



Help for Today... Hope for Tomorrow

Four States Christian Missions, Inc.
The Hope Center at Hagerstown Rescue Mission
FOUNDATIONS Life Recovery Ministry
Application for Admission

A. Background Information

- 1) Last Name _____ First Name _____ M.I. _____
SS# _____ Date of Birth _____
Referral Agency _____
Person to Contact _____ Title _____
Phone Number _____
- 2) Current Address _____
City _____ State _____ Zip _____
Phone Number _____ Person to contact _____
Contact relationship _____ Phone Number _____
- 3) Age _____ Weight _____ Height _____ Hair color _____ Eye color _____
Identifying marks or features _____
- 4) Marital Status (Circle one) A. Single B. Married C. Married but separated D. Widowed
E. Multiple marriages F. Living with girlfriend
- 5) Present living arrangements (Circle one) A. Own home B. Rental home C. Hotel
D. Living with parents E. Living with friends F. Rehab program
G. Halfway house H. Living in vehicle I. Homeless
- 6) Educational Background (Circle highest level completed and note grade or year number)
A. Grade School _____ B. Middle School _____ C. High School _____ D. GED _____
E. Technical or Professional School _____ F. College _____
Degree Obtained a) Associates b) Bachelors c) Masters d) Doctorate
- 7) Benefits you are receiving (Circle one) A. Retirement B. Pension C. Investment Income
D. Income from Government agencies How much? _____
- 8) Personal Information
Driver's license? _____ Yes _____ No License # _____
State Issuance _____ Is it a valid license? _____ Yes _____ No License suspended? If yes,
please explain circumstances _____

Do you have family? _____
Are your parents living? _____ If so, one or both? _____
How many brothers do you have? ____ Are they living? ____ Yes ____ No
How many sisters do you have? ____ Are they living? ____ Yes ____ No
Do you have children? _____ If yes, how many? _____ What are their ages? _____
Are they living? _____ How is your relationship with your family? _____

9) Military Service

Have you served in the Armed Forces? Branch _____
Years served _____ Type of Discharge _____
Did you participate in combat? _____ Explain _____

During what era? _____ Were you wounded? _____

B. Religious Background

1) Denomination preference (Circle one)

A. Protestant: a. Baptist b. Methodist c. Brethren d. Pentecostal e. Church of God
f. Presbyterian g. Episcopalian h. Other _____
B. Catholic C. Jewish D. Muslim E. Other (description) _____

2) Spiritual Experience: Which best describes your experience? (Circle one)

A. I've never known God B. I'm open to knowing God
C. I've accepted Christ as my Savior but am backslidden
D. I am saved and have a good relationship with Christ.

3) Briefly share your testimony _____

C. Substance Abuse Information

1) Circle the substance that you regularly use

A. Alcohol B. Cocaine C. Marijuana D. Heroin E. Hallucinogens F. Speed G. Other

Describe: _____

2) Number of years of use _____ Number of years of heavy use _____

3) Approximate date since you last used ____/____/____

4) Longest time sober or substance free in last three years _____ months

Longest time sober or substance free in last year _____ months

5) Frequency of use (Circle one) A. Constantly B. Weekends C. Special occasions

D. Whenever available E. When things get tough F. On a week/off a week

- 6) Quantity currently consumed per week _____
 Quantity consumed two weeks ago _____
- 7) Effect of losses due to substance abuse (Circle all that apply)
 A. Job(s) B. Marriage C. Friend(s) D. Possessions E. Arrests F. DUI's
 G. Heavy debt H. Health I. Incarcerations
- 8) Physical side effects of substance abuse (Circle all that apply)
 A. Loss of motivation B. Shakes or convulsions C. Memory blackout
 D. Incoherent thinking E. Internal problems
- 9) Previous rehabilitation involvement
 A. Number of years ____ AA Number of years ____ NA
 B. Previous residential rehab programs _____

 C. Number of times in detoxification (estimate) _____
- 10) If married, is your spouse addicted to alcohol or drugs? ____ Yes ____ No
 Do any family members have a substance abuse problem? ____ Yes ____ No
 If yes, specify by circling one: Drugs Alcohol

D. Health Questionnaire

- 1) Overall health (Circle one) A. Excellent B. Good C. Fair D. Failing E. Very poor
- 2) Medications you are currently taking: Medication/Condition it is used to treat
 A. _____/
 B. _____/
 C. _____/
 D. _____/
 E. _____/
 F. _____/
- 3) If you are currently taking medication, do you have enough to last for 30 days? _____
- 4) If not, how much do you have? _____
- 5) Are you in need of medication? _____ For what condition? _____
- 6) Do you have any scheduled doctor's appointments? _____ If yes, please give the name and phone number of the doctor _____
- 7) During the **past five years** have you
 A. Been treated for or told that you have an illness or injury? Please explain _____

 B. Consulted or were examined by or treated by a physician, practitioner, or other medical specialist at a physician's office, hospital, or a clinic? If yes, please explain _____

C. What was the treatment or diagnosis given? _____

D. Has there been any recommendation for surgery which you have not had? If yes, please explain _____

8) Have you had any prior injuries to your back that would affect your ability to do lifting, bending, or twisting in any manner? ____Yes ____No If yes, please explain _____

9) Do you wear glasses or contacts? ____Yes ____No

10) Do you currently have a physical disability? ____Yes ____No If yes, please explain _____

11) Please check any of the following that apply:

- | | |
|--|-----------------------------|
| ____ Amputation of foot, leg, arm, hand, fingers | ____ Kidney/bladder trouble |
| ____ A Permanent physical condition | ____ Knee injury |
| ____ Arthritis or rheumatism | ____ Loss of hearing |
| ____ Back Surgery | ____ Loss of sight |
| ____ Cancer | ____ Phlebitis |
| ____ Diabetes | ____ Polio |
| ____ Dizziness, fainting spells, convulsions | ____ Varicose veins |
| ____ Epilepsy | ____ Hernia or rupture |
| ____ Head injury | ____ Heart condition |
| ____ High blood pressure | ____ Breathing problems |
| ____ Hepatitis (state type) A B C | ____ AIDS or HIV positive |
| ____ Tuberculosis | ____ Scabies, lice or crabs |

Signature of Applicant _____ Date _____

E. Legal Information: (Fill in all blanks and circle letter of nearest choice)

1) Have you ever been convicted of a felony? ____Yes ____No

How many? _____ State violations _____

2) Have you ever been charged or convicted as a sex offender? ____Yes ____No

When and what were the specifics of the charge or conviction? _____

3) Have you ever been charged or convicted of a violent crime? ____Yes ____No
When and what were the specifics of the charge or conviction? _____

4) Are you currently on parole or probation? ____Yes ____No
If yes, what State and County? _____
Parole/probation officer's name _____
Parole/probation officer's phone number _____
Frequency of times required to report? _____
Are you required to have urine checks? _____ How often? _____
Where are these urine checks performed? _____

5) Do you have any upcoming court appearances? ____Yes ____No
Where? _____ When? _____ Time? _____

F. Work History

Over the past five years please list where you have worked.

1. _____
2. _____
3. _____
4. _____

Application Pledge

I, (print name) _____, do verify that the above information is accurate and true to the best of my knowledge, and I am willing to submit to random alcohol and drug testing. I do hereby further agree to a random search of any and all my belongings. I will wholeheartedly submit to the rules of this program and will participate in any and all work and program sessions.

Signature _____ Date _____

Signature of Intake Counselor _____

This form is the sole possession of The Hope Center at Hagerstown Rescue Mission to be used for the purpose of the administrators of The Hope Center's programs for counseling, instruction, and the like, and will not be released to any other agency without proper consent and authorization. Initials required _____