



# Program Application

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

## I. PERSONAL INFORMATION

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Highest Grade Completed/College/Degree: \_\_\_\_\_

Other skills/training: \_\_\_\_\_

What tools can you use: \_\_\_\_\_

Farm or shop equipment? \_\_\_\_\_ Office equipment? \_\_\_\_\_

Past jobs: \_\_\_\_\_

Present monthly income (include social security): \_\_\_\_\_

Referred here by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Person to notify in case of emergency:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Who will sponsor you financially while you are at Our Master's Camp?

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## II. MILITARY SERVICE

Have you ever been in the military service? YES \_\_\_\_\_ NO \_\_\_\_\_

Branch: \_\_\_\_\_ Job Held: \_\_\_\_\_



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### III. LEGAL HISTORY

(Continue on another sheet if needed)

Do you have pending charges or court cases? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, Date of Arrest: \_\_\_\_\_ Upcoming Court Date(s): \_\_\_\_\_

Charge(s): \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you on: Probation \_\_\_\_\_ Parole \_\_\_\_\_ How long? \_\_\_\_\_

Name of Officer: \_\_\_\_\_ Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you EVER been arrested or in jail? YES \_\_\_\_\_ NO \_\_\_\_\_

Charge(s): \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

### IV. PHYSICAL HEALTH

Height: \_\_\_\_\_ Weight \_\_\_\_\_ Exercise Regularly? YES \_\_\_\_\_ NO \_\_\_\_\_

Rate your physical health (check one):

Very Good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Declining \_\_\_\_\_ Other \_\_\_\_\_

Are you under a Doctor's care for any reason: YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

CIRCLE ALL HEALTH PROBLEMS YOU CURRENTLY HAVE OR HAVE HAD IN THE PAST:

- |              |               |            |                |
|--------------|---------------|------------|----------------|
| TB           | AIDS          | VD         | CANCER         |
| HYPOGLYCEMIA | POOR EYESIGHT | HEARING    | MENTAL ILLNESS |
| COLITIS      | PNEUMONIA     | BRONCHITIS | PROSTATE       |
| CIRRHOISIS   | ANEMIA        | LEUKEMIA   | ARTHRITIS      |
| TOOTHACHE    | KIDNEY        | GLAUCOMA   | DIABETES       |
| BACKACHE     | BLACKOUTS     | THYROID    | DIZZINESS      |
| NAUSEA       | ULCERS        | EPILEPSY   | OTHER _____    |



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Explain any current physical health issues: \_\_\_\_\_

Are you currently taking any medication? YES \_\_\_\_\_ NO \_\_\_\_\_

|   | A          | B      | C         | D            |
|---|------------|--------|-----------|--------------|
| 1 | Medication | Dosage | Frequency | Reason Taken |
| 2 |            |        |           |              |
| 3 |            |        |           |              |
| 4 |            |        |           |              |
| 5 |            |        |           |              |
| 6 |            |        |           |              |
| 7 |            |        |           |              |
| 8 |            |        |           |              |

Do you have enough refills for the 90 day program? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\* ALL MEDICATIONS (INCLUDING OTC MEDS) MUST BE APPROVED BY STAFF \*\*\*

## V. MENTAL HEALTH

Have you ever been diagnosed with a mental illness? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, what diagnosis and when: \_\_\_\_\_

Have you ever had any psychotherapy or counseling? YES \_\_\_\_\_ NO \_\_\_\_\_

List counselor/therapist, reason seen, and dates: \_\_\_\_\_

Have you ever had a severe emotional breakdown? YES \_\_\_\_\_ NO \_\_\_\_\_

Explain: \_\_\_\_\_



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Have you ever been a patient in a mental institution? YES \_\_\_\_\_ NO \_\_\_\_\_

Where: \_\_\_\_\_ How long: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Explain: \_\_\_\_\_

Are you having or have you ever had thoughts about hurting yourself? YES \_\_\_\_\_ NO \_\_\_\_\_

Explain: \_\_\_\_\_

## VI. RELATIONSHIP HISTORY

Marital Status: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widower: \_\_\_\_\_

