Resident Application

We are so delighted that you are interested in this application. WAR is a Christian Residential Rehabilitative program for women.

Our program is designed to help women whose patterns of inappropriate or harmful substance use has impeded their ability to function in social, family, school, and/or work settings. Our goal is to help you build a deep personal relationship with Jesus Christ. He will help you overcome your struggles and establish a sober and substance free life. We also seek to build and enhance supportive relationships that will encourage a close walk with Jesus.

As you complete this application, it is important to answer all the questions on the application truthfully. This is the only way we can accurately determine how best to serve you. Some things in your past may be difficult or painful to share, but they are essential to your healing and complete recovery.

Date of Application:__/__/_____

Entry Date: __/__/_____

1. **Have you ever been accused of a sexual offense? If yes, explain:**

_____

2. **Have you ever attempted suicide? _____. If yes, When? Explain**

_____

3. **Have you ever been involved in homosexual activity? _____ If yes, explain.**

_____

4. **You must have $50 for curriculum and shirts. Will you be able to provide that at this time? _____**
5. **Do you have your birth certificate, social security card, and driver's license with you? _____**
6. **Do you have any work skills?**

_____

_____.

7. **Do you have special training? _____ What kind?**

_____

8. **What was your last occupation?**

_____

General Information:

Name:_____ **SSN:____-___-_____**

DOB:__/___/_____ **Age:_____**

Current Address:

Street:_____ City:_____ State: ____ Zip_____

Legal Resident of:

State:_____

County:_____

Prior Military Service: Yes_____ No_____ Branch:_____ #Years_____

Discharge date___/___/_____

Nature of discharge (honorable, other than, dishonorable?)_____

Do you have any children? If so, how many?_____

Do you have custody of your children?_____ If not, who does and why?

_____

Education:

__4+ years of college

__1-3 years of college

__1+ years of trade school

__High School Diploma

__GED

__Dropped out of HS.

Housing:

__Live with Spouse

__Live with Parents

__Live with relatives

__Live with friends

__Incarcerated

__Homeless

__Live alone

__Other Explain_____

Marital Status:

__Single

__Married

__Divorced

__Engaged

__Seperated

__Widowed

__Other

Race:

__White

__Black

__Hispanic

__American Indian

__Asian

__Middle Eastern

__Other

Religion:

__Protestant

__Catholic

__Other

Denomination:

__Assemblies of God

__Evangelical Free

__Nazarene

__Baptist

__Lutheran

__Non-Denominational

__Church of God

__Methodist

__Church of Christ

__Other

Need help with:

__Alcohol Addiction

__Drug Addiction

__Both

Medical Information:

Medical History: Check all that apply to your current or past condition

__ADD	__Diabetes	__High Blood Pressure	__Physical Abuse
__ADHD	__Drug Abuse	__HIV	__Rape
__Alcohol Abuse	__Eating Disorder	__Homicidal Tendencies	__Respiratory Problems
__Anorexia	__Flash Backs	__Homicidal Thoughts	__Schizophrenia
__Asthma	__Hallucinations	__Mental Illness	__Seizures
__Back Problems	__Head Trauma	__Multiple Personalities	__Sexual Abuse
__Bipolar	__Hearing Voices	__Nervous Condition	__Tuberculosis
__Bulimia	__Heart Condition	__Paranoia	__Venereal Disease
__Depression	__Hepatitis		

Substance Abuse:

__Alcohol	__Crack	__Huffing/sniffing	__Mushrooms
__Amphetamines (upper)	__Ecstasy	__LSD	__PCP
__Barbiturates (downers)	__GHB/MDMA	__Marijuana	__Over the counter Drugs.
__Cocaine	__Heroin	__Meth	__Other:_____

When was the last time you used any of the above substances?_____

Drug of choice?_____ Method of use?__inject__Snort__Smoke__Oral__Other:_____

Do you use Tobacco?_____ If yes, check all that apply:__Cigars/cigarettes/vape__Chew/Snuff

Treatment History:

Have you ever been treated for chemical dependency?_____ If yes, how many times____

Are you being treated for any medical condition?_____ If yes, conditions?_____

Are you being treated with prescription Narcotics?_____

***Applicants on prescription narcotics will need to complete the regimen prior to entry or switch to non-narcotic pain meds**

Treatment History Cont.

Have you ever been treated for mental disorders?_____

Have you ever been treated for eating disorders?_____

Have you ever been treated for sleep disorders?_____

Have you ever been treated by a Psychiatrist?_____ If so, last visit?___/___/_____

Have you ever been treated by Psychologist?_____ If so, last visit?___/___/_____

Medications: Psychotropic and anti depressant medications are not allowed at this facility. Applicants must be weaned off before entering WAR.

Name of Doctor:_____

City:_____ State:_____

Phone:_____ Fax:_____

Last visit:_____

Reason for Visit:_____

Name of Psychiatrist:_____

City:_____ State:_____

Phone:_____ Fax:_____

Last visit:_____

Reason for Visit:_____

Name of Psychologist:_____

City:_____ State:_____

Phone:_____ Fax:_____

Last visit:_____

Reason for Visit:_____

List all current medications:

1._____

2. _____

3. _____

List addition medications taken in the past 5 years:

1. _____

2. _____

3. _____

Medical information:

Insurance provider:_____ I.D. Number:_____

Name:_____

City:_____ State:_____ Zip: _____

Special Needs:

Do you have a type of disability?	**__Yes__No Type:_____**
Do you require a special diet?	**__Yes__No Type:_____**
Do you have any medical restrictions?	**__Yes__No Type:_____**
Do you have any allergies?	**__Yes__No Type:_____**
Do you have any chronic conditions?	**__Yes__No Type:_____**
Do you have any other type of special needs?	**__Yes__No Type:_____**

