

Loving Hands Ministries

Application for Admission (Must be filled out in full detail)

Personal Information (Please Print)

Valid Picture ID is Required

Date ____ / ____ / ____

Please do not apply unless you read the LHM Handbook. Have you read the entire Handbook? () No () Yes

Name _____ Age _____ Date of Birth ____ / ____ / ____

Address _____ City _____ State ____ Zip _____

Your personal home or cell phone # (_____) _____ SS # _____

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

Eye Color ____ Hair _____ Describe any Birthmarks/Tattoos: _____

Drivers License; Valid? ____ State ____ DL # _____ Class _____

Do you currently own a Vehicle? ____ Make & Model _____ Is it paid for? ____

In Case of Emergency, Notify:

Home

Cell

Name _____ Phone (_____) _____ (_____) _____

Address _____ City _____ State ____ Zip _____

Relationship to you: _____

Who referred you to Loving Hands?

Name: _____ Phone: (_____) _____ Relationship to you: _____

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

Personal History of your Parents

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

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

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

Parents: Mother Father

Name: _____ Name: _____

Address: _____ Address: _____

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

Phone: (_____) _____ Phone (_____) _____

Were you adopted? () No () Yes If you were raised by anyone other than your parents, briefly explain:

How many Brothers ____ Sisters ____ How many are older ____ Younger ____ than you?

Name: _____ Age: _____ City & State _____ Phone _____

Name: _____ Age: _____ City & State _____ Phone _____

Use back of page if needed.

Personal History

Date Married

Date of divorce or separation

Are you: () Single () Married / / () Separated () Divorced If Yes, when? / /
Wife Girlfriend (Recent) Did You Live Together? () Yes () No

Name: _____ Name: _____

Address: _____ Address: _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

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

Number of 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. _____ state: _____

3. _____ Age: _____ Gender: _____ Zip: _____ Phone: _____

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

Do you consider yourself Homosexual? () No () Yes Have you ever participated in homosexual acts? () No () Yes

Have you ever been molested? () No () Yes

Education What was the last grade of High School you completed? () 9 () 10 () 11 () 12

Did You Graduate? () Yes () No GED () Yes () No _____

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

Major _____ Please List Below Any Trade Schools/Certifications Completed:

1. _____ 2. _____

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 medications? _____

Medication names & purposes: _____

Med name _____ Date prescribed: / / Med name _____ Date prescribed / /

Are You HIV Positive? () No () Yes Date Last Tested for HIV / /

Do you have Hepatitis? () No () Yes If yes, what type? _____ Date Last Tested for Hepatitis / /

Do you have any STD's? () No () Yes If yes, STD type? _____

Date last tested for STD: / / Do you have medical and/or dental insurance? _____

Who is your medical insurance provider? _____

Drug/Alcohol/ Tobacco History

Do you smoke? () No () Yes Do you use any other form of tobacco? () No () Yes What? _____

Do you smoke Pot? () No () Yes Have You? () No () Yes Do you drink Alcohol? () No () Yes

How often? _____ Do you get Drunk? () No () Yes Are you an Alcoholic? () No () Yes

Is Drinking a sin? () No () Yes Have you ever abused drugs? () No () Yes Age you began using? _____

Are you currently using Drugs? () No () Yes If yes, what Drugs? _____

Date you last used: ____/____/____ Most recent drug of choice? _____

Longest period of sobriety? _____ From: ____/____ To: ____/____ Are you a Drug Addict? () No () Yes

Have you ever received Drug/Alcohol treatment? () No () Yes

Rehabilitation Centers/Hospitals/Detox Centers

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

Were you recently detoxed? () No () Yes From ____/____ To ____/____ Where? _____

List any Disabilities or Problem Areas in Your Life: _____

Mental Health

Past Diagnosis by Professionals: _____ Date ____/____/____

Diagnosis: _____ Date ____/____/____

Are you currently taking and medications? () No () Yes Date of last script ____/____/____ Name of Med _____

Medications

Name of Med _____ Date Prescribed: ____/____/____

Name of Med _____ Date Prescribed: ____/____/____

Name of Med _____ Date Prescribed: ____/____/____

Have you ever been treated/ committed to a psychiatric hospital? () No () Yes Reason: _____

Name & Location of the psychiatric Hospital/Institution:

1. _____ Date: _____ Length of stay? _____

2. _____ Date: _____ Length of stay? _____

Have you ever attempted to take your own life? () No () Yes If yes, how many times? _____

Please explain _____

Military Are you a Veteran? () No () Yes What branch of the service were you in? _____

How long? _____ Discharge type? _____ Reason for Discharge? _____

Employment History Are you currently employed? () No () Yes

List present and other past employment beginning with most recent:

- 1. Employer: _____ Phone (____) _____ Job Title _____
 City/State: _____ Dates: From ____/____/____ To ____/____/____
 Duties Performed: _____ Reason for leaving: _____
- 2. Employer: _____ Phone (____) _____ Job Title _____
 City/State: _____ Dates: From ____/____/____ To ____/____/____
 Duties Performed: _____ Reason for leaving: _____
- 3. Employer: _____ Phone (____) _____ Job Title _____
 City/State: _____ Dates: From ____/____/____ To ____/____/____
 Duties Performed: _____ Reason for leaving: _____

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

Have you ever received Workman's Compensation? () No () Yes Explain: _____

Do you receive Government income? () No () Yes If Yes; Please explain why: _____

Do you have assets? () No () Yes If yes, please explain _____ Value \$ _____

Arrest Record List ALL Charges, convictions and other depositions received in your lifetime.

1. Offense (Most recent charges first) Arrest date Court dates Where? (county & state)

 Are you currently incarcerated? _____ Released on bond? _____ Bond Amount \$ _____
 Proposed Outcome _____ Sentence _____ Release Date _____
 Attorney's name & phone # _____ () Public Defender () Private

2. Offense (Most recent charges first) Arrest date Court dates Where? (county & state)

 Are you currently incarcerated? _____ Released on bond? _____ Bond Amount \$ _____
 Proposed Outcome _____ Sentence _____ Release Date _____
 Attorney's name & phone # _____ () Public Defender () Private

Currently on Probation? () No () Yes Type: () Felony () Misdemeanor Beginning Date: ____/____/____

Proposed Completion Date: ____/____/____ Restitution: \$ _____ Fines: \$ _____

Charges _____ Probation Officers Name _____

Phone # (____) _____ City/County _____ State ____ Zip _____

Have you ever served Prison time? From ____/____/____ To ____/____/____ Offense _____

If you've been to prison, please give one reference from the institution where you were incarcerated. (Non inmates)
Name, location, phone number, profession or position of reference. (Ex. chaplain, corrections officer, etc.)

Name _____ Location _____

Phone _____ Position _____ Name _____

Location _____ Phone _____ Position _____

List jobs, vocational training, and/or educational degrees received while incarcerated. _____

Special skills & or talents _____

Religious background Church name _____ Pastor's Name: _____

Denomination _____ Phone _____ City: _____ State _____

May we contact the Pastor? _____ Do you believe in God? () No () Yes Are you "Born Again"? () No () Yes

When did you become a Christian? ____ / ____ / ____ How often do you pray to God? _____

How often do you read the Bible? _____ Do you believe the Bible is God's word? () No () Yes

Are you a church member? () No () Yes Dates: From _____ To _____

How often do you Attend Church? _____

Please give your opinion. A Christian is someone who _____

How does someone become a Christian? _____

Personal Evaluation

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

[] Active

[] Self-confident

[] Persistent

[] Nervous

[] Hard-working

[] Impatient

[] 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? () No () Yes

Do you realize that sin in you heart is the root cause of your addictions? () No () Yes

Did you read the entire Loving Hands Ministries Handbook? () No () Yes

Are you willing to abide by all Rules & Conditions of the Loving Hands Program? () No () Yes

Do you think 24 months is too long to be in the program? () No () Yes .

Please give a brief explanation of why the Program should be 24 months: _____

Do you promise God, this ministry staff and yourself that if you are accepted into this program that you will, by God's grace, complete the entire program? () No () Yes

Do you agree that LHM Staff will determine when all graduation requirements are successfully completed? () No () Yes

Do you agree to sign a 24 month commitment contract? () No () Yes

If you answer yes, your signature is required: _____

Please print your legal name _____ Date ____ / ____ / ____

*Picture ID is required. Do you possess a valid Driver's License or picture ID card? () No () Yes

Your Additional Personal Comments:

STAFF COMMENTS:

