

REGENERATION PROGRAM APPLICATION

A Place of Restoration P.O. Box 1182 Gray LA 70359

Tel# _____

SS# _____

PERSONAL INFORMATION

Name _____

(Last) (First) (Middle) (Name Called)

Permanent Address _____

(PO Box or Street#) (City) (State) (Zip)

Mailing Address _____

(PO Box or Street#) (City) (State) (Zip)

Date of Birth _____ Age _____ Place Of Birth _____

(Month, Day, Year)

Number Of Brothers _____ Sisters _____. Your Position in Family (1st, 2nd, etc.) _____

EMERGENCY NOTIFICATION

PHONE

(Name)

(Area Code & Number)

Address _____

(Street #) (City) (State) (Zip) (Relationship)

Parents' Name(s) (If living) _____

Parents' Address _____

(PO Box or Street#) (City) (State) (Zip)

Are Parents Separated _____ Divorced? _____ Reason _____

Is Either Parent Deceased? _____ Father _____ Mother _____ When? _____

Do You Own a Home? _____ Property? _____ Vehicle? _____ Model/Year _____

Are You Receiving Any Other Income? (disabilities, civil suit) If YES, How Much? _____

Do you have any money on your person, If YES how much _____

Do You Possess a Valid Driver's License? _____ State _____ Number _____ Type _____

Other Rehabilitation Centers Attended:

Where? _____ When? _____ Completed? _____ Yes _____ No

Where? _____ When? _____ Completed? _____ Yes _____ No

Where? _____ When? _____ Completed? _____ Yes _____ No

Where? _____ When? _____ Completed? _____ Yes _____ No

Have You Ever Attended AA or NA Meetings? _____ When? _____ How Long? _____

MARITAL STATUS

Married? _____ Single? _____ Separated? _____ Divorced? _____ Widowed? _____

Wife's Name _____ Date of Birth _____ Age _____

Wife's Address _____
(PO Box or Street#») (City) (State) (Zip)

How Long Married? _____ How Long Separated? _____

How Long Divorced? _____ Has Ex-Wife Remarried? _____

Reason for Separation or Divorce _____

Number of Times Married _____ (If more than one, complete below)

1. When Married? _____ When Divorced? _____ Reason _____

2. When Married? _____ When Divorced? _____ Reason _____

3. When Married? _____ When Divorced? _____ Reason _____

4. When Married? _____ When Divorced? _____ Reason _____

List Number of Children (if any) from Each Marriage and Amount of Child Support (if any)

Marriage #1: _____ Child Support _____ per Week/Month/Other _____

Marriage #2: _____ Child Support _____ per Week/Month/Other _____

Marriage #3: _____ Child Support _____ per Week/Month/Other _____

Marriage #4: _____ Child Support _____ per Week/Month/Other _____

Where Are Your Children? _____

If Widowed, Date Wife Died _____ Cause of Death _____

Are You Subject to Any Alimony Payments from Any of the Above Marriages? _____

If So, How Much? _____ per week/month/other _____

If Presently Married, Does Wife Work? _____ If yes, where? _____

Occupation _____ Income? _____

EDUCATION

How Many Years in: GRADE SCHOOL _____ HIGH SCHOOL _____ COLLEGE _____ GRAD _____

College Degree: _____ Major/Minor _____ Post Grad. _____
(Type & Year) (Degree)

Trade School _____ Did You Complete? _____ Year _____

Name of College or Trade School _____ Specialized Training _____

OCCUPATIONAL EXPERIENCE

Usual Occupation _____ How Many Years at Trade? _____

How Long on Present Job? _____ Is This Your Usual Occupation? _____ If Not, Why Not? _____

Are You Now Working? _____ If Yes, What Company and Where? _____

If Not Working, Why Not? _____

List any Special Skills (Such as Cook, Barber, Printer, Mechanic, etc.) _____

Last Steady Job _____

(What)

(Where)

(How Long)

Have You Ever Been Fired from a Job Because of Your Use of Alcohol or Drugs? _____

If So, Explain: _____

Have You Ever Quit Because of Alcohol or Drugs? _____ If So, Explain: _____

Number of Jobs in the Past Five Years _____ Preferred Type of Work _____

MILITARY EXPERIENCE

Are You a Veteran? _____ Branch of Service _____ Highest Rank _____

How Long in the Service? _____ Date and Type of Discharge _____

Serial Number _____ It other than honorable discharge, explain _____

Are You Retired from the Service? _____ Amount of Retirement Income _____

Do You Have a Service Related Disability? _____ Amount of Disability Income _____

Type of Work You Did in the Service _____

Were You ever Court-Martialed? _____ If Yes, Explain: _____

Results of Court-Martial _____

MEDICAL INFORMATION

What is the State of Your Health? _____Excellent _____Good _____Fair _____Poor _____Declining

Height_____ Weight_____ Usual Weight_____ Have You Had Any Recent Weight Changes? _____

List All Major Illnesses or Operations You Have Had: _____

Are You Handicapped in Any Way?_____ Type of Handicap _____

Do You Now Have a Venereal Disease?_____ Have You Had a Venereal Disease in the Past? _____

What?_____ When?_____ When Cured or Arrested? _____

Have You Ever Been Tested for HIV?_____ When? _____

Are You Open to Being Tested for the HIV Virus While a Resident Here at Dunklin?_____

If You Use Any Tobacco Products are You Willing to Give It Up to Come Into the Program? _____

Have You Ever Been *Hospitalized* for Alcoholism or Drug Addiction?_____

List All Related Illnesses:

Where?_____ When?_____ Condition _____

Where?_____ When?_____ Condition _____

Where?_____ When?_____ Condition _____

Are You Now Taking Any Medication, *Prescribed* or *Over-The-Counter*? _____

If Yes, What?_____ How Long Have You Been Taking It? _____

If Married, is Wife Taking Any Prescribed or Over The Counter Medications _____

If Yes, What?_____ How Long Has She Been Taking It? _____

Have You Ever Suffered from Depression?_____ Describe Any Treatment You May Have Received

Have You Ever Had Any Thought of Suicide?_____ When? _____

Have You Ever Attempted Suicide?_____ When? _____

How Did You Try to Do This? _____

Have You Ever Been Treated for Any Psychiatric Illness?_____ If Yes, Explain and Describe

Treatment, if Any _____

Would You Be Willing to Sign a Release of Information Form So that We Might Obtain Information

Concerning Social, Medical or Psychiatric Reports or Information?_____

ALCOHOL/DRUG USE HISTORY

Past Use: What Was Your Use of Alcohol or Drugs Prior to Being Accepted for this Interview?

