



The Ark Dothan

WWW.THEARKDOTHAN.ORG | 334-794-7223 | 475 WEST MAIN ST., DOTHAN AL 36301



Ark Dothan Inc. Chaplain/Counselor Questionnaire

This form must be submitted to info@thearkdothan.org for applicant to be considered for this program

Date: _____

Chaplain/Counselor Name: _____ Title: _____

Applicant's Name _____

Address _____ City _____ State _____ Zip _____ County _____

Phone Number: _____ Birth Date: mm/dd/yy _____

SS# _____ - _____ - _____

Does the applicant understand that this is a 12-month program? Yes No

Does the applicant understand & agree to the Ark Program Description? Yes No

Does the applicant understand & agree to the Ark Covenant Agreement? Yes No

Does the applicant understand & agree to the Ark Dorm Rules? Yes No

Does the applicant understand that he/she will NOT be able to pursue employment or earn money until he/she completes the Discipleship Class and earns his/her GED? (this typically takes 4 to 6 months) Yes No

Does the applicant want to pursue admission to this program? Yes No

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Work Performance: Malingerer Gets By Usually Good Worker Performs Well

General Attitude: Poor Fair Good Excellent

Relationship with Other Inmates: Poor Fair Good Excellent

Relationship with Correctional Staff: Poor Fair Good Excellent

Utilization of Spare Time: Poor Fair Good Excellent

Personal Appearance: Unkempt Average Always Well Groomed

Maintenance of Living Area: Messy Average Neat and Tidy

Psychological/Medical History

Has applicant ever been diagnosed with a mental health problem? Yes No

If yes, what was the diagnosis? _____

Who gave the diagnosis? _____

Were they prescribed medication to address mental health problems? Yes No

Are they currently taking the prescribed medication? Yes No

What is the medication? _____

Have they been hospitalized for mental health problems? Yes No

If so, when and where? _____

Do they have chronic medical problems? Yes No

If so, what? _____

Are they currently being treated for this condition? Yes No

Are they taking any medications for this condition? Yes No

Please list all medications they currently take: _____

Please list all previously prescribed psychiatric medication: _____

Have they attempted suicide? Yes No If so, how many times? _____

Have they had ideations of suicide? Yes No

Date of last attempt/ideation: _____

Explain: _____

Family history of suicide? Yes No

Previous self-harm? Yes No If yes, when? _____

Are they a self-harm risk now? Yes No

Legal History

Military Service? Yes No Branch: _____ Highest Rank: _____

Legal History: _____

Substance Abuse History: _____

Homicide Attempts? No Ideation Ideations Plan Attempt

Explain: _____

Spiritual History

Have they received Christ as their Lord and Savior? Yes No

What are their views on spirituality? _____

Chaplain/Counselor Comments and Observations: _____

I recommend this applicant for the Ark Resident Discipleship Program

I do not recommend this applicant for the Ark Resident Discipleship Program

Signature of Chaplain/Counselor

Date

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