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Client Intake Forms

SNS Acres Recovery Farm



Sling N Stones Ministries

Dunnegan, MO 65640

A message from the Director,

Thank you for considering SNS Acres

I know, personally how hard this has been for you up to this point, but there is hope.

This is the first step to a lifelong change and should not be entered into without prayer and careful consideration. It’s hard to know when we have found the right program for our loved one.

As a recovered addict myself I know that **only people who are willing to do** **ANYTHING**

**to recover can make a lifelong change.**

We are not a flop house or a home plan facility. People who are not wanting to change, will not be ready to live this strict lifestyle for a year.

**We are a Christ centered discipleship program**. When graduates leave this program,

they will have life skills to use for raising a family, holding down a job, budgeting money

and how to deal with the stresses of life without returning to drugs or alcohol to cope.

They will have their legal problems under control and will be productive members of society.

This problem did not manifest itself in a week or month and it will not be fixed that fast either.

There will be gradual but steady progress made and within 1-3 months the person you love will not even look the same, but do not expect a miracle overnight.

We believe (and science has proven) that long term treatment is by far the best chance for long term recovery.

So please be patient as we work through this process. Also, expect your loved one to say negative things about this program. Many will do this in hopes of getting you to change your mind and allow them to come back home early. Please, just trust us and know that we are doing all we can to help them to heal and deal with the issues that got them to this point in their life. We want to return your friend or loved one to you as a whole, healed person.

**Please realize that we have a limited number of spaces available,** so please be patient but persistent.

If you or your loved one has been told we have a place for them **by the director**, that place is only guaranteed for 48 hours unless other plans have been made with a future check in date.

**Once the paperwork is filled out and the entrance fee is received there are no refunds if any monies have been paid to SNS Acres even if student leaves before the end of the month.**

In HIS service,

Pastor Tom Johnson

Director SNS Acres Recovery Farm

**Application Procedure**

Go to our website [www.slingnstones.org](http://www.slingnstones.org)

<https://slingnstones.org/slingin-acres> and print off and fill out the application.

1. Please fill in all the blanks. If something does not apply to you then put ”*NA*” in the blank space.
2. You may email it to

[tom@slingnstones.org](mailto:tom@slingnstones.org) or mail to the address below;

Sling N Stones Ministries

P.O. box 283

Bolivar, Mo 65613

1. Once we receive a copy of the application, you will be contacted to let you know if you qualify for the program and when you may come in or if you have been placed on a waiting list. You may contact us weekly to see how long you have to wait for a space to open up.
2. When you are contacted by our Intake Office please be prepared to give us a date as to when you expect to be here.
3. Bring the items listed below:

***What to Bring:***

The following items are helpful but not required. If you do not have any of the items listed below, we will be able to provide you with the basic items needed. Please do not bring more than 2 weeks’ worth of clothes, as there is not enough space to accommodate you.

Casual Clothes Work Clothes tennis shoes work boots

Jacket Sweater underwear socks shorts

Bible Lined Paper Three-Ring Binder Pens & Pencils

Shampoo Conditioner

Toothbrush Toothpaste

Razors Shaving Cream

Soap Deodorant

Towel Washcloth

Client Intake Form

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| --- | --- | --- | --- | --- | --- | --- |
| Personal Information | | | | | | |
| Last Name: | | | First Name: | | | |
| Date of Birth: | | | Spouse Name: | | | |
| List: Type of ID, State & Number  ID Number: | | | Social Security #: | | | |
| Address: | | | | | Homeless:  Yes  No | |
| City | | | State: | | | Zip  Code: |
| Cell Phone: | | | Fax: | | | |
| Age: | Sex: | * Male Female | Height: | | | Weight: |
| Marital Status:  Single  Married  Divorced  Widowed Spouse Name (If applicable): | | | | | | |
| Family Status:  Has minor Children  Has Adult Children  No Children | | | | | | |
| Email Address: | | | | | | |
| Have you been in SNA before?  Yes  No If yes, month/year: | | | | | | |
| Emergency Contact Person:  FAMILY ONLY | | | | Relationship: | | |
| Emergency Ph #: | | | Secondary #: | | | |
| Emergency Address: | | | | | | |
| Do you have a car?  Yes  No If yes who will take care of it while you are in the program? | | | | | | |
| Are you currently receiving any type of income?  Yes  No If yes, please explain: | | | | | | |
| Have you ever been in the military?  Yes  No Discharged?  Yes  No If dishonorable discharge please explain. | | | | | | |

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| --- | --- | --- | --- |
| Education | | | |
| Circle last year completed:  Primary: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 + | | | |
| Can you read and write?  Yes | * No | Can you speak English?  Yes | * No |
| Have you ever been in special education classes?  Yes  No | | | |
| Religious Background | | | |
| Do you believe in God?  Yes | * No | * Uncertain |  |
| Have you ever accepted Jesus Christ as your Savior?  Yes  No  Uncertain | | | |
| Do you have a religious background?  None  Christian (Non-denominational)   * Christian (Denominational)  Catholic  Jehovah’s Witness * Mormon  Muslim  Agnostic/Atheist * Other (Please specify) | | | |
| Legal History | | | |
| Have you ever been arrested?  Yes  No How many times? If yes, give details: | | | |
| Have you ever done jail time?  Yes  No If yes, what for and how long? | | | |
| Are you on probation or parole?  Yes  No If yes, give probation or parole officer’s contact information below: | | | |
| Are you court ordered here?  Yes  No If yes, give contact information regarding your court case: | | | |
| Do you have any legal charges pending?  Yes  No Where? What are the charges? | | | |
| Do you think you may have any outstanding warrants?  Yes  No If yes, please explain: | | | |
| Do you have any other pending legal matters that would require you to attend to in the next 90 days?  Yes  No If yes, give details below: | | | |

|  |  |  |
| --- | --- | --- |
| Drug History | | |
| Have you ever used drugs?  Yes | * No | If yes, how old were you? |
| Why did you try them?   * To help me deal with life. * To escape reality. * To fit in with my peers. * My friends use drugs. * To make physical pain go away. * To make emotional pain go away. |  | * Some of my family use drugs. * Just for fun. * I’m bored. * Curiosity. * Other: |
| Have you ever sold drugs?  Yes | * No |  |
| Do you think you have a problem with drugs?  Yes  No  Uncertain Exxplain why or why not. | | |

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| --- | --- | --- | --- | --- |
| Medical History | | | | |
| Date of last physical exam: Results: | | | | |
| List any physical ailments or handicaps that you may have: | | | | |
| Date of last dental exam: Results: | | | | |
| List any dental problems you may have: | | | | |
| Date of last eye exam: Results: | | | | |
| Do you wear glasses? | * Yes  No | | Do you wear contacts? | * Yes  No |
| List anything that you may be allergic to: | | | | |
| Have you ever been: Diagnosed with ADD? Diagnosed with ADHD?  Diagnosed with any Mental Disorder? Diagnosed with Tuberculosis?  Diagnosed with Hepatitis A? Diagnosed with Hepatitis B? Diagnosed with Hepatitis C? Diagnosed with HIV Positive? Diagnosed with AIDS?  Diagnosed with Herpes? Diagnosed with any STD? Diagnosed with Body Lice?  Diagnosed with High Blood Pressure? Diagnosed with Heart Disease?  Diagnosed with any other illnesses? | | * Yes  No When? * Yes  No When? * Yes  No When? * Yes  No When? * Yes  No When? * Yes  No When? * Yes  No When? * Yes  No When? * Yes  No When? * Yes  No When? * Yes  No When? * Yes  No When? * Yes  No When? * Yes  No When? * Yes  No When? | | |

|  |
| --- |
| Do you currently have any chronic medical conditions not listed above that require regular visits to the doctor?  Yes  No If yes, please explain: |
| Are you presently on any medication?  Yes  No (If yes, please list below and give reason for taking it. |
| Have you ever been admitted to a hospital?  Yes  No (If yes, please explain below. |
| Are you physically able to perform all assignments (you must be able to lift 25 lbs, be able to stand for long periods of time as well as climb up to 4 flights of stairs) as part of this program?  Yes  No If no, please explain: |
| Have you ever been diagnosed with any mental condition?  Yes  No If yes, please explain: |
| Have you ever been under psychiatric care or been admitted to a mental health institution?  Yes  No If yes, please explain: |

|  |
| --- |
| Sexual History |
| Are you sexually active?  Yes  No |
| At what age did you become sexually active? |
| How many sexual partners have you had? |
| Have you ever had unprotected sex?  Yes  No |
| Have you ever contracted a sexually transmitted disease?  Yes  No If yes, please list disease, when and how it was treated: |
| Have you ever been the victim of sexual abuse?  Yes  No |
| Do you have any children?  Yes  No  If yes, how many and what are their ages? |
| Are you addicted to pornography ? |
| Have you ever been involved in prostitution?  Yes  No |
| Have you ever been involved in any homosexual behavior or activities?  Yes  No |
| Do you consider yourself to be…   * Heterosexual (straight)  Bisexual  Homosexual (Gay/Lesbian) |
| **Goals** |
| What goals do you have while you are in the program? |
| What do you want to happen in your life while you are in this program? |

Reason for placement: *(Check all of the following that apply to your situation)*

## Problems with primary support group

* Death of a family member
* Health problems in family
* Disruption of family by separation
* Disruption of family by divorce
* Disruption of family by estrangement
* Removal from home
* Remarriage of parent
* Sexual abuse
* Physical abuse
* Verbal abuse
* Parental overprotection
* Neglect of child
* Inadequate discipline
* Discord with siblings
* Birth of a sibling
* Other;

## Problems related to the social environment

* Death of a friend
* Loss of a friend
* Inadequate social support
* Living alone
* Difficulty with acculturation (being accepted by your own culture)

## Educational problems

* Illiteracy
* Academic Problems
* Discord with teachers
* Discord with classmates
* Discrimination
* Adjustment to life-cycle transition (not adjusting to changes in life)
* Other;
* Inadequate school environment
* Late for class
* Other:

## Occupational problems

* Threat of job loss
* Stressful work schedule
* Late for work
* Difficult work conditions
* Job dissatisfaction

## Housing problems

* Homelessness
* Inadequate housing
* Unsafe neighborhood

## Economic problems

* Extreme poverty
* Insufficient welfare support
* Job change
* Discord with boss
* Discord with co-workers
* Other;
* Discord with neighbors
* Discord with landlord
* Other;
* Other;

## Problems with access to healthcare services

* Inadequate health care services
* Transportation to health care unavailable
* Inadequate health insurance
* Other;

Problems related to interaction with the legal system/crime

* Arrest
* Incarceration
* Litigation
* Victim of crime
* Stealing
* Vandalism
* Arson
* Probation
* Other:

## Other psychological and environmental problems

* Exposure to disaster
* Involved in war
* Involved in a hostility
* Discord with counselor
* Discord with social worker
* Discord with physician
* Discord with minister
* Suicide
* Eating disorders

## Other Abuse Problems

* Alcohol Abuse
* Drug Abuse
* Verbal Abuse toward others
* Physically abuses others

## Spiritual History

* Ouija Boards
* Satanic Worship
* Witchcraft
* Levitation
* Palm Reading
* Fortune Telling
* Voodoo
* Astroprojection
* Séances
* Tarot Cards
* Cutting / Self-Mutilation
* Low self-esteem
* Lack of motivation
* Lying
* Problems with authority
* Manipulative behavior
* Unavailability of social service agencies
* Other:
* Sexually abuses others
* Pornography
* Sexual addictions
* Other:
* Horoscopes
* Yoga
* New Age
* Mormonism
* Scientology
* Buddhism
* Hinduism
* Transcendental Meditation
* Jehovah’s Witness
* Other:

1. **What are some other things you’ve tried?** *(Check all of that apply to your situation)*

* Individually Counseling
* Family Counseling
* Informal Probation
* Formal Probation
* Called Police
* Changed Schools
* Changed Jobs
* Attended Parenting Classes
* Boot Camp
* Boarding School
* Hospitalization
* Psychiatric Evaluation
* Medications
* Other

Miscellaneous Questions:

1. **How did you hear about us?** *(Check all of that apply)*

* Friend
* Family Member
* Church
* SNA Program Graduate
* Brochure / Flyer
* Court
* Walk-In
* Other:

## Referring Church or community organization:

1. **Ethnicity:**

* African American/Black n American Indian/Alaskan Native
* Asian n Hawaiian/Pacific Islander
* Hispanic/Latino n Two or more races
* White

## Last 6 month’s work status?

* Worked Part-Time n Never worked
* Worked Full-Time n Retired

## What is your current source of income?

* Job n Pension Payments
* General Relief n Unemployment Benefits
* Spousal Support n Workers Comp
* Disability n No Income
* Other (Please specify):