Prior Treatment Facilities: (List the two most recent treatment facilities you have been in)

Name of Facility:_____

City:_____ State:_____

Date of Treatment:__/__/_____to___/___/_____

Did you complete the program?_____

Name of Facility:_____

City:_____ State:_____

Date of Treatment:__/__/_____to___/___/_____

Did you complete the program?_____

Legal Information

Current legal status:

Are you currently on probation?	**__Yes__No**	**State/County_____**
Are you currently on parole?	**__Yes__No**	**State/County_____**
Do you currently have any court cases pending?	**__Yes__No**	**State/County_____**
Are you currently under investigation for anything?	**__Yes__No**	**State/County_____**
Do you currently have any warrants?	**__Yes__No**	**State/County_____**
Do you currently have any unpaid fines?	**__Yes__No**	**State/County_____**
Are you currently required to pay any restitution?	**__Yes__No**	**State/County_____**
Are you currently ordered to community service?	**__Yes__No**	**State/County_____**
Are you currently required to pay child support?	**__Yes__No**	**State/County_____**
Are you currently behind in child support payments?	**__Yes__No**	**State/County_____**
Are you out of jail on bond?	**__Yes__No**	**State/County_____**

Past Legal Status:

Have you ever been arrested?	**__Yes__No**	**State/County_____**
Have you ever been in a juvenile detention center?	**__Yes__No**	**State/County_____**
Have you ever been sentenced to jail?	**__Yes__No**	**State/County_____**
Have you ever been in prison?	**__Yes__No**	**State/County_____**
Have you ever been on probation/parole?	**__Yes__No**	**State/County_____**

Criminal Activity: (Check all that you have been involved with)

__Aiding and Abetting
__Armed Robbery
__Arson
__Assault
__Attempted Assault
__Attempted Rape
__Attempted Robbery
__Attempted Murder
__Attempted Theft
__Battery
__Burglary
__Car Jacking
__Child Abuse/Neglect
__Child Molestation
__Child Endangerment
__Child Pornography
__Concealed weapon
__Criminal Sexual Conduct
__Disorderly Conduct
__Domestic Violence
__Driving without a License
__Drug Manufacturing
__Drug Possession
__DUI
__DWI
__Embezzlement
__Escape from Custody
__Felony Conviction
__Fleeing or Eluding Police
__Fraud
__Harassment
__Incest
__Kidnapping
__Larceny
__Manslaughter
__Murder
__No contact order
__Order of Protection
__Parole Violation
__Rape
__Restraining Order
__Robbery
__Sex with Minor
__Shoplifting
__Solicitation of Prostitution
__Stalking
__Terrorist threats
__Theft
__Truancy
__Underage Drinking
__Use of Firearm in a crime
__Vandalism
__Vehicular Homicide
__Violation of no contact order
__Violation of Protection order
__Violation of Restraining Order
_____Other

Probation Information:

Probation Officers name:_____

Address:_____

City:_____State:_____Zip_____

Phone:_____Fax:_____

Email:_____

Attorney Information:

Attorney's name_____

Address:_____

City:_____State:_____Zip_____

Phone:_____Fax:_____

Email:_____

Case Worker

Case Worker's name:_____

Address:_____

City:_____State:_____Zip_____

Phone:_____Fax:_____

Email:_____

For Administrator's use only: If Applicant is court ordered to our program, provide the following information

Court information

Name of Court_____
Address:_____

City:_____State:_____Zip_____

County_____Judges name:_____

___Copy of Court order received

___Copy of Probation Requirements received

Applicant's signature:_____ Date:___/___/_____

Family Information:

Primary Emergency Contact:

Name:_____

Relationship:_____

Street:_____

City:_____State:_____Zip_____

Phone:_____

Email:_____

Secondary Emergency Contact:

Name:_____

Relationship:_____

Street:_____

City:_____State:_____Zip_____

Phone:_____

Email:_____

Children's Information:

Name_____ Sex___ Age____ DOB ___/____/_____

Name_____ Sex___ Age____ DOB ___/____/_____

Name_____ Sex___ Age____ DOB ___/____/_____

Name_____ Sex___ Age____ DOB ___/____/_____

Name_____ Sex___ Age____ DOB ___/____/_____

Name_____ Sex___ Age____ DOB ___/____/_____

Name_____ Sex___ Age____ DOB ___/____/_____

If you attend church, please provide as much of the following information as possible

Name of Pastor:_____

Name of the Church:_____

Street Address:_____

City:_____State:_____Zip:_____

Phone:_____

Please read each item carefully and initial your acceptance to each program requirement.

Upon acceptance to WAR agree to the following:

____I will participate in daily devotions, Bible reading, Bible studies, and prayer.
____I will participate in church services and events that WAR attends.

____ I will participate in lecture classes.

____(Optional) I release all my rights of my personal story (testimony) and allow WAR the ability to use their photographs, videos, and testimonies, etc. in a promotional manner.

____I understand that all proceeds earned while in the ministry will go towards ministry operations.

My signature below indicates that I have carefully considered the Christian nature of the program and have made a free and independent choice to participate in WAR.

WAR requires a 9-12 month stay. By signing below, you are committing to stay a minimum of 9 months or a maximum of 12 months. The duration of the stay is different for every resident, and is determined by the WAR Directors and staff, depending on how well the resident does in the program, legal issues, etc.

Residents Signature:_____ Date: ___/____/_____