

Harvest Recovery Ranch



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APPLICATION FORM

Please read and follow these instructions:

1. Complete this 11-page application. Mail, fax or e-mail the application to us at the address listed above, along with copies of identification types 1 and 2 [see below].
2. After sending the application, the Applicant ***must*** call the Admissions Department to schedule an interview. Office hours are Monday through Friday from 9:00 a.m. to 5:00 p.m.
3. When the application has been reviewed, the Applicant must have the following tests performed:
 - a. HIV Blood Test
 - b. TB Test
 - c. Hepatitis C Test
 - d. Wellness Check (Physical)

Following receipt and review of the test results an entry date will be discussed.

Upon arrival to enter the program, the Applicant must provide two types of valid identification:

1. Photo ID (Driver's License, Passport, State Photo ID, or Visa)
2. Social Security Card
3. Birth Certificate with embossed seal. Photocopies are not acceptable.

Name _____ Date: _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-Mail _____

Have you ever applied before?? Yes No Who referred you to HRR? _____

Social Security # _____ - _____ - _____

Harvest Recovery Ranch
Application
191112

Drivers License # _____ Issuing State _____ Expiration Date _____

Age _____ Birthdate _____ Height _____ Weight _____

Race: African American White Hispanic Asian
 Native American Which Tribe? _____ CDIB Number _____

Citizenship: Citizen Naturalized Citizen Visa

High School Graduate _____ High School _____

Highest Level of Education _____

Occupation or Trade _____

Special Skills _____

Physical Limitations or Disabilities that would keep you from performing physical labor? _____

Special Medical or Dietary Needs _____

Emergency Contact Information:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip-Code _____

Phone _____ E-Mail _____

Are you currently employed? Yes No

Company Name _____

Address _____

City _____ State _____ Zip-Code _____

Supervisor's Name _____

Phone Number _____ Income _____ / Hourly / Monthly/ Yearly

How do you plan on covering the costs of your recovery program? _____

Do you have a personal vehicle that will be on our property? Yes No

Year _____ Make _____ Model _____ Color _____

State That Issued Tag _____ Tag Number _____

Vehicle Insurance Verification Form is required to be on file.

Father _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

E-Mail _____

Do you have a relationship with your Dad? _____

Mother _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

E-Mail _____

Do you have a relationship with your Mother? _____

Have you ever been married? Yes No Are you currently married? Yes No

Wife's Name _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

E-Mail _____

Would you say that your marriage is / was based on Biblical principles? _____

Children's Name and Ages

_____	_____
_____	_____
_____	_____

With whom does your children stay? _____

Will your family be visiting you? _____

Would you say that you have a strong Christian background? _____

Do you believe God can and will repair damaged or strained relationships? _____

How is your prayer life? Great Fair Poor

What is the main issue you face, as you see it? _____

What is your main issue as others see it? _____

What would improve your situation? _____

Is change something you look forward to? _____

Have you ever gone to a residential treatment / recovery facility? Yes No If yes, how many? _____

Were they spiritually based? Yes No Other _____

Have you ever honestly considered the direction your life is headed? Yes No

Do you *really* want to change your lifestyle? Yes No

Are you only interested in entering the HRR program because someone else wants you to? Yes No

What is your drug(s) of choice? _____

Have you ever received any form of mental health treatment? Yes No If yes, please list:

Date	Clinic	Reason for Treatment	Outcome

Have you ever considered suicide as a possible solution for all your problems? Yes No

Do you have any special psychiatric needs? Yes No

What prescription drugs and dosage are you currently taking? _____

List any allergies, medications or environmental (cats, foods, etc.) _____

List all over-the-counter medications or supplements you take _____

Do you have epilepsy? Yes No Do you wear prescription glasses or contacts? Yes No

Date of last eye exam _____ Date of last dental exam _____

Do you have dental issues that need attention now? Yes No

Do you express your feelings easily? Yes No

Do you prefer to be around people or to be alone? _____

Have you lived in close quarters with other people? Yes No

Do you have trouble sleeping? Yes No If yes, please explain _____

Do you suffer from nightmares on a regular basis? Yes No If yes, please explain _____

Are your parents divorced? Yes No If yes, how old were you at that time? _____

Have you ever been molested? Yes No If so, how old were you at that time? _____

Was the assailant a family member or someone you knew? Yes No

Have you ever suffered an emotional trauma? ? Yes No If yes, please explain _____

Have you ever been in counseling? ? Yes No If yes, please explain _____

Please provide the Counselor's Name and contact information. _____

Have you ever tried to commit suicide or thought about it on a frequent basis? Yes No If yes, please explain _____

Has a psychiatrist diagnosed you with any emotion disorder? Yes No If yes, please explain _____

Please provide the psychiatrist's name and contact information _____

Have you ever been hospitalized for an emotional problem? Yes No If yes, please explain _____

Please provide the name(s) and address(s) of the hospital(s) _____

Primary Care Physician _____

Address _____

City _____ State _____ Zip-Code _____

Phone Number _____

When was the last time you used drugs or alcohol? _____

Have you ever used drugs intravenously? (Shot drugs) Yes No

Have you ever had a blood transfusion? Yes No

Please give a complete history of your alcohol and drug use _____

List medical treatment history

Date	Facility	Doctor's Name	Phone Number	Fax Number

Please list all known relatives with either alcohol or drug addiction

Name	Relationship	Alcohol	Drugs

How long have you been clean / sober? _____

Are you willing to release medical and mental health records to Harvest Recovery Ranch? Yes No

Have you been arrested recently? Yes No If yes

Date _____ Arrested For _____

Date _____ Arrested For _____

Date _____ Arrested For _____

Are any of the following pending against you? Check all that apply:

- Arrest Warrant Court Appearance Criminal Charges
 Sentencing Other

Briefly explain _____

Do you have any upcoming court dates? Yes No If yes, please list _____

Are you now, or will you be under legal supervision? Yes No If yes, complete the following:

Probation How long? _____ Parole How long/ _____

Method of reporting _____ Frequency _____

List probation / parole officers:

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: _____ E-Mail _____

If you are currently incarcerated, please provide a contact person in your facility:

Name _____ Relationship _____

Phone _____ E-Mail _____

Are you legally mandated to participate in a recovery program? Yes No If yes, please list by whom:

Would it be possible for you to have your probation transferred to this county? Yes No

DOC # _____ Type of Release GPS Parole Discharge

Reason for Incarceration _____

Expected Date of Arrival _____ Facility _____

Case Manager's Name _____

Phone Number _____ E-Mail _____

Are you a sex offender? Yes No

Any charges pending? Yes No If yes, please list _____

HRR is committed to helping Clients meet all court and probation requirements; however, HRR does not assume any responsibility or liability for legal financial obligations incurred by the Client.

Why do you want to participate in the HRR program? _____

What goals do you hope to achieve while in the program? _____

What is your top priority? _____

How can HHR help you achieve your goal? _____

Do you understand HHR is a faith-based program? Yes No If yes, explain what you understand that means about this program _____

Can you get along with roommates? Yes No If no, please explain why _____

List all programs you have entered, the dates you were there, whether you completed the program. Why were you there, and why did you leave?

Program Name	When		Completed?		Why	
	From	To	Yes	No	Were You There?	Did You Leave

Do you understand that fees paid to HRR is non-refundable? Yes No

Do you understand that you may be dismissed from the HRR program for failure to comply with the regulations that govern HRR residents? Yes No

Date

Applicant's Signature