



ADULT PROGRAM

Dear Applicant:

Thank you for requesting a Focus Forward Ministries application packet. Focus Forward Ministries is a faith-based residential recovery program for people desiring to find freedom from their addictions and life controlling problems. The faith-based format of Focus Forward has among the highest rates of recovery in the nation.

Focus Forward Ministries is a one-year residential program. In addition to completing a full one-year program, four consecutive months of status update reports are required to receive a Focus Forward Ministries diploma. Focus Forward is a highly structured and accountable program directed to helping you become physically, emotionally and spiritually sound. Our goal is to enable you to overcome your life controlling problems and destructive behaviors, which will result in renewed relationships and a future filled with hope so that you will become a productive contributor in the community.

The enclosed application packet will take serious thought and a considerable amount of time to complete.

However, please be assured it is important to the success of your recovery that you answer all the questions truthfully. Our assessment of your information is the only way to accurately determine how we can best help you. There will most likely be some answers that may be difficult or painful to share. Be encouraged! This is the first step to restoring hope and healing in your life.

You can mail your application packet to:

Focus Forward Ministries - PO box 1285 - Napavine, WA 98565

or you may call and make arrangements to drop your application packet off at Focus Forward Ministries. Business hours are Monday through Friday from 10 a.m. to 5 p.m.

If your entry date has not already been set up for you to enter Focus Forward Ministries, your packet will be reviewed, and you will be contacted to begin the process to enter the program. Processing of applications received on the weekend or holiday will begin the next business day.

If you have any questions regarding our program or the application, please contact Focus Forward Ministries at (360)790-4312. You can contact the office Monday through Friday between 10 a.m. and 5 p.m.

Many people have experienced permanent recovery from their life controlling problems and addictions. The key to their success is a personal relationship with God and learning how to victoriously live a life free from a past destructive lifestyle. We are committed to helping you achieve a bright and productive future full of hope and promise.

Sincerely,

Pastor Kandi Delos Santos

Executive Director

PS this address is primarily used for correspondence while you are at Focus Forward Ministries. Please find someone who can receive your general mail during this year. Also, do not use a post office change of address form to the address above.



ADULT PROGRAM Frequently Asked Question

What is Focus Forward Ministries?

Focus Forward Ministries is a one-year faith-based residential program for adult women desiring freedom from their addiction and life controlling problems.

We do not turn anyone away for lack of funds.

As a non-profit residential training program there are always costs incurred for the following services:

- Program Expense
- Staffing
- Education
- Life-Skills Training
- Character Development
- Work Study Training
- Room and Board

If possible, each student is asked to contribute toward the cost of their stay. Students often enlist the help of others to sponsor through charitable support

A \$300 non-refundable processing fee is required. This fee can be held in a reserved account for up to 12 months prior to admission.

In addition, if you have your own medical insurance a medical exam and lab tests are required before you start your program. If you do not have medical insurance and you qualify for WA state insurance, you will be able to sign when you arrive. If you do not qualify you are required to bring \$260 for an exam and lab tests. FF Ministries will set up your doctor's appointment.

Does it follow a medical model for recovery?

No. FF Ministries is a faith-based discipleship training program that focuses on developing consistent Christian character and a strong work ethic.

Is it effective?

Many programs like FF Ministries have among the highest recovery success rates for those who complete the full program. Our one-year program gives students time to adjust to a renewed life in Christ and the opportunity to apply biblical principles to daily living. The results of this approach are restored relationships and productive citizens who contribute to their community.

Is Focus Forward Ministries only for Christians?

FF Ministries is open to anyone who is willing to pursue the path to a personal relationship with Jesus Christ and apply biblical principles to their lives. It is not required that a student has a faith transformation experience to enter or complete the program, but FF Ministries believes that a personal relationship with Christ will result in the greatest hope for restoration.

How can I get help?

The individual seeking help needs to call 360-790-4312 (we cannot accept collect calls) or email FF Ministries @ ffministries@yahoo.com to express their desire for recovery. A staff person will conduct an over the phone screening interview and assist in determining the next step to entering the program.

How old do you have to be?

FF Ministries is an adult program for those 18 years and older.