## Please indicate your annual income level in the 6 months prior to entering the Sling N’ Stones?

* No Income n $40,000 - $49,999
* Less than $10,000 n $50,000 - $59,999
* $10,000 - $19,999 n $60,000 - $69,999
* $20,000 - $29,999 n $70,000 or greater
* $30,000 - $39,000

## Most recent Occupation:

* Business n Marketing
* Fitness Laborer n Sales/Retail
* Food Service n Technology
* Graphic Design n Writer

n Other (Please specify):

## Citizenship:

* US Citizen n Lawful Alien/Refugee
* Permanent Resident n None of the above

## Transportation:

* None n Own
* Relies on others n Public
* Other (Please specify):

## Housing Situation: (Prior to Sling N’ Stones)

* Lives independently n Group Home
* Lives with Family n Halfway House
* Homeless-streets n Support House
* Homeless Shelter
* Other (Please specify):

## If you are homeless, how long have you been homeless?

* Less than 6 months n 3 years
* 6 months n 4 years
* 12 months n 5 years
* 18 months n 5+ years
* 2 years
* Not applicable

## How frequently have you been homeless in the last 5 years?

* 1 time n 5 times
* 2 times n More than 5 times
* 3 times n Not applicable
* 4 times

## Status with the Law:

* None n On Probation
* On Parole n Ex-Offender

## Primary Language

* English n French
* Spanish n Other (Please specify:

## Do you attend services at Sling N Stones

* Yes No

**Please consider these things before reading and signing the next few pages:**

By coming into this program:

You are saying : my way of living life did not work and I am ready to try a new way of living, taught to me by others who have changed their lives.

You are saying: I am willing to give up my old ways of talking thinking and acting. I will do whatever it takes to get a new life worth living. I will give up foul mouthed speaking crude joking and cursing. You are entering this farm to learn how to live like Christ, if he wouldn’t say it you shouldn’t either.

Criminal mentality : We do not talk about or glamorize the street code or the street life. Nobody cares how much drugs you did. We want to know how many bible verses you’ve applied to your life.

30 Day Probationary period: You will be watched for your behavior and if you are negative or rebellious or refuse to follow instructions of the house you will be invited to leave. We have beds for men who are 100% serious about changing who they are.

Romantic relationships of any kind are prohibited. Relationships cause relapse and we expect our guests to abstain from relationships. We are a Christ centered program and we stand on the biblical model of marriage we also want to make sure our guests are qualified to be good spouses according to Ephesians 5 we expect you to give us 12 months of your life to help you learn how to have a healthy relationship with Jesus first and foremost if you were ready for a relationship then you would not be entering our housing. Relationships are the number one cause for relapse.

Random drug testing at any time and any and all property is subject to be searched at anytime as well. Any contraband or dirty drug tests will result in being asked to leave the program.

Laundry and hygiene: you will shower once daily minimum and do laundry once a week on assigned day, do not do laundry on a day that is not your assigned day.

Chores will be assigned and inspected as will discipleship materials readings and memory verses.

If you cannot agree to these and many other rules please do not waste either one of our times. Thank you.

# DISCIPLE RELEASE STATEMENT

I, , understand that my acceptance as a disciple in the SNS Acres Recovery Farm ; hereafter referred to as “SNSA” requires the following:

1. I am a volunteer participant and not an employee of SNS Acres, Sling N Stones or any of its affiliates. I further understand that under no circumstances can SNS Acres or any of its affiliates be under any obligation to me.
2. I understand that my admission and continued residence in the SNSA program is dependent upon my needing such assistance and my willingness to help myself and others so situated, including the voluntary performance of such duties as may be assigned to me.
3. I am aware of the hazards and risks to my person and property associated with being a part of this Program. Such hazards and risks include, but are not limited to, death, injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property. I further understand that SNA or any of its affiliates may not have any insurance coverage that would apply in the event of my death, illness, injury, or damage to my person or property that may occur during my participation in the Program. If I desire insurance coverage, I understand that I am responsible for obtaining and paying for the cost of such insurance.
4. I release the SNA and its affiliates, agents, officers, directors, employees and volunteer staff from any liability whatsoever arising as a result of death, injury, or illness that I may suffer as a result of my participation in the Program.
5. I attest and certify that I have no medical conditions that would prevent me from performing my duties as a volunteer participant.
6. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal valid and binding obligation upon me enforceable against me in accordance with its terms.
7. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.**

Dated this day of 20 .