If currently married, Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Have you ever been separated? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever filed for divorce? YES \_\_\_\_\_ NO \_\_\_\_\_ When? \_\_\_\_\_

Does she drink/use? YES \_\_\_\_\_ NO \_\_\_\_\_ Is spouse seeking help? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have any previous marriages? YES \_\_\_\_\_ NO \_\_\_\_\_ How many? \_\_\_\_\_

Information about children:

| Name: | Age:  | Sex:  | Education (grade/years) |
|-------|-------|-------|-------------------------|
| _____ | _____ | _____ | _____                   |
| _____ | _____ | _____ | _____                   |
| _____ | _____ | _____ | _____                   |

Are you responsible for paying child support? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what arrangements have you made for your payment responsibilities? \_\_\_\_\_

\_\_\_\_\_



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If you were raised by anyone other than your biological parents, briefly explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Father: Living? YES \_\_\_\_ NO \_\_\_\_ Occupation: \_\_\_\_\_

Mother: Living? YES \_\_\_\_ NO \_\_\_\_ Occupation: \_\_\_\_\_

How many brothers and sisters do you have? \_\_\_\_\_

Names: \_\_\_\_\_

## VII. RELIGIOUS BACKGROUND

Are you a church member? YES \_\_\_\_ NO \_\_\_\_

Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Denominational preference: \_\_\_\_\_

How often do you attend church: Never\_\_ Rarely\_\_ Sometimes\_\_ Often\_\_

Do you believe in God? YES \_\_\_\_ NO \_\_\_\_ UNCERTAIN \_\_\_\_

How often do you pray? Never\_\_ Rarely\_\_ Sometimes\_\_ Often\_\_

How often do you read the Bible? Never\_\_ Rarely\_\_ Sometimes\_\_ Often\_\_

Are you saved? YES \_\_\_\_ NO \_\_\_\_ NOT SURE \_\_\_\_

Have you been baptized? YES \_\_\_\_ NO \_\_\_\_ AT WHAT AGE? \_\_\_\_

Explain where you are spiritually: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## VIII. ADDICTION HISTORY

Do you believe you have a substance abuse problem? YES \_\_\_\_ NO \_\_\_\_



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Please fill out the following chart:

| Substance                           | Age @     |                    | Current Use |           |
|-------------------------------------|-----------|--------------------|-------------|-----------|
|                                     | First Use | Became Problematic | Amount      | Frequency |
| Alcohol                             |           |                    |             |           |
| Marijuana<br>Cannabis, Weed         |           |                    |             |           |
| Cocaine<br>Crack, Powder            |           |                    |             |           |
| Amphetamines<br>Meth, Ice, Adderall |           |                    |             |           |
| Hallucinogens<br>Mushrooms, LSD     |           |                    |             |           |
| Heroin                              |           |                    |             |           |
| Methodone                           |           |                    |             |           |
| Opiates<br>Oxy, Pain Pills          |           |                    |             |           |
| Benzodiazipine<br>Xanax, Valium     |           |                    |             |           |
| Buprenorphine<br>Suboxone, Subutex  |           |                    |             |           |
| Synthetics<br>Bath Salts, Spice     |           |                    |             |           |

If you've used anything else please list: \_\_\_\_\_



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Have you ever been in any type of treatment for substance abuse : YES \_\_\_\_ NO \_\_\_\_

If so, list program, entry date, and length of stay: \_\_\_\_\_

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What is your longest period of sobriety? \_\_\_\_\_ When: \_\_\_\_\_

## **IX. BRIEFLY ANSWER THE FOLLOWING QUESTIONS**

A. What do you see as your main problem(s)? \_\_\_\_\_

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B. What have you tried to do about it? \_\_\_\_\_

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C. Why do you want to come to Our Master's Camp? \_\_\_\_\_

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1. After submitting this application, please call to schedule a phone interview.
2. Work on completing the necessary blood work (HIV, HEP A, B, C, TB)
3. If not already, GET DETOXED, we cannot admit you until after you have detoxed.

We look forward to helping you.