Do individuals have to participate in the total program?

FF Ministries believes it is the faith-based approach that results in total restoration and everyone in the program is expected to participate in all activities, work-study projects, the daily routine, and classes.

Is there a refund if I don't come in?

A \$300 processing fee is non-refundable it can be held in a reserved account for 1 year.

Can people leave and come back later?

FF Ministries is considered a voluntary program. However, individuals cannot come and go as they please. A student leaving the property without permission results in a minimum of a 30-day leave of absence. A person desiring to return must attend a review meeting to determine re-entry.

Is Focus Forward Ministries co-ed?

The program does not allow socializing between the sexes. To maximize the resources and facility there may be both men and women on the property, but interaction is strictly controlled. We practice "together but separate".

Does Focus Forward Ministries provide detox accommodations?

FF Ministries suggest that you detox before entering the program, but not always required. We can provide you with information about a detox facility in the area.

Does Focus Forward Ministries accept insurance to cover the cost?

Our program is not a medical treatment facility and is not state-certified, which does not normally qualify for insurance. However, you are encouraged to contact your insurance company to be certain.

Can dual diagnosis or mentally ill patients enter the program?

Many individuals who are addicted to drugs and alcohol tend to have a dual diagnosis. FF Ministries is not a medical facility and the interview process will determine if the individual is able to function in a live-in setting. Individuals with severe conditions or require psychogenic or antidepressants or anxiety medications may be encouraged to enter a care facility that best meets their personal and medical needs.

Can individuals be court-ordered into the program?

Yes. However, due to our voluntary faith-based approach to recovery, the court will give the individual choice to complete our program or go to a correctional facility.

How can I get more questions answered?

Call Focus Forward Ministries at 360-790-4312 Monday – Friday 10am-5pm

Send an email to ffministries@yahoo.com

Send mail to Focus Forward Ministries - PO Box 1285 Napavine WA 98565

Applicant signature _____

Date ____/____/____



ADULT PROGRAM General Information

Please sign your name to acknowledge your review of these items.

1 Focus Forward Ministries is a faith-based residential recovery program. It is a one-year discipleship approach to developing consistent Christian character based on biblical principles. Focus Forward **does not** follow a medical recovery model, which means we are not state-certified and we do not have medical personnel on staff.

2 As part of their recovery, students are required to perform daily chores, attend classroom studies and participate in work-study assignments. Work study is hands-on experience designed to teach basic work skills such as teamwork, discipline, responsibility, accountability, pride in work, and the development of a strong work ethic.

3 Possession and or use of drugs, alcohol and tobacco are **prohibited** while enrolled in the program. Use of such will result in discipline and possible dismissal.

4 Students may be given drug and or alcohol test at any time without prior notice or approval. Students who test positive for drugs and or alcohol while in our program face disciplinary action and possible expulsion from our program.

5 Students must be able to read, write, speak and comprehend the English language.

6 Students may not buy or sell personal property to or from other students.

7 Focus Forward Ministries is not responsible for any personal property that becomes lost, stolen or damaged while attending the program.

8 Students, their rooms and their personal property may be searched at any time without prior notice or approval.

9 Students are required to obtain a summary of each medical and dental visit prior to leaving the office or clinic and must provide the information upon their return to Focus Forward Ministries.

10 Students are required to take prescription medication exactly the way their doctor prescribes it. Students who wish to discontinue taking medications must provide written authorization from their doctor **before** they will be allowed to discontinue use.

11 Applicants must commit to **complete the entire program** in order to be approved for admission. Students who do not keep up with their daily assignments and those who fail to demonstrate satisfactory growth may require additional program time.

12 Students should bring enough prescription medication to last 30 days or at least the duration of the prescription and bring it in the original containers bearing appropriate labels.

Applicant signature: _____ Date: ____/____/____



ADULT PROGRAM
Admission Information

Please sign your name to acknowledge your review of these items.

