

Loving Hands Ministries

Page 1

Application for Admission:

Personal Information:

Date: _____, 20 ____

Name: _____ S.S. # _____

Address: _____ City: _____ State: ____ Zip: _____

Your personal home or cell phone # () _____ Age: ____ Date of Birth: ____/____/____

Place of Birth: City: _____ State: ____ Height: _____ Weight: _____ Race: ____

Eye Color: ____ Describe any Birthmarks or Tattoos: _____

Drivers License; is it valid? ____ State ____ DL # _____ Class _____

In Case of Emergency, Notify:

Home:

Cell:

Name: _____ Phone: (____) _____ / (____) _____

Address: _____ City: _____ State: ____ Zip: _____

Relationship to you: _____

Referred to LHM by: Name: _____ Phone: (____) _____ Relationship to

you: _____ Address: _____ City: _____ State: ____ Zip: _____

Personal History of your Parents

Is your Mother living? () Yes () No Describe your present relationship with her: _____

Is your Father living? () Yes () No Describe your present relationship with him: _____

Are your parents? [] Single [] Married [] Separated [] Divorced [] Widowed

Parents:

Mother

Father

Name: _____

Address: _____

City: _____ State ____ Zip _____

Phone (____) _____

If you were reared by anyone other than your parents, briefly explain: _____

How many Brothers ____ Sisters ____ How many older ____ Younger ____ Were you adopted? [] Yes [] No

Name, Address & Phone # of Brother/Sister:

1. Name: _____ Add: _____ Phone: _____

2. Name: _____ Add: _____ Phone: _____

3. Name: _____ Add.: _____ Phone: _____

4. Name: _____ Add. _____ Phone: _____

Personal History:

Are you: [] Single () Married Date: ___/___/___ [] Separated () Divorced **If Yes; Date:** ___/___/___

Wife

Girlfriend (Recent) Did You Live Together? Y N

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State _____ City: _____ State: _____

Zip _____ Phone # () _____ Zip _____ Phone # () _____

Number times married: ___ Number of Children? ___ **Court ordered to pay Child Support?** _____

Name, Gender and ages of your children:

Name, Address/ Phone Of Person Who Has Custody:

1. _____ Age: ___ Gender: ___ Name: _____

2. _____ Age: ___ Gender: ___ Add. _____

3. _____ Age: ___ Gender: ___ City: _____ State: ___ Zip: _____

4. _____ Age: ___ Gender: ___ Are Child Support payments current? _____

Did you ever participate in homosexual acts? [] Yes [] No;

Do you consider yourself Homosexual? [] Yes [] No ***Were you ever molested?*** [] Yes [] No

Education: What was the last grade you completed? _____

High School: [] 9th [] 10th [] 11th [] 12th [] GED () College

Years of college you completed ___ Did you earn a degree? ___ Type of degree? ___ Major _____

List any Trade Schools/certifications completed:

1. _____

2. _____

3. _____

Medical History

What is the state of your physical health? [] Good [] Fair [] Poor List & describe all medical problems:

_____ List all Previous Major Illnesses, Injuries or operations:

Date: ___/___/___ / Date: ___/___/___

Date: ___/___/___ / ___/___/___

Are you on Meds? ___ Med.Name & Purpose: _____ Date perscribed: ___/___/___

Are You **HIV Positive**? Yes () No () **Hepatitis** [] Yes [] No **STD** () Yes () No

Date Last Tested for HIV ___/___/___ Hepatitis ___/___/___ Hep. Type ___ STD. Type _____

Do You have any medical/Dental/ Life insurance? ; If so, Provider? _____

Drug/Alcohol/ Tobacco History:

Do you smoke? [] Yes [] No Use any other form of tobacco? () No () Yes ; What? _____
Do you drink alcoholic beverages? [] Yes [] No [] Occasionally; How often? _____
Do you get Drunk? _____ Is Drinking a sin ? **Are you an alcoholic?** [] Yes [] No
Do you now or have you ever abused drugs? [] Yes [] No; If yes, what kind? _____
_____ Age you began using drugs? _____ Your main drug of choice now? _____
Longest period of time Sober & or Clean ? _____ Date: From _____ To _____
Have you ever received Drug/Alcohol Treatment? [] Yes [] No; **Are you an Addict?** _____

Rehabilitation Centers/Hospitals where you were treated:

<u>Name Of Treatment Facility:</u>	<u>Location City:</u>	<u>Dates:</u>
1. _____	_____	From: _____ To: _____
2. _____	_____	From: _____ To: _____
3. _____	_____	From: _____ To: _____

Were you Detoxed recently? _____ When? ___/___/___ From what? _____ List any Disabilities or Problem Areas In Your Life: _____

Mental Health: Past diagnosis by Professionals: _____ Date: ___ / ___ / ___
Diagnosis: _____ Date: ___ / ___ / ___

Are you currently on any meds.? [] Yes [] No; Date Last Scrip. ___/___/___ Name of Med. _____

Medications: Name of med. _____	Date Prescribed: _____
Name of Med: _____	Date Prescribed: _____
Name of Med. _____	Date Prescribed: _____

Have you ever been treated and or committed to a psychiatric hospital? _____ For: _____
Name & Location of the Hospital/Institution:

1. _____ Date: _____ Length of stay? _____
2. _____ Date: _____ Length of stay? _____

Have you ever tried to take your own life? [] No [] Yes, If yes, How many times? _____
Explain? _____

Military: Are you a Veteran? () Yes () No

What branch of the service were you in? _____
How long? _____ Type of discharge? _____ Reason for discharge? _____

Employment History:

List present/**most recent** and other past employment:

Employer: _____ Phone:(____) _____ Job Title: _____

City/State: _____ Dates: From: _____ To: _____

Duties Performed: _____ Reason for leaving: _____

Employer: _____ Phone:(____) _____ Job Title: _____

City/State: _____ Dates: From: _____ To: _____

Duties Performed: _____

Reason for leaving: _____ please list 1 additional Employer:

Employer. _____ City, State: _____ Phone:(____) Job Title: _____

List all machines, equipment, and tools with which you have experience: _____

Have you ever received Workman's Compensation? [] Yes [] No; Explain: _____

Do you currently receive any Government or private income? () Yes () No; If Yes; Please Explain why &

Source: _____ Do You Have Assets of any kind? () Yes () No;

If Yes, Please explain : _____ Value Amount \$ _____

Prison/Arrest History: Have you ever served Prison time? From: / / To: / /

List all Charges, Convictions, and other Depositions received in your lifetime: Use page 6 if needed:

OFFENSE, Current/ Most Recent Charge:	PLACE	DATE	SENTENCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Upcoming Court Dates: ___/___/___ ___/___/___ Proposed Outcome: _____

Your Attorney's Name: _____ P.D. or Private? _____ Phone # (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Are you currently on Probation? () No () Yes; Type: () Felony () Misdemeanor.

The Offence/ Charges? _____

Begin Date: ___/___/___ Proposed Completion Date: ___/___/___ Restitution: \$ _____ Fines: \$ _____

Probation Officers Name: _____ Phone # (____) _____

City/County _____ State: _____ Zip: _____

Give two personal references or from the institution where you were incarcerated: (non inmates)

Name, Location & Phone #

Their profession or position:

List Jobs, Vocational Training, and/or Educational Degrees received while incarcerated: _____

Special Skills & or Talents: _____

Religion Info.

Church Member? () NO () Yes, How Long? _____ From _____ To _____ Attended Only: Y () N ()

Church Name: _____ Denomination: _____

Pastor's Name: _____ Phone# _____ Add: _____

City: _____ State: _____ Zip: _____

Do you believe in God? [] Yes [] No Do you pray to God often? [] Yes [] No _____

Are you "Born Again"? [] Yes [] No When did you become a Christian? ____/____/____

Do you read the Bible? [] Yes [] No Do you Believe the Bible is God's Word? [] No [] Yes

How often do you read God's Word? _____ How often do you Attend Church? _____

PERSONAL EVALUATION:

Check any of the following words that best describe you now:

- | | | |
|------------------|--------------------|---------------------|
| [] Active | [] Self-Confident | [] Persistent |
| [] Nervous | [] Hard-Working | [] Inpatient |
| [] Impulsive | [] Moody | [] Often Depressed |
| [] Excitable | [] Imaginative | [] Calm |
| [] Serious | [] Easy-Going | [] Shy |
| [] Good-Natured | [] Introvert | [] Likeable |
| [] A Leader | [] Quiet | [] Submissive |

What Kind Of Person Are You? Describe yourself: _____

Are you Desperate to change? _____ How Desperate To Change Are You? _____

Are You willing To Seek Jesus Christ As Your Only Answer? Y _____ N _____.

Are you willing to abide by all Rules & Conditions of the Loving Hands Program? Yes ____; No: ____

Do you realize that sin in you heart is the root cause of your addictions? Yes ____; No _____

Do you think 18 months is too long to be in the program? Yes ____ ; No____ If you are accepted into this program, will you promise God, this Ministry staff and yourself that you will, by the grace of God complete the 18 month commitment you are making? If your answer is yes, then your *Signature is required: * _____ Date: ____/____/20____

Your Personal Comments:

STAFF COMMENTS:

