP/Postal Code

(\_\_\_\_\_) \_\_\_\_\_ Phone Number