1. Focus Forward Ministries does not discriminate on the basis of color, race, creed, religion, sex, national and or ethnic origin, marital status, public assistance status, sexual orientation, family status, or disability in the administration of its educational, admission and program policies or procedures.
2. Those requiring detoxification from alcohol or illegal substances must do so prior to entry. Complete withdrawal from legally prescribed medication not approved must be done under a doctor's supervision.
3. A physical examination is required prior to entry, (form included in this packet), and the complete form must be turned in at check-in.
 - Some students may be approved for admission prior to having a physical examination provided they agree to obtain a physical upon entering our program a fee will be added if done after entry
 - Test for the HIV virus, tuberculosis, and hepatitis are required as part of the physical examination. Positive test results may not prohibit entry into the program, but the severity of the condition will require review.
 - Those requiring dental or medical attention must do so prior to entry.
4. At check-in, students must provide picture identification, (a current driver's license or a state ID card) and, a social security card. A birth certificate is required if a student does not have an ID card. Proof of citizenship is required for all non-native born foreign nationals. The original documents will be retained in a student's confidential file and returned when the student leaves the program.
5. At check-in, the student is required to provide a correspondence request list, a form included in his packet, with names to be approved. Communications will be limited to the immediate family members and others who have been approved by the program director or designee (see Orientation Information sheet).
6. At check-in, the student is required to provide the sponsorship request list, (form included in this packet), of family members, friends, and or church that will be willing to provide charitable support.
7. Re-admitted admittance into the program will be reviewed and determined by the Program Director and Executive Director prior to re-entry. If you leave the program for more than 30 days, you may be asked to update your admissions requirement, including but not limited to medical and dental.

Applicant signature _____

Date ____/____/____



ADULT PROGRAM

Orientation Information

Please sign your name to acknowledge your review of these items.

1. The first two weeks at Focus Forward Ministries are considered the orientation. During this period, it is crucial that the student become familiar with the program unhindered by outside distractions. The student may not initiate any outside contact. During this period mail, phone, and visitation communications will be limited to necessity, (i.e., physicians, religious advisors, attorneys, and parole or probation officer), during business hours or on an extreme emergency basis only.
2. After the orientation period, correspondence will be limited to immediate family members and others who have been approved by the program director or designee. Mail that has not been approved will be returned to the sender. Students who are caught manipulating the system can expect to temporarily lose phone, mail, or visitor privileges.
3. Those on the approved "Correspondent Request" list are encouraged to call Focus Forward Ministries for general information and with their questions or concerns during business hours.
4. If you are a family member who has been approved to receive confidential information concerning your loved one's progress, you may contact the program director. The program director ensures that quality leadership is provided and may have several people working directly with the student to ensure a change in attitude, behavior, and lifestyle.
5. Students have access to the "Student Guidelines" handbook, which covers the policies of the program. FF Ministries reserves the right to make changes in policy whenever necessary. When a change in policy occurs, students and staff are notified, and the handbook is updated to reflect the change. In addition to the program policies, guidelines will also be available to outline expectations and personal responsibilities related specifically to the daily routine, location, and structure of the program.
6. Items brought with a student or given during visitations that are determined to be unauthorized will be returned, confiscated, or stored until the student leaves the program, (refer to list of items to bring and not to bring for guidelines).

Applicant signature _____

Date ____/____/____



ADULT PROGRAM

Legal Release

Please initial after reading each point:

_____ It is understood that Focus Forward Ministries cannot be held responsible for any personal property left, lost, or stolen while I am in the Focus Forward Ministries program. When leaving Focus Forward Ministries, I will take all personal property with me. I also understand that I will not steal any property that does not belong to me. In the event this occurs, I understand it is immediate grounds for dismissal from the program. I understand that Focus Forward Ministries will dispose of any personal property I leave behind.

_____ It is further understood that I released the right to Focus Forward Ministries to make room searches and physical searches if necessary.

_____ I release Focus Forward Ministries from all legal, physical, and financial responsibility in case of an accident, injury, illness, or other imponderable misfortune.

_____ I give Focus Forward Ministries permission to open both incoming and outgoing mail to check for drugs or anything that might be harmful to the welfare of the program and the students. I also give permission for Focus Forward Ministries staff to monitor incoming and outgoing telephone conversations.

_____ It is also understood that a medical examination and medical test for communicable diseases are required to attend the program.