Alcohol: _____ How Much? _____ How Long? _____
(*Beer? Wine? Whiskey? All?*) (Years)

Drugs: _____ How Much? _____ How Long? _____
(*Pot? Crack? Cocaine? Speed? Other?*) (Years)

What Was Your Age and the Circumstance of Your First Drinking or Drugging Experience? _____

Has Your Drinking or Drugging Pattern Changed? _____ In What Way? _____

What's Your Drinking or Drugging Pattern Now? _____

Have You Ever Tried to Control Your Drinking or Drugging On Your Own? _____ How? _____

Have You Ever Had a Blackout? _____ Seizures? _____ Hallucinations? _____ DT's _____

What is Your Drinking or Drugging Behavior? _____
(*Aggressive-Calm-Abusive-Quiet-Happy Etc.*)

What is Your Longest Period of Sobriety in the Past Two Years? _____

Have You Ever Misused or Abused Prescription Drugs? _____ If So, What Drugs? _____

Have You Ever Abused or Misused Over-the-Counter Drugs? (Nyquil, No-Doz, Vivarin, Aspirin, etc.) _____ If So, What Drugs? _____

Have You Used or Abused Any Other Substances (Not Listed Above) in the Past to Change Your Mood or Get You "High?" _____ If Yes, What? _____
How Long? _____

Any Other Information Concerning Your Past Alcohol or Drug Use that You Would Like to Share?

ARREST RECORD

Number of Times Arrested_____ What is the Longest You Have Spent in Jail? _____

What Misdemeanor(s) and/or Felony(s) Have You Spent Time in Jail for? _____

Are You Presently Involved in Any Lawsuits? _____

Has Your Driver's License Ever Been Suspended or Revoked?_____ If So, Why and When? _____

Have You Ever Been in Prison?_____ When?_____ Why? _____

Where? _____

Are There Any Charges Pending Against You at this Time?_____ If So, Explain _____

Any Court Dates Pending at This Time?_____ If So, When? _____

Do You Object to Us Notifying the Law That You Are Here?_____

Are You Presently on Probation or Community Control?_____ How Long?_____ County? _____

Probation or Community Control Officer's Name_____ Phone # _____

Remarks _____

RELIGIOUS BACKGROUND

Are You a Church Member?_____ Have You Ever Been a Church Member?_____

If So, What Denomination?_____ Where? _____

Pastor's Name:_____ How Often Did You Attend? _____

Were You Ever a Church Officer or Sunday School Teacher?_____ If So, What? _____

Did You Attend Church as a Child?_____ How Often Do You Read *the Bible*? _____

Have You Ever Been Baptized?_____

When Did You Last Attend Church on a Regular Basis? _____

Do You Ever Pray?_____ If So, When? _____

Are You Saved? Yes _____ No _____ Not Sure _____ If Yes, When? _____

Religious Background of Your Wife _____

FINANCIAL RESPONSIBILITY

The cost to provide food, laundry services, utilities, housing and staff for you while you are at APOR is _____ .

Some of this money is provided by the contributions of Christian people who love the Lord and who desire to help Alcoholics and Drug Addicts. The staff members of APOR are willing to invest their time and talents to help you while you are here. In turn, we expect you to help others receive the same benefits you received.

We prefer that payment be made while you are going through the program but if this is not possible, arrangements should be made with the Director to pay within a year after leaving APOR. We would also like a monthly letter sharing with us your spiritual progress as well as a financial contribution.

I have read and agree with the policy stated above and I voluntarily acknowledge my financial responsibility to A PLACE OF RESTORATION

Signed _____ Date _____

Arrangements for Payment _____

APPLICATION AND CONTRACT
FOR ACCEPTANCE TO A PLACE OF RESTORATION

I hereby assume any risks that may be incident to my stay here and do hereby for my heirs, executors, administrator, myself or any personal representative release and relinquish forever any and all claims of any nature whatsoever that might arise out of my stay at A PLACE OF RESTORATION P.O. BOX 1182 GRAY LA. 70359

I do hereby promise and agree that I will cooperated with the rules of A PLACE OF RESTORATION to the best of my ability and that I will carry out the work assigned to me in maintaining A PLACE OF RESTORATION as my physical condition permits and to the best of my ability.

I have read and or have had read to me all the foregoing questions and /or statements and have made the answers thereto contained in this application and am fully aware of the meaning of same and I willingly and personally sign this application and contract fully knowing what I am doing.

Any personal property left upon my departure from APOR and not claimed within three days by me or my authorized representative shall become the property of APOR to dispose of to the best interest of APOR.

NOTE: NO PERSON OTHER THAN THE APPLICANT IS AUTHORIZED TO SIGN THIS APPLICATION/CONTRACT

Applicant _____ Witness _____ Date _____

Date Entered _____ Date Left _____ Remarks _____

Date Entered _____ Date Left _____ Remarks _____

Date Entered _____ Date Left _____ Remarks _____
