



Brian's Safehouse
Men's Restoration Program
Admission Application

Office: 304-763-7655

Fax: 866-514-3292

Email: safehouse.brian@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

Date of your last drug or alcohol use: _____

What did you use? _____ How long have you been using? _____

Do you use tobacco? _____ If yes, how many packs, cans or pouches per day? _____

Number of years you have used tobacco? _____ 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

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: _____

RELATIONSHIPS

Sexual Orientation: ___ Heterosexual ___ Homosexual ___ Bisexual

Marital Status: ___ Single ___ Married ___ Divorced ___ Separated

Do you have a girlfriend 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 Brian's Safehouse 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 Brian's Safehouse 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

Brian's Safehouse 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 Brian's Safehouse is not a detoxification facility. _____

I understand that Brian's Safehouse is not a medical program. _____

I understand that Brian's Safehouse does not pay for any medications. _____

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

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

I understand that Brian's Safehouse is not a licensed treatment center and I waive my right to legal action against 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: safehouse.brian@gmail.com

Fax to: # 866-514-3292

Mail to:
Brian's Safehouse
PO Box 1122
Beckley, WV 25801