_____ It is also understood that while in the program, I will participate in various work-study assignments and fundraising events. Should I be hurt or injured at any of these events, I will not hold Focus Forward Ministries responsible. I am willingly attending these events as part of my training program while at Focus Forward Ministries.

_____ It is also understood that I will sign a "Release of Information" if confidential information is required outside of the Focus Forward Ministries program.

_____ **Counseling agreement:** I give permission to the counselor of Focus Forward Ministries to divulge pertinent information to the Executive Director, Program Director, and or any other staff if he or she feels information is needed for the health and well-being of you, the student, as well as other students in the program. **Please be certain you understand this agreement before signing it because some confidential information may have to be revealed for your benefit.**

_____ **Financial agreement:** I understand the cost of the program is approximately \$3,000 per month. I agree to give Focus Word Ministries all funds and sponsorships. These funds will be placed in the general program account for Focus Forward Ministries.

_____ **Student account:** I understand that my student's account will be separate from the program account. A maximum of \$75.00 may be maintained in the student's account for incidental expenses, (i.e., toiletries, clothing, laundry supplies, canteen, etc.). Student funds received above \$75 will be donated. Student funds are not tax-deductible.



ADULT PROGRAM

Legal Release Continued

Please initial after reading each point:

_____ **Leaving the program:** In the event I leave Focus Forward Ministries, I understand the money I have already paid to focus forward Ministries **is non-refundable.**

_____ **Food Stamps:** If food stamps are available and if necessary, I agree to have a Focus Forward Ministries representative pick up any food stamps that I will receive while a resident here. I also understand that the food stamps I receive while I am a resident here will be used by Focus Forward Ministries to buy food for the facility.

_____ **Transportation:** As a student at Focus Forward Ministries, I will not hold Focus Forward Ministries responsible in the event of an accident, which could result in injury while in a non-ministerial vehicle. Non-ministerial vehicles including staff vehicles, an approved volunteer's vehicle, and a student's and or their family's vehicle.

_____ **Not a Medical Care Facility:** Focus Ford Ministries is not a medical care facility and is unable to provide 24-hour on-site medical care. Therefore, I understand by entering the program I must be in good health and able to participate in all activities in the program. If my health deteriorates to the point where I am no longer able to participate in the daily activities of the program, or my medical condition requires 24-hour care, I will make arrangements to leave the program.

_____ **Substance Abuse Withdrawal:** It is understood that as a student I will be subject to Focus Forward Ministries policy for withdrawal from substance abuse. Upon entering the program, I understand and agree that withdrawal will be without the aid of any type of medication.

_____ **AIDS Statement:** It is understood that Focus Ford Ministries does not discriminate against those who are HIV or hepatitis C positive in its admission procedures. But because the HIV and hepatitis C virus has infected a large number of intravenous drug users, there may be one or more students in the program who are HIV and or hepatitis C positive

Applicant signature _____

Date ____/____/____



Medical Examination Form

**Focus Forward Ministries
PO Box 1285
Napavine WA 98565**

Upon examination of _____ I have found her, in my medical opinion to be:

Physical Health: ___ Good ___ Average ___ Poor _____
Mental Health: ___ Good ___ Average ___ Poor _____
Emotional Health: ___ Good ___ Average ___ Poor _____
Oral Health: ___ Good ___ Average ___ Poor _____

Tests for communicable diseases have been performed and include:

___ TB ___ Hepatitis Screen ___ HIV Virus

___ Test results are attached
___ Test results will be sent to Focus Forward Ministries (see above address)

Handicaps (Physical, Mental, Emotional):

Specific Treatment:

Drug Allergies:

Medications currently prescribed:

If this person is currently on psychogenic or anti-depressant/anxiety medication, are they a good candidate to eliminate medication with a treatment plan? ___ Yes ___ No
If yes, please provide a written plan for the student to follow to remove medications. If no, please explain.

In my opinion, this person is stable enough physically, mentally, and emotionally to participate in a long-term highly structured group program that requires responsibility and accountability, daily chores, classroom studies, and physical work. ___Yes ___No

Physician's Name: _____

Physician's Signature: _____

Medical Office Address:

Street: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Date: _____

Applicant signature: _____

Date ____/____/____

Witness Signature: _____

Date ____/____/____



ADULT PROGRAM

Financial Information

Please sign your name to acknowledge your review of this information.

