



Application for Admission

Legal Name: _____

First

Middle

Last

Home Address: _____

Street # & Name

City

State

Zip Code

Telephone where you can be reached: () _____ - _____ Are you a sex offender? Yes /No TOMIS # if applicable: _____

DOB: ____/____/____ Age ____ SS# ____ - ____ - ____ Occupation: _____

Do you have a current capias/outstanding warrant in any county or state? (Be honest, this does not disqualify admission, for recordskeeping only.)

Yes No

If yes, please list the charge, the county, and state: _____

Education (Circle last year completed for each): **Elementary** 1 2 3 4 5 6 7 8 **High School** 9 10 11 12 **College** 1 2 3 4 5+

Currently in treatment or jail: Yes/No If yes, where: _____ Anticipated release date: _____

Have you ever or are currently receiving disability benefits? Yes/No If so, what is the monthly amount? \$ _____

Are you considered a violent offender? Yes/No

Do you have any gang affiliations? Yes/No If yes, please provide the name: _____

Have you ever been in the military? Yes/No If so, what branch: _____ How long: _____

Were you ever dishonorably discharged from military service: Yes/No

If so, for what reason: _____

Do you struggle with substance abuse or drug addiction: Yes/No **If so, please answer the questions below.**

Drug of choice: _____ How often: _____ How much: _____

How do you use it: _____ When did you start using drugs: _____ Last time you used drugs: _____

Criminal History (If none, write N/A):

Year	Charge	Sentence	County/State Convicted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pending criminal charges: Yes/No If yes, what are they? _____

In what state/county? _____ Court dates: _____

Other upcoming court dates: _____ County: _____

Regarding what matter: _____

On probation or parole: Yes/No Felony/Misdemeanor If yes, assigned officer: _____ County/State: _____

Do you have an attorney: Yes/No If yes, attorney's name: _____ Email or Fax Number: _____

Are you legally married: Yes/No If so, please list the full name of your spouse: _____

How many children do you have: _____ If yes, their names: _____

List **ALL** Medical/Behavioral Health Concerns (i.e. High Blood Pressure, Depression, Bipolar Disorder etc.):

Are you a diabetic? Yes/No If so, do you require insulin? Yes/No Do you require any medication administered via syringe? Yes/No If so, please list below.

<u>Medications</u>	<u>Dosage (How Much)</u>	<u>Diagnosis (for what problem)</u>	<u>Prescriber</u>
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Have you been in any type of substance abuse treatment before: Yes/No

If so, please list the names of facilities and the year you received treatment in the lines below: (This does not disqualify you-be honest)

Name	of	Facility:	_____	Year:	_____	Successfully	complete:	Yes/No
Name	of	Facility:	_____	Year:	_____	Successfully	complete:	Yes/N

Have you been incarcerated (more than 6 months at a time) before: Yes/No

If so, please list the dates and names of facility along with the associated charge below:

Name of Facility:	_____	Dates:	_____	Charge:	_____
Name of Facility:	_____	Dates:	_____	Charge:	_____

What do you see as your main obstacle in life? (Why are you wanting services from us?)

Describe yourself, what kind of person are you?

Emergency Contact Name: _____ **Address:** _____ **Telephone:** _____

Emergency Contact Name: _____ **Address:** _____ **Telephone:** _____

How long do you plan to stay at our facility? _____

Please describe the circumstances that resulted in your current situation or incarceration (what happened...tell us your story as to how you got to where you are or were criminally charged):

Upon admission, can you provide a valid Tennessee state ID or driver's license in addition to a social security card or birth certificate upon admission (Even if the proof is a clear photocopy)? Yes/No

I understand that a portion of the intervention courses are faith-based in nature and are a requirement to complete the program and receive a certificate of completion. _____ (Initials)

I agree to pay the \$500 deposit and \$175.00 weekly program fees in addition to any other applicable fees per the Financial Transparency Agreement for the duration of my treatment tenure. _____ (Initials)

I understand deposits are nonrefundable. _____ (Initials)

Mailing Address: 7812 Ball Camp Pike Knoxville, TN 37931

Fax: 865-312-6932

Email: application@lazarusofknoxville.org