



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: \_\_\_\_\_

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? \_\_\_\_\_

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

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

What did you use? \_\_\_\_\_

## LEGAL HISTORY

Have you ever been arrested? \_\_\_\_\_

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? \_\_\_\_\_

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

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

## RELATIONSHIPS

Sexual Orientation: \_\_\_\_ Heterosexual \_\_\_\_ Lesbian \_\_\_\_ Bisexual

Marital Status: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated

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

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

\_\_\_\_\_

## HEALTH HISTORY

Do you have any problems in the following areas? \_\_\_\_ High Blood Pressure \_\_\_\_ Diabetes

\_\_\_\_ Asthma \_\_\_\_ Heart \_\_\_\_ Seizures

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

### **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 or mepling@brianssafehouse.org

Fax to: # 866-514-3292

Mail to:  
Sparrow's Nest  
PO Box 1122  
Beckley, WV 25802