



New Creation, Inc. Admission Application

PLEASE READ BEFORE PROCEEDING WITH THIS APPLICATION

Beds are offered on a first-come, first-serve basis. If you are not ready to move in, please wait until at least two days prior to your move in date to complete this application. **WE CANNOT HOLD BEDS. If you have an outstanding balance with New Creation, Inc. your balance must be paid in full before being approved for re-entry.**

If you are an agency wishing to provide a grant payment on behalf of a client until they are released from your entity/program, prepayment is required to reserve a bed. Your prepayment will be applied to the client's program fees starting from the reservation date (not the move in date).

Disqualifiers: The following applicants are **NOT** qualified to enter into our program at this time:

- (a) homeless applicants that DO NOT have a substance use addiction
- (b) offenders who have a no-contact with minors
- (c) registered sex offenders
- (d) registered violent offenders
- (e) offenders having a record of violent charges
- (f) offenders having a record of charges involving minors

Under special circumstances, we choose the right to make an exception to the list above, providing the safety of our staff, residents and children on property are not at risk of harm. If you are an officer, please contact our office directly at (913) 437-6157 or email admissions@newcreationinc.org for further discussion and review of your client's application.

Section 1: Basic Information

1. Application Date: ____/____/____
2. I am seeking residency for: ____ Myself ONLY ____ Myself and My Children
3. What date are you available to move in, if approved for residency? ____/____/____
4. Applicant's First and Last Name: _____
5. Applicant's Date of Birth: ____/____/____
6. Applicant's Email Address: _____
7. Applicant's Phone Number (____) _____ - _____
8. Address or Place of Residency? _____
9. How did you hear about New Creation, Inc.? _____
10. Have you lived at New Creation, Inc. before? ____ YES ____ NO
11. Were you exited from New Creation, Inc. or did you leave by choice? _____
12. Do you owe money to New Creation, Inc.? ____ YES ____ NO

Section 2: Substance Use

13. Do you have a drug/alcohol addiction? ____ YES ____ NO

14. Please list your drug(s) of choice:

_____	Date of Last Use: ____/____/____
_____	Date of Last Use: ____/____/____
_____	Date of Last Use: ____/____/____
_____	Date of Last Use: ____/____/____
_____	Date of Last Use: ____/____/____

Section 3: Criminal Background

15. Are you on supervision of any kind? (Example: Probation, Parole, House Arrest, etc.) _____ YES _____ NO

If yes, please provide the following information:

Name of Supervision Officer: _____

Name of Agency Supervising: _____

Supervisor/Agency Phone Number: (_____) _____ - _____

16. Please list the program(s) you are currently participating in. (For Example: Drug Court, TC, ARC, Detox, etc.)

17. Do you have any criminal charges? _____ YES _____ NO

If yes, please list criminal charges below (including current charges pending). You DO NOT have to list traffic violations.

Section 4: Employment

To be approved for entry into our program, you must have the necessary document(s) needed to apply for work. At minimum, this will include a driver's license, state ID card, or passport.

18. Do you have the required documentation needed to apply for a job? _____ YES _____ NO

19. I am: _____ Not Employed _____ Working Part-Time _____ Working Full-Time

20. Are there any factors in your life preventing you from working a full-time job? (For Example: An injury or chronic illness, disability, requirements of a specific program, etc) _____ YES _____ NO

If yes, please explain:

Section 5: Medical

21. Do you currently have any medical or mental health diagnosis? _____ YES _____ NO

22. Please list any chronic medical or mental health diagnosis that impact your life on an ongoing basis (For example: heart blood pressure, diabetes, herniated disc, cancer, anxiety, depression, schizophrenia, learning disability, ADHD, etc.)

PLEASE NOTE: That we do not discriminate against applicants who suffer from any medical or mental health diagnosis. This information is only collected so that we can address any special considerations you may need and/or how we may best serve you in our program.

23. Are you currently taking any medications or supplements used for medicinal purposes? _____ YES _____ NO

PLEASE NOTE: Medications MUST be locked up at all times during the course of residency.

24. Please list the following medication information:

Name of Medication	Purpose of Use	Prescription or OTC

Section 6: Faith

25. New Creation, Inc. is a Christ-Centered program founded on biblical principles. Attendance in our faith-based groups/meetings is required. Would you still like to be considered for our program? _____ YES _____ NO

PLEASE NOTE: We do not discriminate against other religions or denominations or force individuals to make a personal decision to follow Jesus Christ. That is a very personal decision that should never be forced or used to manipulate, coerce or control another person. We simply love Jesus and love others and respect and embrace every person right where they are at in their own personal journey.

Section 7: Program Fees and Requirements

26. Our program fees are \$185 per week. Is this affordable for you? _____ YES _____ NO _____ UNSURE

The entry fee into our program consists of the following fees:

\$185 - First Week of Residency (REQUIRED)

\$20 - Initial UA Fee (REQUIRED)

\$22 - Medication Storage (REQUIRED if needed)

\$65 to \$80 - Cell Phone (REQUIRED if needed)

27. Are you prepared to pay the program fees upon entry? _____ YES _____ NO

28. Unless special arrangements are made with a partnering agency, all of our residents are required to participate in our structured program consisting of groups and classes Monday - Friday (offered in the mornings and evenings) for a MINIMUM of 30 DAYS. More information regarding our program rules and regulations will be provided to the applicant upon intake.

Would you still like to be considered for our program? _____ YES _____ NO

APPLICATION COMPLETE

You may email your application to
admissions@newcreationinc.org

Or

Mail it to:

Attn: Admissions

504 E Kansas City Rd

Olathe, KS 66061