To Whom It May Concern:

Thank you for your inquiry about Shane’s Crib Program.

Enclosed is the application you requested. A motivational statement from the applicant should be enclosed with the application when it is returned for evaluation.

Please understand that due to our limited resources, we cannot accept all applicants. We do not always have a bed available. We will however be willing to make referrals if the waiting period is longer than you desire to wait, or in the event your application is not accepted at this time.

The Shane’s Crib Program staff is pleased to know that you have recognized that your life is out of control and that you want to change. We are honored that you are considering Shane’s Crib Program as a vehicle to help you with this endeavor. Today, there are many people like you, who are living productive lives because of choosing to live in recovery.

It is our desire that you fully understand the Shane’s Crib Program prior to enrollment; so, you will be sure you are entering the right program for your specific needs.

Shane’s Crib Program is based upon the fact that man’s basic need is a relationship with God, through Jesus Christ. People use drugs and alcohol in the attempt to fill the void in their lives that only Jesus Christ can fill. When Jesus is genuinely received as Lord and Savior of one’s life, a total transformation will follow. By that, we mean the person’s life will radically change. The Lord Jesus Christ is not interested in whether you go to church or have “said a prayer,” He must be Lord of all your life. In fact, He will deal with your attitude and the motives of your heart.

Therefore, Shane’s Crib Program is not a laid back, glorified drop-in center. It is a spiritual awakening (Spirit, soul and body); a renewal center for women that want to be free from life-controlling habits and become alive unto God.

REMEMBER, Shane’s Crib Program is governed by *BIBLICAL* love. It is not always an easy, “soft” love. At times, this love is demonstrated by staff members confronting you with things you don’t want to hear. They are willing to risk temporary rejection because it is for your ultimate good. Their goal is not to pacify you nor try to make you feel happy; rather, it is to teach you how to live and walk with God. The Bible teaches us that a happy, blessed life is a by-product of a right relationship with God.

Upon entering Shane’s Crib Program, you will soon discover it is not the perfect place, neither is it full of perfect, “easy-to-get-along-with” people. Most of them have many problems, bad habits and defense mechanisms as you do. However, there is no better place to develop inter-personal skills and grow in patience and love. May God bless you and give you wisdom on your decision!

I look forward to being a part of your life transformation!

Pastor Cheryl Mainor

Executive Director

**IN TAKE APPLICATION**

 Thank you for taking this important step towards your future and the life God has planned for you. We are honored to have the opportunity to serve you. S.H.A.N.E’S C.R.I.B, was established in 2013. It is a program-based ministry committed to transforming, through Christ, the lives of those facing addiction. Shane’s Crib program and facility are designed to create environments that nurture healthy relationships with God, self and others.

 Shane’s Crib is a Christ-centered, 49 bed, residential, 12-month, discipleship program for women, who are seeking recovery from chemical dependency and other life-controlling problems. Shane’s Crib provides a full continuum of care for residents and leadership training opportunities for graduates. The focus is on applied Christianity for the healing of the total person, recovery from life controlling problems, and preparation for successful living. In order to assist you in the admissions process, we have provided the steps to be considered for admission, the requirements for admission, a list of what you can bring, and some information about what to expect when you get here.

Steps to take: Candidates for admission are responsible for:

• Thoroughly completing this application and then emailing, mailing/faxing it to the Intake coordinator

 Shane’s Crib email: shanescrib@yahoo.com

 1303 S 1st Street fax: 912-559-5810

 Jesup, GA 31545

• Contacting the Intake coordinator with questions regarding their intake status.

• Resolving any issues which may interrupt your 12-month commitment.

• Signing and dating this application in the space provided on the back of the application.

• Arranging a time to meet with the Intake coordinator for an interview.

 Requirements for Admission: Candidates for admission must:

• Be female, age 21 or older, requesting admission themselves and sincerely willing to change.

• Agree to abide by all guidelines, fully participate in all aspects of the Christian Program, and refrain from any activity staff deems contrary to recovery or Christian growth.

• Be fully detoxified and 7 days away from their last use of drugs or alcohol of any kind.

• Be willing and able to commit to an uninterrupted minimum 12-month residential program

• Be physically able to perform work assignments such as housekeeping, kitchen, laundry, and light duty lifting.

• If on medication, candidates will need to have a 90-day supply in order to be accepted for admission. The only prescribed medications allowed are for health reasons (blood pressure, thyroid, etc.) no other prescribed medication (narcotics, benzos or anti-depressants are not allowed)

 • Be mentally stable and capable of functioning in a therapeutic community environment with classroom and group activities.

• Be willing to refrain from the pursuit of romantic relationships other than with a legally married spouse while in the program.