Focus Forward Ministries is a residential nonprofit 501 (c) 3 Ministry.

Focus Forward Ministries is a residential training program, not a mission or shelter and we do not receive any insurance, federal or state funding. We provide this highly structured and accountable training opportunity to those who truly desire to change and find freedom in their lives. Though we asked each student to contribute what he can towards the cost of his program, we do not turn anyone away for lack of funds. However, the cost for a full year commitment does include 365 bed nights, over 1,000 meals, and all the utilities in (summer and winter) for showers, laundry, classes and projects. Adding to these hard costs are the additional expense of insurance, vehicles, staffing, education, life skills training, character development, work-study training, and campus mortgage.

Each student is asked to contribute toward the monthly cost of their stay. However, we will not turn away anyone ***who earnestly wants to change their life.***

We provide this highly structured and accountable training opportunity to all, regardless of their financial restraints, endeavoring to turn no one away for lack of funds.

1. Each student contribution and efforts help to underscore their true interest and desire in seeking rehabilitation. However, if an individual has earnestly tried and is unable to secure all of their support, Focus Forward Ministries will assume financial responsibility rather than refuse anyone hope, healing and a fresh start to living a restored life. We do not turn anyone away who earnestly wants to change.
2. Processing fee: a mandatory \$300 processing fee must be paid in order to receive an application. This fee is non-refundable and can be held for up to 12 months prior to admission.
3. Physical and medical test: A copy of a current physical and all medical tests are to be completed prior to entrance, (see enclosed form to be used by your physician). If this is not completed prior to admission Focus Forward will then make arrangements with a physician partner to do physical and medical test at your expense.
4. Tuition: We highly recommend you begin to plan and pursue the task of raising your monthly tuition. Please use the enclosed sponsorship form to collect names of those that care about your successful recovery. Upon your arrival, we will send a sponsorship letter on your behalf.

Applicant signature _____

Date ____/____/____



ADULT PROGRAM

Acknowledgment and Agreement

Civil Rights Waiver:

I, _____, understand I have civil rights guaranteeing confidentiality of all communications as well as exercising the religion of my choice. Focus Forward Ministries is an **evangelical Christian faith-based discipleship ministry** for people desiring freedom from addictions and life controlling problems. As such, I realize and submit to the ministry's expectation to attend Christian religious activities coordinated by the ministry. Further, for reasons of assisting me and dealing with my addictions and or life controlling problems, I understand staff will screen, regulate and monitor my communications, (i.e., phone, mail, conversations, and counseling), throughout the program.

I voluntarily give my consent to allow staff to exercise these procedures. I fully understand my rights and what I am waving.

Applicant signature: _____

Date ____/____/____

Witness Signature: _____

Date ____/____/____

Admission Agreement:

I, _____, desire to enter the Focus Forward Ministries program. I understand that it is a **Christian discipleship training program**. I have made a commitment to Jesus Christ or I am willing to consider the possibility of doing so. I understand that many of the people who enter the Focus Forward Ministry program have histories including, but not necessarily limited to, drug and alcohol abuse, and or mental or emotional problems. I also understand that Focus Forward Ministries **is not** licensed by the state of Washington as a drug and alcohol treatment program and **is not** a medical care or a mental health facility. I understand the program offered by Focus Forward Ministries has a Biblical Faith Based Teaching and spiritual emphasis

Applicant signature: _____

Date ____/____/____

Witness Signature: _____

Date ____/____/____



ADULT PROGRAM

Voluntary, Involuntary or Emergency

Discharge Release

I, _____
Student's Name

Hereby authorize the release/exchange of information about me should I leave the program voluntarily, involuntarily, or for emergency reasons.

Contacts include:

Probation/Parole Officer (if court ordered)

Name _____ Phone _____

Family:

Name _____ Phone _____

Pastor:

Name _____ Phone _____

Other:

Name _____ Phone _____

Explanation:

Applicant Signature _____

Date ____/____/____

Witness Signature _____

Date ____/____/____



ADULT PROGRAM

Authorized Items List

Admission Requirements (must have **before** entry)
 Driver's License or State ID – **REQUIRED**
 Social Security Card – **REQUIRE**
 Birth Certificate – (original or certified copy – if available)

Attention! Due to limited space, we ask you to bring only one suitcase and a backpack to contain your items plus your bedding!

The following items you need to bring into the facility:

Dress clothes Under Garments Everyday clothes Pajamas/slippers T-shirts without obscene or inappropriate logos, No sleeveless or tank tops Shorts and skirts must be just at the knee or longer Coat Sweatshirts and sweatpants Dress shoes Casual shoes Tennis shoes Work shoes Soap Shampoo and conditioner Comb or brush Toothbrush and toothpaste <u>No mouthwash</u> <u>No hand sanitizer</u> Towels and washcloths Deodorant Razors	Nail clippers We provide all bedding Favorite blanket or comforter Favorite pillow and pillowcase Bible (New King James Version) Journal Envelopes and stamps Notebook and paper Family picture (8X10 max.) Camera and film Plastic hangers Money for personal expenses (money is kept in a student account - \$75.00 max.) Health insurance information Prescription medication (30-day supply before entry) Non-prescription meds must have a doctor slip prior to entry Multi-vitamin (only 1 at a time)
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Space is limited! Laundry facilities are available to you once a week.

Without a doctor's written instruction, Focus Forward Ministries can only follow dosage directions specified on the package.

Note: It is recommended you make a copy of this list for future references. Also, make this list available to those on your correspondence list.

Applicant signature _____

Date ____/____/____



ADULT PROGRAM

Unauthorized Items List

Items you may not have

<p>More than 2 suitcases of item Obscene or inappropriate logos on shirts Sleeveless or tank top shirts Clothing with holes Expensive clothing or valuable items Items of sentimental value (except family photos) Cassette players or Cassette tapes CD players or CDs VCR or VHS tapes DVD player or DVD Headsets Video games Radios Televisions Computers Cell phones Books or printed material other than a bible Lighters or matches Candles or scent pots/plug-ins</p>	<p>Playing cards Games Dice Personal vehicles Animals Bikes Gum Scissors Provocative pictures Non-family pictures Magazines, newspapers, or other printed material Weapons of any kind including knives Tools of any kind Illegal drugs Drug paraphernalia Alcohol Tobacco products, Nicotine patches, or gum Candy or Snacks Cough drops or lozenges</p>
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Focus Forward Ministries understands the importance of Music, Games, Recreation, Entertainment, and other activities in the proper growth and development of our residents.

Focus Forward Ministries will provide the necessary books, music, movies, equipment, materials, and opportunities for their personal growth.

PLEASE DO NOT BRING OR HAVE YOUR FAMILY BRING THESE ITEMS.

Note: It is recommended you make a copy of this list for future references. Also, make this list available to those on your correspondence list.

Applicant signature _____

Date ____/____/____



Student's Name: _____

**ADULT PROGRAM
Sponsorship form**

Please identify a minimum of six family members, friends and or church members that may be willing to sponsor you. DO NOT include the names you have on your correspondence list. WE need complete addresses to be able to mail a sponsorship letter to them on your behalf.

