

REDEMPTION RECOVERY MINISTRIES

BREAKING CHAINS



RESIDENT APPLICATION INFORMATION

681-217-1181
OFFICE PHONE

Today's Date: _____ Date: _____

Name: _____

304-936-0097
FAX

DOB: _____ SSN: _____

Current Address: _____

_____ Phone number _____

Birth Certificate: Y or N SSN Card: Y or N Driver's License: Y or N ID: Y or N

Marital Status: _____ Do you have children _____ Child Support: Y or N

RECOVERY AND SUBSTANCE USE INFORMATION

Have you used drugs or alcohol: Y or N Date of Last Use _____

Drug of Choice: _____

How long have you been in recovery: _____

Do you have a sponsor Y or N

Have you been in any other treatment center or sober living program Y or N

Please List: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

Phone: _____

LEGAL INFORMATION

Have you been convicted of any crimes relating to any type of sexual offence **Yes or No**

(Redemption Recovery Ministries Program is unable to provide residency for sex offenders)

Are you currently on probation or parole **Y or N**

If yes: Probation/Parole Officer: _____

Phone: _____

Are you court ordered to complete treatment: **Y or N**

Please describe any other legal problems (court dates, warrants, active restraining orders, etc.) _____

Are you currently in an institution (Jail or Prison). **Y or N**

If so, how long have you been there? _____

Facility Name/Location/Contact Person/Telephone number (counselor, case manager)

MEDICAL INFORMATION

Insurance ID number _____

Are you currently on Medication Assisted Treatment Y or N

We are not an MAT Program

We do allow Vivitrol Shot and Subicaid Shots. Are you currently taking one or are you willing to switch to one of these? Y or N

If yes Which one _____

Do you take any prescription medication Y or N If yes please list:

Do you have any medical conditions or allergies: Y or N If so please list:

WORK HISTORY

Please describe your work history.

Do you have monthly income? **Y or N**

Source of Income Employment, Disability, Unemployment, Other:

If other, please explain _____

Are you willing to get a job **Y or N**

Financial Agreement

Entry fee: 300.00

Weekly Fee: 150.00

Resident Fees do not cover food, toilet paper, household items, ect.

My answers to the questions on this form are true and correct to the best of my knowledge. I understand that I am applying to participate in a Faith Based program.

I am willing to attend church services **AND PARTICIPATE IN ALL PROGRAM ACTIVITIES**. I am ready and willing to do whatever it takes to recover from the negative effects of Substance Use Disorder.

Signature _____

Date _____