



Director: Hank Steverson (President/C.E.O.) NCAC1, CAC, SAP

Po. Box 1913 1226 Minter Tweed Rd
Dublin, GA 31040 East Dublin, GA 31027

Phone: (478) 246-1300

Fax: (478) 275-1747 Cell: (478) 290-2246

website: www.cristianrecoverycentersga.com

Email: CRCLRPMinistries@gmail.com

Admissions Information

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____ BIRTHDAY: _____

RACE: _____ SOCIAL SECURITY NUMBER: _____

EMERGENCY CONTACTS:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____

OTHER INFORMATION:

MARITAL STATUS: M _____ SEP _____ W _____ D _____ S _____

IF DIVORCED OR SEPARATED, GIVE DATE(S) _____

IF MARRIED, GIVE SPOUSE'S NAME: _____

HOW LONG MARRIED: _____

NAME AND AGES OF DEPENDENTS:

ANY CHURCH AFFILIATION: _____

PASTOR'S NAME: _____

CHURCH OR PASTOR'S PHONE NUMBER: (____) _____

EDUCATION LEVEL: HIGH SCHOOL: _____ COLLEGE: _____ OTHER: _____

"If man is willing, God is able"

Health Information:

Please list any physical conditions. Make note of any that would hinder you from participating in our daily work schedule. (please recognize that we are not a medical facility and any pre-existing conditions need to be addressed before entering.)

List any medications that you must take on a regular basis and the dosages prescribed.

Are you allergic to any medications? Yes: _____ No: _____ If yes, list those medications.

CHRISTIAN RECOVERY CENTERS IS NOT A MEDICAL FACILITY AND IS UNABLE TO ADMINISTER OR PROVIDE MEDICAL CARE FOR STUDENTS. MAKE SURE THAT YOU HAVE ANY NON-NARCOTIC MEDICATION THAT IS NECESSARY FOR YOUR MEDICAL HEALTH, ALTHOUGH WE RECOMMEND THAT ALL MEDICAL NEEDS ARE ADDRESSED BEFORE ENTERING, WE UNDERSTAND THAT EMERGENCIES OCCUR. PLEASE LIST THE PERSON THAT WILL BE RESPONSIBLE FOR ANY MEDICAL FEES THAT ARE INCURRED WHILE YOU ARE HERE. THESE WILL INCLUDE DOCTOR, HOSPITAL, TRANSPORTATION FEES, ETC.

MEDICAL INSURANCE COMPANY: _____

NAME OF CARDHOLDER: _____

POLICY NUMBER: _____

IF YOU DO NOT HAVE INSURANCE, PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF THE PERSON RESPONSIBLE FOR YOUR MEDICAL EXPENSES.

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

“If man is willing, God is able”

Drug and/or alcohol use information:

Do you consider yourself to be a drug addict? _____ Alcoholic? _____

What types of drugs have you been abusing and how long have you been doing them? (Alcohol is considered a drug.)

How often do you use drugs and/or alcohol? Be accurate in how much you use each drug listed.

Name of Drug: _____ How often used? (How many times per day, week, or month)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Is there a history of substance abuse in your family? _____ If so, what is the relationship of the family members addicted and what were they addicted to? **You do not have to provide their names?**

What are some consequences that have come as a result of your drug and/or alcohol use? (Family, relationships, financial, job loss, health, etc.)

Has your drug/alcohol problem been noticed by others? _____

If yes, what did they notice or why did they think it was a problem? _____

“If man is willing, God is able.”

What is the longest period of time that you have been off of drugs/alcohol since the onset of use?

List any treatment facilities or programs that you have been involved with in the past and when you were there. Also state how long you were clean after leaving that facility or program. _____

Why do you think you were unable to stay clean after treatment? _____

Do you think it will be different this time and if so why? _____

Under what circumstances do you find yourself abusing drugs/alcohol? (Example: Alone, with friends, happy times, sad times any time, etc.) _____

What is your greatest regret, if any, about your drug/alcohol use? _____

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN.

Are there things you enjoyed before addiction that you no longer do or that you no longer find enjoyable?

Are there people that you used to enjoy before addiction that you no longer enjoy being around? _____

“If man is willing, God is able”

How would you describe your emotional state of mind at this time? (Happy, sad, lonely, angry, etc.)