What Residents May Have: Residents are only allowed to have items staff deems conducive to recovery and to Christian growth. They are not allowed to have more than $50.00 in their possession at any time and should make arrangements for off premise safe storage of cash and valuables before arrival. Residents may arrange for supporters to send money periodically for amounts not to exceed $50.00 for miscellaneous items, snacks, etc. Staff may monitor spending or other stewardship concerns when deemed appropriate.

Items you need to bring, but may not exceed the following: 7 Casual outfits, 4 Dress outfits, 2 Outfits for workout (t-shirts and sweats/jeans/walking shorts, spandex), 7 Pairs of underwear, 3 Bras and 1 slip, 5 Pairs of socks and 4 Pair hose/knee highs, 1 Pair tennis shoes and 2 Pairs of casual shoes, 2 Pairs of dress shoes, 2 Nightwear outfits, 1 Robe, 1 Jacket/sweater, 1 Heavy coat including accessories. Toothbrush, toothpaste, shampoo, deodorant, hairspray, sanitary napkins, tampons, Alarm clock, Bible. Candidates should bring as many of these items as possible but not exceed limits. Excess items will not be stored. You will be allowed to wash your clothes twice a week. At the end of your first month you may “swap out” some of your belongings if your family is willing to bring you different clothes.

Items you may NOT bring: Do not bring skimpy, revealing clothing or clothing with sexual or slander advertisement on it. You will not be allowed to wear these items. No over the counter Medications, energy pills or drinks. Residents are not allowed to have cell phone, paging devices, or non-approved medications.

ITEMS YOU MUST BRING: Entry fee and 2 forms of ID (one with picture plus social security card or birth certificate).

 What to Expect: At Shane’s Crib, you can expect to find a safe environment in which your relationship with God can grow. To accomplish this, we have developed these basic guidelines:

* There is no use or possession of tobacco products allowed by program residents.
* We do not accept anyone with anorexia or bulimia.
* Visitors are not permitted during the first 30 days of the program. Once the first 30 days is completed, visitors must be approved by your Director before they can visit.
* You will not receive phone calls and may not make outgoing calls for the first thirty days.

We believe that the deepest need of anyone is a relationship with Christ and the beginning road to recovery. We celebrate your step of courageous faith. Please print your name and sign below once you have read and understand this application.

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICATION FOR ADMISSION**

*Section 1:*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_ Age: \_\_\_\_\_ Race\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_

Sexual Orientation: Heterosexual\_\_\_\_\_ Homosexual\_\_\_\_\_ Bisexual\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can we leave a message for you at this number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If unable to receive phone calls, who is a contact person that we can speak with?

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Section 2:*

NAME AND PHONE NUMBER OF EMERGENCY CONTACT

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status (M) \_\_\_\_\_ (S) \_\_\_\_\_\_ (W) \_\_\_\_\_\_ (D) \_\_\_\_\_ (SEP) \_\_\_\_\_\_\_

Number of dependent children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If divorced or separated give date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church Phone (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Education High School \_\_\_\_\_\_\_ College \_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

*Section 3:*

INCOME HISTORY

Do you have Medical Insurance \_\_\_\_\_\_\_\_\_\_ Insurance Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently receiving income from any of the following sources?

Welfare\_\_\_\_\_ Food Stamp \_\_\_\_\_ Governmental Aid \_\_\_\_\_ SSI \_\_\_\_\_ Child Support \_\_\_\_ Other \_\_\_\_

If yes, what is the total monthly amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Section 4:*

ALCOHOL/DRUG ABUSE HISTORY

Please check all that apply:

Cocaine\_\_\_\_ Marijuana\_\_\_\_ Heroin\_\_\_\_ Alcohol\_\_\_\_ Nicotine\_\_\_\_ Prescription Drugs\_\_\_\_ Methamphetamine\_\_\_\_ Ecstasy\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time you used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TREATMENT HISTORY

How many treatment facilities have you attended? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many treatment facilities have you completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 5 LEGAL HISTORY

Have you ever been arrested? \_\_\_\_\_\_\_\_\_\_\_\_\_ If so, how many times? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Criminal Convictions Sentence Requirements

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on probation / parole / drug court / court mandated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please circle all that apply) If yes, what are the names, addresses, and telephone numbers of your probation/parole officers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you mandated to complete a recovery program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you ever been convicted of a violent crime? \_\_\_\_\_\_ Are you a sex offender? \_\_\_\_\_\_\_\_\_\_ Have you ever been convicted of a crime involving children or the elderly? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any pending charges? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what are the charges? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you required to pay child support? \_\_\_\_\_\_\_\_\_\_\_ If so, how much and where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have someone who is willing to pay your child support while you are in treatment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, what is their name and contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 6:

