



# The Ark Dothan

WWW.THEARKDOTHAN.ORG | 334-794-7223 | 475 WEST MAIN ST., DOTHAN AL 36305



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## Ark Resident Discipleship Covenant Agreement: “The Exchanged Life”

### *Ark Discipleship Program*

**Please read the following before applying for acceptance and residency. If you agree with this covenant please sign the end of this form and return this agreement to the front desk of the Ark.**

**Our discipleship approach consists of a Christ-centered spiritual/educational perspective.** It is geared toward leading individuals to live by faith, trusting in Christ as their Lord and Savior and teaching them to grow in their relationship with Him.

The Ark’s Discipleship Program is based on a perspective referred to as “The Exchanged Life” or “Christ-As-Life.” When an individual participates in this discipleship program, it is expected that his desire is to mature in Christ and know Him more intimately.

**A specific process is involved in this discipleship for individuals. It begins with a personal history including a mental, emotional and physical assessment. This requires a criminal background check and drug screening by law enforcement officials. Failure of initial drug screening will not necessarily exclude you from acceptance into the program, provided that you are honest when filling out the application for acceptance.**

Those who participate in the discipleship program are required to make a one year commitment and take part in all program activities defined as follows.

**First six months** you will not be allowed to be employed outside of the Ark. You will not earn money at this time, however the Ark will provide all of your basic needs. It also requires that you attend daily Bible studies, group sessions and church services. Each of these may require daily and weekly homework that

must be completed. You will be expected to participate in daily work details, both inside and outside of the Ark facility.

**Second six months** is a transitional period where you will be expected to find employment and pay program fees. You will be trained in budgeting and finance and interviewing skills. You will be required to save the majority of your earnings with Ark to be used establishing your new life outside the Ark when you leave the program. During this time you will be expected to attend Bible studies, group sessions and church services.

This is a voluntary program and you may leave the program at any time. You may be asked to leave at any time at the discretion of the Ark staff.

I have read and understand the conditions of participating as a resident of the Ark and I agree to the expectations listed above.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_



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## Ark Dothan Inc. Discipleship Prison Transition Application

Resident # \_\_\_\_\_

Mentor \_\_\_\_\_

*THIS FORM IS FOR CURRENTLY INCARCERATED APPLICANTS. WRITTEN REFERRAL FROM A CHAPLAIN OR COUNSELOR MUST BE ATTACHED.*

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

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

Education: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5+ (indicate last year completed) \_\_\_\_\_

Military Service:      Yes      No      Branch \_\_\_\_\_ Highest Rank \_\_\_\_\_

Honorably Discharged:      Yes      No

Do you have any spiritual beliefs?      Yes      No

What is your religious preference? AOG, Atheist, Baptist, Buddhist, Catholic, Christian, Church of Christ, Episcopal, Evangelical, Hindu, Jewish, Jehovah's Witness, Methodist, Mormon, Muslim, Non-Denominational, No Religion, Pentecostal, Presbyterian, Protestant, Roman Catholic, Seventh Day Adventist, Wicca, Other, Unknown. (Please list ONLY one): \_\_\_\_\_

Are you a member of a church:      Yes      No If yes, name of church \_\_\_\_\_

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? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

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      Other

Have you ever been arrested or in jail?      Yes      No

Are you currently incarcerated?      Yes      No.  
If yes, for what? How much time have you served and what is the remainder of your sentence? \_\_\_\_\_

List your convictions and dates:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Have you ever been convicted of a sexual offense?    Yes    No    If yes, describe the charge you were convicted of and where. \_\_\_\_\_

Physical Condition:    Poor    Fair    Good

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.

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**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.**

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Signature of Applicant

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Date

# Ark Dothan Resident Assessment Questionnaire

Date \_\_\_\_\_ Assessor \_\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_

## General Information

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Tattoos/scars: Yes No If yes, describe tattoos/scars and location \_\_\_\_\_

Do you understand that this is a Faith-based Christ centered Recovery Program? Yes No

Comments \_\_\_\_\_

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

Do you have an addiction? \_\_\_\_\_ Date last used: \_\_\_\_\_

Have you ever: Overdosed Blacked Out Tried to quit

What Happened? \_\_\_\_\_

Are you willing to adopt a new lifestyle? Yes No

What is the specific problem or concern that has caused you to seek assistance from the Ark at this time? \_\_\_\_\_

At what point did the problem or concern begin? \_\_\_\_\_

What have you done about this problem up to this point in time? \_\_\_\_\_

Please list any ways that the problem may be affecting you and others with whom you are in a relationship: \_\_\_\_\_

How do you express pain, disagreement and anger in your relationships? \_\_\_\_\_

