

# Good News Rescue Mission

3100 South Market Street, Redding, California 96001

(530) 241-5754 fax (530) 241-8745

## APPLICATION FOR ADMISSION

### THE NEW LIFE RECOVERY AND IN-STEP 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 Directors at the Mission or personnel in the court system, without your permission.

#### PERSONAL INFORMATION FOR:

MEN's NLRP

WOMEN'S NLRP

IN-STEP MENTAL HEALTH

Today's Date: \_\_\_\_\_

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

Are you in custody? YES  NO  Release Date: \_\_\_\_\_ Where? \_\_\_\_\_

My Current Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

My Social Security 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: \_\_\_\_\_

Do you have income? YES  NO  If yes, 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  If so whom: \_\_\_\_\_

#### Military/Veteran:

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

My Dates of service: From: \_\_\_\_\_ To: \_\_\_\_\_

My Rank in Service: \_\_\_\_\_

Where did you serve? \_\_\_\_\_

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 HIV? YES  NO  Results: Negative  Positive

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

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### 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

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### 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:**

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 officer and or 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** or while in the **In-step program** attend a "**Smoking Cessation**" class. Upon entry to my program, I agree to submit to a blood test for HIV. 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 that the Good News Rescue Mission uses photographs of its members and their families in Mission publications. I agree to allow to have any such photos used for program purposes and publications. I understand the program will video my intake interview and exit review for my benefit and with my permission may be used for mission publications.

I UNDERSTAND ALL OF THE ABOVE STATEMENTS.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Witness: \_\_\_\_\_

DATE: \_\_\_\_\_

Good News Rescue Mission staff person ONLY