



## APPLICATION FOR ADMITTANCE

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

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (m/i) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS# \_\_\_\_/\_\_\_\_/\_\_\_\_

CDL# \_\_\_\_\_ Expiration date \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Marital Status \_\_\_\_\_ Children Y N Ages \_\_\_\_\_

**FOR OFFICE USE ONLY:**

App. Sent \_\_\_\_\_ Accepted By \_\_\_\_\_ Entered \_\_\_\_\_

App. Received \_\_\_\_\_ Date \_\_\_\_\_ Completed \_\_\_\_\_

Have you previously been in our program ? Y N When?\_\_\_\_\_

Have you been in any other program ? Y N Which one(s):\_\_\_\_\_

Have you ever been convicted of a felony? Y N If so, give details (when, where, for what):\_\_\_\_\_

Are you registered in any jurisdiction as a sex offender? Y N If so, give details, including where you have registered.

Are you (or will you be) on parole or probation? Y N If so, for how long, and who is your parole/probation officer (including telephone number)?

**MEDICAL INFORMATION:**

Do you have a substance-abuse problem? Y N What substance(s)?

Do you have any medical conditions for which you are seeing a physician, or are taking prescriptive medication? Y N

If so, give details, including the specific medications you are taking:

Do you have problems sleeping? Y N

Have you ever had hallucinations? Y N

Have you ever felt that people are watching you? Y N

How would you rate your health? \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**EDUCATION:**

Highest Grade Completed \_\_\_\_\_ GED? Y N Date \_\_\_\_\_

Years of college \_\_\_\_\_. Major: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Special Training or Skills \_\_\_\_\_

**FINANCIAL and INSURANCE INFORMATION:**

Are you receiving financial assistance? Y N

If so, how often? \_\_\_\_\_ How much do you receive per month? \$ \_\_\_\_\_

What is the source ? (SSI, other insurance, General Assistance, retirement annuity) \_\_\_\_\_

Do you receive Food Stamps ? Y N

Do you have health insurance? Y N Insurance company: \_\_\_\_\_

**FAITH BACKGROUND:**

Denomination preference \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Are you saved/born again? Y N If yes, when ?\_\_\_\_\_ Where ?

\_\_\_\_\_

How often do you read the Bible ? \_\_\_\_\_ How often do you pray?\_\_\_\_\_

Do you believe that JESUS died for your sins and rose again? Y N

Who is JESUS CHRIST to you?\_\_\_\_\_

\_\_\_\_\_

If you died today, do you believe that you would go to heaven? Y N

If yes, why do you believe that?\_\_\_\_\_

\_\_\_\_\_

What do you expect our program to do for you?\_\_\_\_\_

\_\_\_\_\_

What would you like us to know about you?

\_\_\_\_\_

\_\_\_\_\_

**Any false, incomplete or misleading information provided above, or subsequently, may result in termination from The Bridge discipleship / rehabilitation program.**

I have read the Memorandum of Understanding and understand the rules and regulations of The Bridge Restoration Ministry, and agree to abide by them. The information I have furnished above is true and correct. I further acknowledge and agree that, if I am on parole or probation, all aspects of my participation at The Bridge may be disclosed to my parole/probation officer.

Signature\_\_\_\_\_Date\_\_\_\_\_

Print name\_\_\_\_\_

Witness\_\_\_\_\_

(By The Bridge Administrator)

The first 30 days of The Bridge program is a probationary period, after which the Director evaluates the needs of the resident, and whether or not our program meets those needs. If the judgment is that it will not, The Bridge has the right to terminate the individual's participation at that time.

Probation begins:\_\_\_\_\_

Probation ends:\_\_\_\_\_

Applicant's signature\_\_\_\_\_Date\_\_\_\_\_