**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:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Have you ever attempted suicide? \_\_\_\_\_\_\_. If yes, When? Explain**
2. **Have you ever been involved in homosexual activity? \_\_\_\_\_\_\_ If yes, explain.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **You must have $50 for curriculum and shirts. Will you be able to provide that at this time? \_\_\_\_\_\_\_**
2. **Do you have your birth certificate, social security card, and driver’s license with you?** **\_\_\_\_\_\_\_**
3. **Do you have any work skills?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

1. **Do you have special training? \_\_\_\_\_\_\_ What kind?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **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:** | **Housing:** | **Marital Status:** |
| **\_\_4+ years of college**  **\_\_1-3 years of college**  **\_\_1+ years of trade school**  **\_\_High School Diploma**  **\_\_GED**  **\_\_Dropped out of HS.** | **\_\_Live with Spouse**  **\_\_Live with Parents**  **\_\_Live with relatives**  **\_\_Live with friends**  **\_\_Incarcerated**  **\_\_Homeless**  **\_\_Live alone**  **\_\_Other Explain\_\_\_\_\_\_\_\_\_\_** | **\_\_Single**  **\_\_Married**  **\_\_Divorced**  **\_\_Engaged**  **\_\_Seperated**  **\_\_Widowed**  **\_\_Other** |
|  |  |  |
| **Race:** | **Religion:** | **Denomination:** |
| **\_\_White**  **\_\_Black**  **\_\_Hispanic**  **\_\_American Indian**  **\_\_Asian**  **\_\_Middle Eastern**  **\_\_Other** | **\_\_Protestant**  **\_\_Catholic**  **\_\_Other** | **\_\_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**  **\_\_ADHD**  **\_\_Alcohol Abuse**  **\_\_Anorexia**  **\_\_Asthma**  **\_\_Back Problems**  **\_\_Bipolar**  **\_\_Bulimia**  **\_\_Depression** | **\_\_Diabetes**  **\_\_Drug Abuse**  **\_\_Eating Disorder**  **\_\_Flash Backs**  **\_\_Hallucinations**  **\_\_Head Trauma**  **\_\_Hearing Voices**  **\_\_Heart Condition**  **\_\_Hepatitis** | **\_\_High Blood Pressure**  **\_\_HIV**  **\_\_Homicidal Tendencies**  **\_\_Homicidal Thoughts**  **\_\_Mental Illness**  **\_\_Multiple Personalities**  **\_\_Nervous Condition**  **\_\_Paranoia** | **\_\_Physical Abuse**  **\_\_Rape**  **\_\_Respiratory Problems**  **\_\_Schizophrenia**  **\_\_Seizures**  **\_\_Sexual Abuse**  **\_\_Tuberculosis**  **\_\_Venereal Disease** |
| **Substance Abuse:** |  |  |  |
| **\_\_Alcohol**  **\_\_Amphetamines (upper)**  **\_\_Barbiturates (downers)**  **\_\_Cocaine** | **\_\_Crack**  **\_\_Ecstasy**  **\_\_GHB/MDMA**  **\_\_Heroin** | **\_\_Huffing/sniffing**  **\_\_LSD**  **\_\_Marijuana**  **\_\_Meth** | **\_\_Mushrooms**  **\_\_PCP**  **\_\_Over the counter Drugs.**  **\_\_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: List addition medications taken in the past 5 years:**

|  |  |
| --- | --- |
| **1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Medical information:**

**Insurance provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I.D. Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_**

**Special Needs:**

|  |  |
| --- | --- |
| **Do you have a type of disability?**  **Do you require a special diet?**  **Do you have any medical restrictions?**  **Do you have any allergies?**  **Do you have any chronic conditions?**  **Do you have any other type of special needs?** | **\_\_Yes\_\_No Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_Yes\_\_No Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_Yes\_\_No Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_Yes\_\_No Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_Yes\_\_No Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_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?**  **Are you currently on parole?**  **Do you currently have any court cases pending?**  **Are you currently under investigation for anything?**  **Do you currently have any warrants?**  **Do you currently have any unpaid fines?**  **Are you currently required to pay any restitution?**  **Are you currently ordered to community service?**  **Are you currently required to pay child support?**  **Are you currently behind in child support payments?**  **Are you out of jail on bond?** | **\_\_Yes\_\_No State/County\_\_\_\_\_\_\_\_\_\_**  **\_\_Yes\_\_No State/County\_\_\_\_\_\_\_\_\_\_**  **\_\_Yes\_\_No State/County\_\_\_\_\_\_\_\_\_\_**  **\_\_Yes\_\_No State/County\_\_\_\_\_\_\_\_\_\_**  **\_\_Yes\_\_No State/County\_\_\_\_\_\_\_\_\_\_**  **\_\_Yes\_\_No State/County\_\_\_\_\_\_\_\_\_\_**  **\_\_Yes\_\_No State/County\_\_\_\_\_\_\_\_\_\_**  **\_\_Yes\_\_No State/County\_\_\_\_\_\_\_\_\_\_**  **\_\_Yes\_\_No State/County\_\_\_\_\_\_\_\_\_\_**  **\_\_Yes\_\_No State/County\_\_\_\_\_\_\_\_\_\_**  **\_\_Yes\_\_No State/County\_\_\_\_\_\_\_\_\_\_** |

**Past Legal Status:**

|  |  |
| --- | --- |
| **Have you ever been arrested?**  **Have you ever been in a juvenile detention center?**  **Have you ever been sentenced to jail?**  **Have you ever been in prison?**  **Have you ever been on probation/parole?** | **\_\_Yes\_\_No State/County\_\_\_\_\_\_\_\_\_\_**  **\_\_Yes\_\_No State/County\_\_\_\_\_\_\_\_\_\_**  **\_\_Yes\_\_No State/County\_\_\_\_\_\_\_\_\_\_**  **\_\_Yes\_\_No State/County\_\_\_\_\_\_\_\_\_\_**  **\_\_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: \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_**