

TLC Student Application Form (Jan 2023)

Transformation Living Center
256942 E. County Rd. 49 Fairview, OK 73737
580-227-5008
Website - www.FairviewTLC.net
E-mail – TLC102111@gmail.com

Dear Applicant (prospective student),

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,.....) ***We are a tobacco and vape free facility.***

* 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.** This is a 13month program and the time of stay is critical to recovery.

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 by TLC staff you will be contacted concerning intake.

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

3) All applicants using any prescribed psychiatric medications will not accepted or will need to make arrangements not to use these medications during their stay. TLC is not equipped to manage psychiatric medication.

4) A ***non-refundable \$375 admission fee will be required upon arrival.*** Monthly payments of \$375 are required to help offset the costs. Remaining program expense is program income and from donors. Actual program cost is \$2,100 a month.

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,
TLC Staff & Board

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: _____

What is your motivation for entering this program? _____

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:

(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

(Be as specific as possible. Use extra paper if necessary.)

DOC Number: _____

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. (Use back of page if needed)

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 _____

(Above portion must be completed with valid address & phone)

PLEASE MAIL OR E-mail completed application to tlc102111@gmail.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. (Limit 5) We may also have some leeway in discussion your rehabilitation with these individuals.

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 _____

Transformation Living Center, 256942 E. County Rd. 49, PO Box 88, Fairview, OK 73737 580-227-5008

Suggested Items to bring for Intake:

1- Heavy coat or jacket	Sweat pants	Work & dress belt
1 – Pair of Coveralls	6 – T shirts	3-Collared Polo/T-shirts
2 – Sweaters or sweatshirts	1 – Pair work shoes or boots	Khaki or jean shorts (No cutoffs)
2-Dress pants	Work gloves	Bible
2 – Button up shirt w/collar	7 – Underwear & socks	Pillow
1 – Pair dress shoes	Pajamas	3 – Bath towels/wash cloths
4 – Work pants (no holes)	Houseshoes & shower shoes	Notebook/pens/pencil
4 – Work shirts	Athletic shoes	Toiletries

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



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