



The Sparrow's Nest  
Women's Restoration Program  
Admission Application

Office: 304-763-7655

Fax: 866-514-3292

Email: sparrows1nest@gmail.com

Date: \_\_\_\_\_

The following information is considered confidential and will be dealt with as such. Your complete and honest answers will assist us in determining your eligibility and prevent delays in entering the program. Intentionally falsifying any answers could result in being disqualified from the program.

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Age: \_\_\_\_\_

**PROBLEM AREAS**

Please list any substances you are currently addicted to or have been addicted to in the past. Please list these in order of frequency of use.

Drug Name	How Often Used	Age Began	Date of Last Use

Alcohol	How Often Used	Age Began	Date of Last Use

Do you use cigarettes? \_\_\_\_\_ If yes, how many packs per day? \_\_\_\_\_

Number of years you have smoked? \_\_\_\_\_ Are you willing to quit? \_\_\_\_\_

Have you overdosed? \_\_\_\_\_

If yes, how many times and on what? \_\_\_\_\_

Have you ever been to Detox? \_\_\_\_\_

If yes, how many times and where? \_\_\_\_\_

List prior treatment facilities you have entered.

Facility Name	Length of Program	Date Attended	Did you Complete the Program

Date of your last drug or alcohol use: \_\_\_\_\_

What did you use? \_\_\_\_\_ How long have you been using? \_\_\_\_\_

### LEGAL HISTORY

Have you ever been arrested? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Please list your arrest history below:

Date Arrested	List of Charges	Were you Convicted?

Do you have any pending charges? \_\_\_\_\_ If yes, complete the following:

Date Arrested	State	List of Charges	Court Date

Are you presently on probation/parole? \_\_\_\_\_ If yes, what for? \_\_\_\_\_

Date probation/parole began: \_\_\_\_\_ Ending date: \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Are you listed as a sex offender: \_\_\_\_\_

Have you ever been involved with social services regarding your children? \_\_\_\_\_

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

\_\_\_\_\_

## RELATIONSHIPS

Sexual Orientation: \_\_\_Heterosexual \_\_\_Lesbian \_\_\_Bisexual

Marital Status: \_\_\_Single \_\_\_Married \_\_\_Divorced \_\_\_Separated

Do you have a boyfriend or common law spouse? \_\_\_\_\_ If yes, I understand this person will not be able to communicate with me in any manner during the course of the program. \_\_\_\_\_ (initial)

In treatment, there is no fraternizing with the opposite or same sex. Fraternization is a violation of Sparrow's Nest Policy. Are you able to cooperate with this policy? \_\_\_\_\_

Do you have children? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

List name and age of each child: \_\_\_\_\_

\_\_\_\_\_

Who will be providing care for your children while they are in the program? \_\_\_\_\_

\_\_\_\_\_

**HEALTH HISTORY**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

How would you rate your health: \_\_\_Very Good \_\_\_Good \_\_\_Fair \_\_\_Poor

Do you have any problems in the following areas? \_\_\_Vision \_\_\_Dental \_\_\_Back

\_\_\_High Blood Pressure \_\_\_Diabetes \_\_\_Asthma \_\_\_Heart \_\_\_Seizures

\_\_\_Anorexia \_\_\_Bulimia

If yes, describe medical condition and how it impairs your life: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you tested positive for HIV? \_\_\_\_\_ Testing positive does not disqualify you from the program.

Have you tested positive for Hepatitis? \_\_\_\_\_ Testing positive does not disqualify you from the program.

Have you ever been diagnosed with a mental health disorder? \_\_\_\_\_

If yes, please describe the disorder and how it impairs you life: \_\_\_\_\_

\_\_\_\_\_

Are you currently on any medications? \_\_\_\_\_ If yes, please list below:

Medication	Dosage	Times a Day	Diagnoses	Date Began

I understand that any undisclosed medical issues that are discovered after admission could place my stay and treatment at the Sparrow's Nest in jeopardy. \_\_\_\_\_ (signature)

**FAMILY HISTORY**

Father:\_\_\_\_ Step Father:\_\_\_\_ Name:\_\_\_\_\_

Occupation:\_\_\_\_\_ Age:\_\_\_\_\_

Mother:\_\_\_\_ Step Mother:\_\_\_\_ Name:\_\_\_\_\_

Occupation:\_\_\_\_\_ Age:\_\_\_\_\_

How many siblings do you have?\_\_\_\_\_ What place are you in the birth order?\_\_\_\_\_

**EMPLOYMENT HISTORY**

Are you currently employed:\_\_\_\_\_

If yes, where and how long?\_\_\_\_\_

In no, why?\_\_\_\_\_

What is your profession, trade or skill?\_\_\_\_\_

**FINANCIAL**

The Sparrow's Nest is a faith based, nonprofit, treatment program. Currently we require residents to partially pay for their treatment. The fee is \$700 a month to help cover the cost of room and board.

**TREATMENT COMMITMENT**

Finish this statement: With God's help, and as a result of this program, I would like to change my life in the following five areas.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

I am dedicated to changing my life and seeking a new way of doing things. \_\_\_\_\_ (initial)

**WAIVERS** (initial each of the following)

I understand that the Sparrow's Nest is not a detoxification facility. \_\_\_\_\_

I understand that the Sparrow's Nest is not a medical program. \_\_\_\_\_

I understand that the Sparrow's Nest does not pay for any medications. \_\_\_\_\_

I understand that as a part of the Sparrow's Nest program, I will be assigned a task assignment and I waive my right to take legal action against the Sparrow's Nest, Brian's Safehouse and its representatives if I am hurt during that task. \_\_\_\_\_

I understand that the Sparrow's Nest provides limited transportation to me while participating in the program and I waive my right to legal action against the Sparrow's Nest, Brian's Safehouse, and its representatives if injured while being transported by any of the ministries vehicles. \_\_\_\_\_

I understand that the Sparrow's Nest is not a licensed treatment center and I waive my right to legal action against the Sparrow's Nest, Brian's Safehouse, its staff or volunteers based on any counsel I receive. \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed application via one of the following methods.

Email to: sparrows1nest@gmail.com

Fax to: # 866-514-3292

Mail to:  
Sparrows Nest  
PO Box 1122  
Beckley, WV 25801