## Family

Marital Status:      Single/never married/no children      Single/divorced/no children  
                         Engaged      Single/never married/have children      Single/divorced/have children  
                         Widowed      Married/no children      Married/have children      Separated

Name of spouse or fiancé (state which) \_\_\_\_\_

Do you have any previous marriages?      Yes      No If yes how many? \_\_\_\_\_

Are you responsible for child support?      Yes      No Is support court ordered?      Yes      No

If yes, what arrangements have been made for your payment responsibilities? \_\_\_\_\_

Children from current marriage (include name, age, sex, grade, marital status):  
\_\_\_\_\_

Children from previous marriage(s) (include name, age, sex, grade, marital status):  
\_\_\_\_\_

Name Age Sex Grade Marital Status

Who is caring for your children now? \_\_\_\_\_

Who will care for them while you are in the program? \_\_\_\_\_

Is domestic violence a problem? \_\_\_\_\_

Please list any brothers and/or sisters by age (including half-brothers and/or sisters) Circle those with whom you are particularly close. \_\_\_\_\_

## Family History

Are there addiction problems in your family now or in the past?      Yes      No

If yes, please explain: \_\_\_\_\_

Father's Name \_\_\_\_\_ Age \_\_\_\_\_      Living      Deceased

Mother's name \_\_\_\_\_ Age \_\_\_\_\_      Living      Deceased

If one or both are deceased how old were you at time of death? \_\_\_\_\_

Has divorce occurred in your family?      Yes      No

If yes did either of your parents remarry?      Yes      No

Has there been alcohol, drug, physical or sexual abuse in your family history?

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## Spiritual

Have you reached the place in your spiritual life where you know for certain that if you were to die today that you would go to Heaven?      Yes      No      Uncertain

What is your religious background? \_\_\_\_\_

Do you attend church?      Yes      No Where? \_\_\_\_\_

Are your parents Christians?      Yes      No If yes, Who? \_\_\_\_\_

If you are married is your spouse a Christian?      Yes      No

Have you or any of your family ever been involved in any occult, cults, New Age, or other non-Christian practices?      Yes      No

If yes, are you or your family still involved in any way with it now?      Yes      No

If yes please explain your involvement. \_\_\_\_\_

What would you like to see God do in your life? \_\_\_\_\_

What would you like to see happen as a result of your stay at the Ark?

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## Military Service History

Have you served in the military?      Yes      No What branch? \_\_\_\_\_

Did you serve in combat?      Yes      No If yes where and how long? \_\_\_\_\_



Describe your military/combat experience.

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In what way(s) does your military/combat experiences affect your life today?

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### Health/Medical

Rate your physical health:      Great      Good      Fair      Poor

Rate your mental health:      Great      Good      Fair      Poor

Do you have any physical impairments/handicaps?      Yes      No

Check all of the health problems you have or have had in the past:      Tuberculosis      AIDS

STDs      Poor Eyesight      Hearing Loss      Colitis      Pneumonia      Leukemia

Bronchitis      Cirrhosis      Backache      Blackouts      Thyroid      Chronic Nausea

Ulcers      Epilepsy      Cancer      Mental Illness      Prostate      Arthritis      Diabetes

Dizziness      Hypoglycemia      Depression      Other \_\_\_\_\_

When was your last HIV test? Date \_\_\_\_\_ Results \_\_\_\_\_

Do you have health insurance?      Yes      No

Date of your last medical examination: \_\_\_\_\_ Problems noted by Doctor \_\_\_\_\_

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Doctor's name: \_\_\_\_\_ Phone Number \_\_\_\_\_

If you have a medical condition(s) that require regular visits to your doctor and/or hospital, list the reasons and how often you need to be seen:

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Are you presently taking medications?      Yes      No If yes, list the medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If accepted can you get enough medication/prescription to finish the program? Yes No Not sure

Any problems eating or sleeping?      Yes      No If yes, explain: \_\_\_\_\_

Are you allergic to any food, plants, animals or medications?      Yes      No

If yes list them: \_\_\_\_\_

Are there any medications that you are suppose to be taking that you are not?      Yes      No

If yes list them: \_\_\_\_\_

## Legal

Have you ever been arrested or in jail/prison?      Yes      No If yes how many times? \_\_\_\_\_

When, where, and what were the charges/convictions and City and State:

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

Time Served? \_\_\_\_\_

Are you on supervision probation parole      Yes      No

Name of your supervisor, probation or parole officer: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Lawyer's Name \_\_\_\_\_ Judge's Name \_\_\_\_\_

Do you have any pending court cases?      Yes      No

If yes, give details for each one:

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

What is your legal status now?

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## Personal

List three strengths and weaknesses in yourself:

Strengths:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Weaknesses:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What have been the deepest hurt done to you? That you have done to others? \_\_\_\_\_

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What would you say is your greatest fear? \_\_\_\_\_

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