Disciple's Signature Witness's Signature

Disciple's Printed Name Witness's Printed Name

# SNS Acres Discipleship DISCIPLE AGREEMENT

I, , understand that my acceptance as a disciple in SNS Acres Recovery farm; hereafter referred to as “SNSA” requires the following:

1. **HOUSE RULES, MORAL STANDARD, AND WITHDRAWAL FROM SUBSTANCE**. I have read and understood the any and all House Rules as provided to me and understand that such House Rules may be amended upon the Program's discretion, with or without notice. Accordingly, I agree to abide by all Program's rules, including but not limited the House Rules as given to me.

**In addition, I agree to abide by the moral standards as upheld in the Bible.** I understand that all forms of sexual activity outside of marriage between a husband and wife are prohibited and will abide by such accordingly. Furthermore, I understand that the Program is drug and alcohol free and does not serve as a detoxification facility. Accordingly, I agree to withdraw from any and all substance dependence voluntarily and without the use of medication.

1. **MEDICAL RELEASE.** I hereby authorize the Program to make arrangements for any emergency medical assistance that may be required due to any illness or injury on my part.
2. **SNSA HIV/HEP POLICY.** Slingin’ Acres (SNA) does not discriminate against those who are HIV /HEP Positive in its intake procedures. Because a large number of IV drug users have been infected by the HIV /HEPVirus, at any given time there may be one or more students in the program that are HIV/HEP Positive. This program does not require students who are HIV/HEP Positive to notify other students in the program that are HIV/HEP Positive. HIV Positive students who have family members or friends who could have possibly contracted the virus from them shall notify them immediately.

Any HIV/HEP Positive student that intentionally puts another person at risk of being infected with HIV/HEP virus should be immediately dismissed from the program

Staff Members are forbidden without written permission of the student to discuss the disposition of any student on his/her caseload; other than those individuals that are involved in the treatment process.

SNSA is not a medical care facility and is unable to provide twenty-four hour on-site medical supervision. Therefore, all students entering the program must be in good

Mental and physical health and able to participate in all activities in the program. If a student’s physical or mental health deteriorates to the point where he/she is no longer able to participate in the daily activities of the program, or medical condition requires twenty-four hour medical supervision, that person should leave the SNA program.

**4. RELEASE OF CONFIDENTIAL CASE FILE AND COPYRIGHT TO PERSON AND STORY.** I hereby release and grant the Program, its agents, affiliates or third party as designated by the Program all rights to use and publish for any lawful purpose whatsoever to promote the Program's purpose my: 1) confidential information as contained in my Program's case file; 2) personal story; and 3) name, likeness, or appearance. I understand that I may also be requested to speak at public gatherings, give testimony or participate in the Program's activities whereby I may be recorded in any form or manner. Accordingly, I hereby release and grant the Program to use such recordings of me whatsoever to promote the Program's purpose. I also hereby waive any right to inspect or receive a copy of the finished product.

I hereby release and discharge the Program, its agents, affiliates or third party as designated by the Program any and all liability by virtue of misprint, error or distortion that may occur unless it can be shown that such error, misprint, or distortion were maliciously based.

I further understand that I will not be compensated in any form or many for any and all use of my: 1) confidential information as contained in my Program's case file; 2) personal story; and 3) name, likeness, or appearance.

**5. RELIGIOUS REQUIREMENTS.** I understand that the Program is a Christian based

ministry program to assist people with life controlling problems. Through my participation in this program, I agree to submit to the Program's religious expectations and attend the Program's religious activities.

**6 CONSENT TO DRUG TESTING AND CONTRABAND WEAPON SEARCHES.** I understand that the Program is a drug and weapon free facility for the safety and well being of all its residents, employees, and volunteers. Accordingly, by my participation and consent below, **I hereby voluntarily consent to all drug tests on myself and all contraband and weapon searches of me and my living quarters upon request.**

I understand that the results of my drug tests, if any, will only be disclosed to SNSA and all legal authorities SNSA deems necessary. I understand that if I am tested positive for any banned drugs that are listed in the Search Procedure brochure, that SNA may terminate my participation in the Program. Furthermore, SNSA may terminate my participation if there are any drugs, contraband items or weapons found in my living quarters or on my person.

Dated this day of 20 .

Disciple's Signature Witness's Signature

Disciple's Printed Name Witness's Printed Name