

Good News Rescue Mission

3075 Veda Street, Redding, California 96001

(530) 244-6800 Fax (530) 244-6802

APPLICATION FOR ADMISSION

THE NEW LIFE RECOVERY PROGRAMS

This application is for the sole purpose of understanding your problems (causes, frequency and effects) so that we may assist you in becoming a CHANGED and healthy person. The following questions are very personal, so please answer carefully and honestly. The information you provide will be held in the strictest confidence and will not be given to anyone, other than officials of the Mission or the court system, without your permission.

PERSONAL INFORMATION FOR:

MEN's NLRP

WOMEN's NLRP

Today's Date: _____

Name: _____

Are you in custody? YES NO Release Date: _____ Where? _____

My Current Address: _____ Phone No: _____

My Date of Birth: _____

California Driver License or ID No: _____ Expiration Date: _____

My Place of Birth: _____ State or Country: _____

Age: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Identifying marks (scars, tattoos) _____

Emergency Contact Person: _____

Have you applied for financial assistance? YES NO If so, what? _____

Do you have income? YES NO Source of Income: _____

U.S. Citizen? YES NO Religious Preference: _____

Ethnicity: _____

Did you earn a High School Diploma? YES NO Do you have a G.E.D.? YES NO

Education: (CIRCLE ONE) Grade Completed: 8, 9, 10, 11, 12 College: 1, 2, 3, 4 Graduate: 1, 2, 3, 4

Vocational Training: _____

Do you know anyone currently in the New Life or Instep Programs YES NO Who?: _____

Military/Veteran:

Were you in the military? YES NO If yes, which branch: _____

My Dates of service: From: _____ To: _____

My Rank in Service: _____

Military Occupation / Training: _____

Type of Discharge: Honorable Dishonorable General Medical Other: _____

Do you have Veteran Benefits: YES NO

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FAMILY:

Marital Status: Single Married Separated Divorced Common Law

Does your Fiancee / Wife / Husband use drugs or alcohol? YES NO

Date Married: _____ Name and Address of Spouse / Ex-wife / Ex-husband: _____
CIRCLE ONE

Contact with Spouse, Ex-wife or Ex-husband: YES NO Contact with Children? YES NO

Names and ages of my children: _____

Parents Living? YES NO Names and Addresses: _____

Parents Phone No.: _____

Number of Brothers: _____ Names: _____

Number of Sisters: _____ Names: _____

Is your family sympathetic to your problem, and your willingness to get help? YES NO

Does your family know where you are? YES NO

Do you have family members with addiction histories? YES NO

Do you have family members in a recovery program? YES NO Where? _____

Health:

Have you ever been hospitalized? YES NO If yes, when? _____

Reason for my hospitalization(s) _____

Have you ever been diagnosed as having a mental / emotional disorder? YES NO

If yes, for what type: _____ By whom? _____

Are you or have you been under the care of a psychiatrist or County Mental Health? YES NO

Have you ever been a resident in a mental institution? YES NO If yes, what year? _____

Reason: _____ How long? _____

Have you ever attempted suicide? YES NO If yes, when and by what means? _____

Are you suicidal now? YES NO _____

Do you have any allergies? YES NO If yes, which one(s)? _____

Have you ever been tested for TB? YES NO Results: Negative Positive

Are you on any medications? YES NO

If yes, what medications: _____

When was your last physical exam? _____

Are you currently under a doctor's care YES NO

If yes, for what reason(s): _____

Name & address of your doctor: _____

Phone Number of your doctor(s): _____

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Employment / Work History:

What type(s) of work have you done? _____

Your three most recent employers:

Employer	City/State	Type of Work	Reason for Leaving:

Is there anything precluding you from working? YES NO What? _____

Are you on Unemployment? YES NO Are you paying child Support? YES NO

Addiction History:

Do you have a drinking problem? YES NO Are you an alcoholic? YES NO

What type(s) of alcohol do you use? _____ Are you a binge drinker? YES NO

What age you started drinking: _____ How much alcohol do you consume a day? _____

Your longest sobriety: _____ How long have you been sober this time? _____

Have you been in any other recovery program? YES NO When? _____

If yes, which one: _____ Where: _____

Do you have a drug problem? YES NO If yes, what type of drug? Marijuana Meth Heroin
 Crack Cocaine Ecstasy Others: _____

Have you taken drugs intravenously? YES NO Age you started using: _____

Nicotine~

We are a non-tobacco program. Are you willing to give up any form of tobacco you may now be using? YES NO

Legal History:

Have you ever been arrested? YES NO If yes, how many times: _____ Offenses and dates: _____

Have you done time in Jail or Prison: YES NO If yes, for how long? _____

If yes, for which crime(s)? _____

Do you have any cases pending against you? YES NO If yes, for what? _____

When is your next court date? _____ Who is your lawyer? _____ Phone No.: _____

Are you on: PROBATION PAROLE NONE

If yes, PO's name: _____ Phone No.: _____

What county and who is the judge handling your case? _____ - _____

Are you court ordered to do work days? YES NO

Are you court ordered to a recovery program? YES NO

If yes, which program? _____

Are you receiving child protective services? YES NO Social Worker? _____

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Legal History: Continued

Do you have court collections YES NO What? _____

Have you ever been convicted of a sexual offense? YES NO

If yes, are you a registered sex offender? YES NO

Religious / Church History:

Have you ever attended church? YES NO If yes, Which one? _____

Do you believe there is a God? YES NO Who is Jesus Christ? _____

We believe and teach in our classes that Jesus Christ is the only true Son of God and that salvation through Him is the only way we can enter into Heaven. Are you willing to consider this to be true? YES NO

Supplemental Questionnaire

Please answer each question as completely as possible. Your answer should be one-half page or more per question. You can write answers on the preceding blank backs of the application form pages. Be sure to write out the question you are answering at the top of each answer.

THE QUALITY AND HONESTY OF YOUR ANSWERS WILL TELL US ABOUT YOUR HEART FOR RECOVERY

1 Why do you want to join a Christian residential program, now?

ANSWER ON ANOTHER SHEET

2 If you are in custody, why?

ANSWER ON ANOTHER SHEET

3 How often, in the last two years, have you been clean and sober?
How long did you stay clean and sober?

ANSWER ON ANOTHER SHEET

4 How has using, drinking or dual diagnosis negatively affected your life?

ANSWER ON ANOTHER SHEET

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THE FOLLOWING MUST BE READ AND SIGNED BEFORE YOUR APPLICATION WILL BE CONSIDERED:

THE NEW LIFE RECOVERY PROGRAM IS A ZERO TOLERANCE DRUG AND ALCOHOL PROGRAM

If I am accepted into a Recovery Program of The Good News Rescue Mission, I hereby release the Good News Rescue Mission from any and all claims which might arise from any harm or damage that may be suffered by me while at the Mission. I understand that I will be asked to give urine samples **weekly for drug, alcohol and nicotine testing. I AGREE TO THAT TESTING.** I understand that refusal to be so tested, or a positive test result will carry serious consequences, including the notification of the probation or parole and/or Suspension/Dismissal from this Program. I also understand that I must quit the use of **all tobacco products upon entry into the New Life Recovery Program.** That continued use may be grounds for dismissal or suspension from my program. I understand that the mission will confirm through Megan's Law and public record if I am a registered sex offender. I understand the mission will also do a background check for outstanding warrants in my name.

I UNDERSTAND ALL OF THE ABOVE STATEMENTS.

NAME: _____

SIGNATURE: _____

DATE: _____

Witness: _____

DATE: _____

Good News Rescue Mission staff person ONLY