



INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

APPLICATION MUST BE COMPLETED BY THE PROGRAM APPLICANT

Ark Dothan Inc. Discipleship Program Admission Application

First Name _____ Middle Name _____ Last Name _____ Preferred Name _____

Address _____ City _____ State _____ Zip _____ County _____

Male Female

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

SS# _____ - _____ - _____ Email: _____

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____

Address _____ City _____ State _____ Zip _____ County _____

Do you have a valid driver's license? Yes No Number: _____ State: _____

Race: African American Caucasian Hispanic/Latino Native American Asian/Pacific
 East Indian Other

Marital Status: Single Married Divorced Engaged Separated Widowed

How did you hear about the Ark? _____

Have you ever been a resident at the Ark? Yes No If yes, when? _____

Have you been in a prior rehab? Yes No

If yes, where? _____ When? _____

Have you ever been or are you currently affiliated with a gang or brotherhood/sisterhood? Yes No

If yes, which gang/brotherhood/sisterhood AND when? _____

Do you have any gang related tattoos? Yes No

If yes, please describe the tattoo AND its location: _____

Education and Employment History

Did you complete this application without assistance with reading or writing? Yes No

Have you ever been diagnosed with an Intellectual Disability or Learning Disability? Yes No

If yes, explain: _____

Do you have your high school diploma? Yes No

If no, do you have your GED? Yes No

If you have any other higher education or certifications, please list here: _____

What is your occupation? _____

List any work experience: _____

Do you have income of any kind? Yes No

If yes, list any and all sources of income AND amounts: _____

Are you receiving any government assistance of any kind? Yes No

(Check all that apply): Food Stamps Housing Medicaid SSI Disability Other

Military Service

Yes No Branch: _____ Highest Rank: _____

Honorably Discharged? Yes No

Explain: _____

Spiritual History

Do you have any spiritual beliefs? Yes No

What is your religious preference? **Circle One:**

AOG, Atheist, Baptist, Buddhist, Catholic, Church of Christ, Episcopal, Evangelical, Hindu, Jewish, Jehovah's Witness, Methodist, Mormon, Muslim, Non-Denominational, No Religion, Pentecostal, Presbyterian, Roman Catholic, Seventh Day Adventist, Wicca, Other, Unknown.

Are you a member of a church? Yes No If yes, name of church: _____

Legal History

Have you ever been arrested or in jail? Yes No

Are you currently incarcerated? Yes No If yes, where? _____

If yes, for what? _____

How much time have you served? _____

What is the remainder of your sentence? _____

Are you currently on probation or parole? Yes No

Name of Probation/Parole Officer: _____

Phone Number for Probation/Parole Officer: _____

Are you required by a court official to complete a rehabilitation program? Yes No

If yes, how long are you required to remain in a rehabilitation program?

6 months

1 year

Other: _____

Do you have any pending charges? Yes No

If yes, please list the charge(s): _____

Do you have any upcoming court dates? Yes No

If yes, list the date AND reason for the court appearance: _____

List all of your past and present convictions and dates:

Conviction: _____ Date: _____

Conviction: _____ Date: _____

Conviction: _____ Date: _____

Conviction: _____ Date: _____

Conviction: _____ Date: _____

Have you ever been convicted of a sexual offense? Yes No

If yes, describe the charge you were convicted of AND where: _____

Substance Abuse History

Have you ever or are you now struggling with an addiction/substance problem? Yes No

If yes, what substances have you used? _____

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

Have you ever: Overdosed Blacked Out Tried to Quit

Explain: _____

Have you ever been institutionalized for substance abuse? Yes No

If yes, where AND when? _____

Psychological History

Do you have any current problems or any history with: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Any type of brain injury |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Paranoia |
| <input type="checkbox"/> Borderline Personality Disorder | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Antisocial Personality Disorder | <input type="checkbox"/> Psychotic Disorder |
| <input type="checkbox"/> PTSD | <input type="checkbox"/> Autism Spectrum Disorder / Asperger's |

Other: _____

- *Please complete the information below to tell us who gave you the diagnosis:*

Agency Name (i.e. Name of Hospital, Doctor's Office, etc.): _____

Name of Doctor: _____ Phone Number: _____

Address: _____

Have you ever been prescribed medication to address a mental health problem? Yes No

If yes, what is the medication? _____

- *Please complete the information below to tell us who prescribed the medication:*

Agency Name (i.e. Name of Hospital, Doctor's Office, etc.): _____

Name of Doctor: _____ Phone Number: _____

Address: _____

Have you ever been hospitalized for a mental health problem? Yes No

If yes, when AND where? _____

Do you have a family history of suicide? Yes No

Have you ever attempted suicide? Yes No If yes, how many times? _____

Have you ever had thoughts of attempting suicide? Yes No

Have you ever planned a suicide? Yes No

Date of last suicide attempt/thought: _____

Explain: _____

Have you ever attempted or committed homicide? Yes No

Have you ever had thoughts of attempting homicide? Yes No

Have you ever planned a homicide? Yes No

Date of last homicide attempt/thought: _____

Explain: _____

Medical History

Do you have any chronic medical problems? Yes No

If yes, what? _____

Are you currently being treated for the condition(s)? Yes No

Are you currently taking any medications? Yes No

Please list all medications you currently take for medical and/or psychiatric problems:

Medication Name: _____ Dose: _____ Reason: _____

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Medication Name: _____ Dose: _____ Reason: _____

Medication Name: _____ Dose: _____ Reason: _____

Physical Condition: Poor Fair Good

List any allergies: _____

List any physical impairments: _____

Where did you sleep last night? _____

When did you last use drugs/alcohol? _____

Reason for Needing Help: Briefly state the reason(s) you are asking the Ark Dothan Inc. to help you. List any/all addictions and/or problems you may have and how long you have had them.

****FEMALE APPLICANTS ONLY****

Are you currently pregnant or is it possible that you could be pregnant? Yes No

What was the date of your last menstrual cycle? _____

Do you understand that we cannot accept applicants who are pregnant? Yes No

Do you understand that becoming pregnant while in the Ark program will result in immediate dismissal? Yes No

****CURRENTLY INCARCERATED APPLICANTS ONLY****

- 1. You MUST include a copy of your Disciplinary History with your application for your application to be considered complete.**
- 2. If you are accepted into the Ark program, you must report directly to the Ark upon release. Failure to report directly to the Ark or failure of initial drug test at the Ark may result in immediate dismissal from the program.**

Do you understand that this is a 12-month program? Yes No

Do you understand and agree to the Ark Program Description? Yes No

Do you understand and agree to the Ark Covenant Agreement? Yes No

Do you understand and agree to the Ark Dorm Rules? Yes No

Do you understand that you will NOT be able to pursue employment or earn money until you have completed the Discipleship Class? (this typically takes 4 to 6 months) Yes No

Do you understand that failure to report directly to the Ark upon release and/or failure of initial drug test may result in immediate dismissal from the program? Yes No

Do you want to pursue admission to this program? Yes No

I certify that the answers in this application are true and complete to the best of my knowledge. I certify that I am of sound mind, and I am of legal age to enter this agreement. I understand that providing false information in this application may result in immediate dismissal from the Ark program.

Signature of Applicant

Date

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