Highest grade level completed: \_\_\_\_\_\_\_\_\_\_\_\_ Did you graduate or do you have your G.E.D.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List colleges or vocational schools attended and degrees obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 7:

MEDICAL HISTORY

Have you been diagnosed with a mental health condition? \_\_\_\_\_ Were you hospitalized? \_\_\_\_\_\_\_\_\_\_\_\_\_

If so, diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Were mental health medication(s) prescribe? \_\_\_\_

Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are your medications helping?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you still experiencing symptoms?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, what are your symptoms?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever attempted suicide? \_\_\_\_\_If so, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any food or medicine allergies?\_\_\_\_\_\_ Please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last physical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you currently under a physician’s care? \_\_\_\_\_\_\_\_\_

 For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will someone be financing your medical needs? \_\_\_\_\_\_ If yes, Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had or do you currently have any of the following?

\_\_\_\_\_\_\_ Seizures \_\_\_\_\_\_\_ Heart Disease \_\_\_\_\_\_\_ Diabetes \_\_\_\_\_\_\_ High Blood Pressure\_\_\_\_

\_\_\_\_\_\_\_Vision Problems \_\_\_\_\_\_\_ Respiratory Problems \_\_\_\_\_ Sexually Transmitted Disease

\_\_\_\_\_\_\_ Hepatitis \_\_\_\_\_\_\_ Hearing Problems \_\_\_\_\_\_\_ Tuberculosis \_\_\_\_\_\_\_ Back Injury

\_\_\_\_\_\_\_ Problems Standing or Lifting \_\_\_\_\_\_\_\_\_ Anorexia \_\_\_\_\_\_\_\_ Bulimia

Are you pregnant? \_\_\_\_\_\_\_\_ If so, how many months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been tested for HIV? \_\_\_\_\_\_\_\_ Tuberculosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What were the results? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What medications are you currently taken? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*What are your children’s names and birthdates? How many siblings do you have? \_\_\_\_\_\_\_\_\_\_\_\_*

*Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Section 8:*

*SHANE’S CRIB is not a medical or psychiatric facility. Therefore, prospective residents must be medically, as well as psychiatrically cleared prior to admission. Requested medical information is vitally important and is required before a decision can be made as to the appropriateness of our facility for prospective residents. If mental health evaluation/documentation is requested, that also must be received before a final decision can be made on placement in our Program. If, after admission, it is noted that the resident is inappropriate due to medical or psychiatric reasons about which we were uninformed prior, SHANE’S CRIB reserves the right to refer the resident to another facility or back to the referring agency.*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In filling out an application for entry into Shane’s Crib, we ask that you write a letter of motivation, stating why you feel as though you want help at this time. Return this letter along with your application as soon as possible. Without letter of motivation your application will not be reviewed.

Use the space below and the back of this page for your letter.

God Bless you

**Permission to Use Photograph**

I grant to S.H.A.N.E.’S C.R.I.B., the right to take photographs of me and my family in connection with the above-identified event. I authorize S.H.A.N.E.’S C.R.I.B., its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that S.H.A.N.E.’S C.R.I.B. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

**Non-Smoking Promise**

We are a non- smoking 12-month program that does not allow smoking on or off the premises at any time.

 No smoking on home passes

 No smoking at school

 No smoking at work

Smoking will not be tolerated! If you fail a nicotine test, it is grounds for immediate dismissal!

If you are using tobacco products upon entry, we will provide and allow residents to use non-addictive, holistic drops, oral tablets, and cinnamon candy to help with the withdrawal symptoms for the first 6-8 weeks as needed. If your family is willing to purchase nicotine gum or patches, you may use this to help with the withdrawal symptoms for the first 6-8 weeks as needed. Shane’s Crib Program WILL NOT be responsible for supplying nicotine gum or patches.

If you desire counseling for quitting smoking, you may call 1-877-270-STOP

I have read and understand the above:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FINANCIAL RESPONSIBILITY

AND AGREEMENT

I ACCEPT AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS

**All payments are non-refundable**. There is a one-time entry fee of $600, and rent is $200 per week. Resident will start work after 60 - 90 days of treatment then start paying rent which is $200 + arrears per week. Entry fee and first 4 weeks of rent is required prior to or on the day of arrival in the form of cash, cashier’s check, or money order. Entry fee and first 12 weeks of rent can be paid by approved third parties to offset cost of program.

1. Any medical, dental, or etc. will be my sole responsibility either through private pay or through my private insurance company. This includes the cost of all prescribed medication and/ or medical supplies. NO EXCEPTIONS
2. I accept and agree that I am financially responsible for my own personal needs such as personal hygiene

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_