



This information is confidential. It will not be held against you or used to judge you in anyway. We are a long-term, faith-based program. We have a \$500 Intake fee and require \$250 up front, which is non-refundable. If you are serious in your desire to get help, please call us regularly to see if we have an opening available for you. Your contact will keep your application valid. If we do not hear from you, we will only keep your application for 60 days, after that you will have to reapply.

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**Personal Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_  
Zip: \_\_\_\_\_ County: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Social Security: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ DL #: \_\_\_\_\_ State: \_\_\_\_\_ Valid: \_\_\_\_\_

**Education:**

Highest Grade Completed: \_\_\_\_\_ Graduated/GED: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Contact Person:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Marital Status:**

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_ Widowed: \_\_\_\_\_  
Number of Times Married: \_\_\_\_\_ Years Married Each Time: \_\_\_\_\_  
Does your husband support your decision to get help? \_\_\_\_\_  
Husband's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parents:**

Name of living parents: \_\_\_\_\_  
Name of deceased parents: \_\_\_\_\_  
How did they die? \_\_\_\_\_

Is there a history of substance abuse in your family?

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

**Siblings:**

Name and ages of siblings including yourself in the order of birth:

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**Hobbies & Interest:**

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**Medical:**

Please list any, and all medical/ psychological information and diagnosis from previous health providers, physicians, and counselors.

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Do you have Any Health Insurance? \_\_\_\_\_

Do you have Medicaid or Medicare? \_\_\_\_\_

Do you have any physical ailments or medical problems that keeps you from being able to exercise or work a full-time job?

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Please list all past surgeries or hospitalizations:

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Medications currently taking including over the counter:

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Have you ever been to Counseling? Yes: \_\_\_\_\_ No: \_\_\_\_\_ How long ago: \_\_\_\_\_

Have you ever been the victim of physical abuse? Yes: \_\_\_\_\_ No: \_\_\_\_\_ How long: \_\_\_\_\_

Have you ever been the victim of sexual abuse? Yes: \_\_\_\_\_ No: \_\_\_\_\_ How long: \_\_\_\_\_

Have you ever Self-Mutilated? Yes: \_\_\_\_\_ No: \_\_\_\_\_ How long: \_\_\_\_\_

Do you have or have you ever contracted a sexually transmitted disease? \_\_\_\_\_

Sexual Preference: Heterosexual \_\_\_\_\_ Homosexual \_\_\_\_\_ Bisexual \_\_\_\_\_ Other \_\_\_\_\_

Have you ever been involved in prostitution? \_\_\_\_\_ Have you ever been involved with a homosexual relationship \_\_\_\_\_

Are you on a special diet? Explain:

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Do you have any food allergies?

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Have you ever been diagnosed with an eating disorder? Explain:

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**Legal: Information:**

Probation Officer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

List all Arrest and results: \_\_\_\_\_

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List Pending Court Cases & Dates: \_\_\_\_\_

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List any outstanding warrants for your arrest: \_\_\_\_\_

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**Substance Abuse:**

Drug: \_\_\_\_\_ How Often: \_\_\_\_\_ How Much: \_\_\_\_\_ Last Used: \_\_\_\_\_

Drug: \_\_\_\_\_ How Often: \_\_\_\_\_ How Much: \_\_\_\_\_ Last Used: \_\_\_\_\_

Drug: \_\_\_\_\_ How Often: \_\_\_\_\_ How Much: \_\_\_\_\_ Last Used: \_\_\_\_\_

Drug: \_\_\_\_\_ How Often: \_\_\_\_\_ How Much: \_\_\_\_\_ Last Used: \_\_\_\_\_

How old was you when you first started using? \_\_\_\_\_

Do you use tobacco or Smoke cigarettes? \_\_\_\_\_

Have you ever been through a drug or alcohol detox program before? \_\_\_\_\_

Explain how it helped or hindered your recovery? \_\_\_\_\_

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How involved is your family in your recovery? \_\_\_\_\_

**Spiritual:**

What life controlling issues do you see in your life that you need or want to resolve? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel you have a need for God? \_\_\_\_\_

Have you ever committed your life to God? \_\_\_\_\_

What is your present relationship with God like? \_\_\_\_\_  
\_\_\_\_\_

Do you read the Bible? \_\_\_\_\_ Are you open to biblical solutions to our problems? \_\_\_\_\_

Are you a member of any church of religion? \_\_\_\_\_ Type of Religion: \_\_\_\_\_ Denomination: \_\_\_\_\_

**Financial:**

Explain current financial obligations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of current income and sources: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain why we should take you into our recovery program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you ready for your life to be changed? \_\_\_\_\_

How willing are you to do **WHATEVER IT TAKES** to make the change?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director:** \_\_\_\_\_ **+Date:** \_\_\_\_\_