Explain your answer: _____

Is it difficult for you to express your feelings to others? If so, why? _____

Do you worry about what other people think about you or how they react to your emotions? Explain: _____

Do you find it difficult to trust other people? If yes, why? _____

Do you find it difficult to form and/or maintain close relationships? Explain: _____

Do other people's actions and attitudes affect the way you respond to them? Explain: _____

Do you feel rejected, misused, or hurt by others? Explain: _____

Do you put the wants and needs of other people ahead of your own? If so, explain: _____

Do you have problems setting and achieving goals for yourself? _____

Do you have difficulty making decisions? _____

Is it hard for you to acknowledge good things about yourself? _____ Bad things? _____

Explain: _____

"If man is willing, God is able."

Do you ever feel that your life has been a failure? If yes, explain: _____

Do you feel like there is hope for you to have a happy and successful life? Please explain your answer.

Do you believe that God is real? Explain your answer: _____

If you do not believe in God, why did you choose our facility for treatment? _____

Are you willing to maintain an open mind and give God a chance to work in your life? _____

Describe briefly your past involvement, if any, with God, churches, or religious organizations. _____

Do you now have, or have you ever had a personal relationship with God? If yes, explain your salvation experience. _____

“If man is willing, God is able.”

Please obtain more paper from office or write on back if more space is needed

STUDENT IDENTIFICATION

NAME: _____

DATE OF BIRTH: ____/____/____

ADDRESS: _____

1. HEIGHT: _____
2. WEIGHT: _____
3. RACE: _____
4. DESCRIBE ANY TATTOOS OR IDENTIFYING MARKINGS:

5. DO YOU HAVE A VALID DRIVER'S LICENSE: YES _____ NO _____ IF YES, PLEASE PROVIDE COPY.
6. SOCIAL SECURITY #: _____ - _____ - _____
7. COLOR OF EYES: _____
8. COLOR OF HAIR: _____
9. DO YOU WEAR GLASSES? YES _____ NO _____
10. DO YOU HAVE ANY VISIBLE BODY PIERCINGS? YES _____ NO _____ IF YES, PLEASE DESCRIBE.

"If man is willing, God is able."

WORK SKILLS

PLEASE RATE THE WORK SKILLS THAT APPLY TO YOU ON A SCALE OF 1-5 WITH FIVE BEING THE HIGHEST LEVEL OF SKILL.

1. CARPENTRY _____
2. ELECTRICAL _____
3. LANDSCAPING _____
4. COOKING _____
5. AUTOMOTIVE MECHANIC _____
6. LOGGING _____
7. TRACTOR OPERATOR _____
8. HEAVY EQUIPMENT OPERATOR _____
9. APPLIANCE REPAIR _____
10. FARM WORKER _____
11. MASONRY _____
12. ROOFING _____
13. COMPUTER _____
14. CLERICAL OR OFFICE SKILLS _____
15. SMALL ENGINE REPAIR _____
16. PLUMBING _____
17. WELDING _____
18. WOOD OR CABINET WORK _____
19. GARDENING _____
20. CHAIN SAW OPERATOR _____

PLEASE DESCRIBE ANY OTHER SKILLS THAT APPLY TO YOU:

“If man is willing, God is able.”

AGREEMENT: NEEDS TO BE SIGNED AND PLACE IN YOUR FILE AFTER YOU HAVE READ THE RULES AND POLICIES OF CHRISTIAN RECOVERY CENTERS.

I, _____, have read or had the rules and regulations red to me. I agree to follow all of the rules and regulations while enrolled as a student at Christian Recovery Centers. I also understand that I am subject to random drug/alcohol screens as well as room and personal searches. I understand that any positive drug/alcohol screen or gross violation of the rules may result in my immediate dismissal or suspension without refund of fees paid.

I, _____, understand that any and all entry fees and maintenance fees must be paid in full in order to successfully complete Christian Recovery Centers. If fees are not paid in full, I will not receive a completion certificate. This applies to mandated students as well as volunteer students.

I, _____, understand that Christian Recovery Centers is not responsible for any accidents that occur on CRC property. I assume and accept the responsibility for any medical expenses, including doctor visits, medication, and trip fees incurred while here. I also understand that unless it is an emergency, I must have the money on my account to cover all medical fees and trip fees prior to being transported.

Residents Signature: _____ Date: _____

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