Mr. Mrs. Ms. Dr. Rev. Pastor Other: _____ First Name: _____ Last Name: _____ Address: _____ City _____ State _____ Zip _____	Home Phone _____ Cell Phone _____ Email _____ Relationship _____ Comments: _____
Mr. Mrs. Ms. Dr. Rev. Pastor Other: _____ First Name: _____ Last Name: _____ Address: _____ City _____ State _____ Zip _____	Home Phone _____ Cell Phone _____ Email _____ Relationship _____ Comments: _____
Mr. Mrs. Ms. Dr. Rev. Pastor Other: _____ First Name: _____ Last Name: _____ Address: _____ City _____ State _____ Zip _____	Home Phone _____ Cell Phone _____ Email _____ Relationship _____ Comments: _____
Mr. Mrs. Ms. Dr. Rev. Pastor Other: _____ First Name: _____ Last Name: _____ Address: _____ City _____ State _____ Zip _____	Home Phone _____ Cell Phone _____ Email _____ Relationship _____ Comments: _____
Mr. Mrs. Ms. Dr. Rev. Pastor Other: _____ First Name: _____ Last Name: _____ Address: _____ City _____ State _____ Zip _____	Home Phone _____ Cell Phone _____ Email _____ Relationship _____ Comments: _____
Mr. Mrs. Ms. Dr. Rev. Pastor Other: _____ First Name: _____ Last Name: _____ Address: _____ City _____ State _____ Zip _____	Home Phone _____ Cell Phone _____ Email _____ Relationship _____ Comments: _____
Mr. Mrs. Ms. Dr. Rev. Pastor Other: _____ First Name: _____ Last Name: _____ Address: _____ City _____ State _____ Zip _____	Home Phone _____ Cell Phone _____ Email _____ Relationship _____ Comments: _____
Mr. Mrs. Ms. Dr. Rev. Pastor Other: _____ First Name: _____ Last Name: _____ Address: _____ City _____ State _____ Zip _____	Home Phone _____ Cell Phone _____ Email _____ Relationship _____ Comments: _____



Student's Name: _____

**ADULT PROGRAM
Correspondence Request**

Please provide names to be approved for you to communicate with while in the program. Include only your family, pastor, or spiritual leaders (of good standing and active in the church), who are directly involved in your life. FF Ministries will review and have final approval. There may also be a limit set as to how many you can include on this list. Those who will not be approved include fiancés, boyfriends, significant others and former spouses – you CANNOT communicate with these persons while you are in the program.

Mr. Mrs. Ms. Dr. Rev. Pastor Other: _____ First Name: _____ Last Name: _____ Address: _____ City _____ State _____ Zip _____	Home Phone _____ Cell Phone _____ Email _____ Relationship _____ Comments: _____
Mr. Mrs. Ms. Dr. Rev. Pastor Other: _____ First Name: _____ Last Name: _____ Address: _____ City _____ State _____ Zip _____	Home Phone _____ Cell Phone _____ Email _____ Relationship _____ Comments: _____
Mr. Mrs. Ms. Dr. Rev. Pastor Other: _____ First Name: _____ Last Name: _____ Address: _____ City _____ State _____ Zip _____	Home Phone _____ Cell Phone _____ Email _____ Relationship _____ Comments: _____
Mr. Mrs. Ms. Dr. Rev. Pastor Other: _____ First Name: _____ Last Name: _____ Address: _____ City _____ State _____ Zip _____	Home Phone _____ Cell Phone _____ Email _____ Relationship _____ Comments: _____
Mr. Mrs. Ms. Dr. Rev. Pastor Other: _____ First Name: _____ Last Name: _____ Address: _____ City _____ State _____ Zip _____	Home Phone _____ Cell Phone _____ Email _____ Relationship _____ Comments: _____
Mr. Mrs. Ms. Dr. Rev. Pastor Other: _____ First Name: _____ Last Name: _____ Address: _____ City _____ State _____ Zip _____	Home Phone _____ Cell Phone _____ Email _____ Relationship _____ Comments: _____
Mr. Mrs. Ms. Dr. Rev. Pastor Other: _____ First Name: _____ Last Name: _____ Address: _____ City _____ State _____ Zip _____	Home Phone _____ Cell Phone _____ Email _____ Relationship _____ Comments: _____
Mr. Mrs. Ms. Dr. Rev. Pastor Other: _____ First Name: _____ Last Name: _____ Address: _____ City _____ State _____ Zip _____	Home Phone _____ Cell Phone _____ Email _____ Relationship _____ Comments: _____



PROGRAM APPLICATION

Please use black or blue ink and print clearly:

First Name: _____
 Middle Name: _____
 Last Name: _____
 Nickname _____

Social Security # ____ - ____ - ____
 Date of Birth _____
 Height _____ Weight _____

Sex _____
 ___ Female
 ___ Male

Current Address:
 Street: _____
 City: _____ State _____ Zip _____
 Phone (____) _____ Cell (____) _____
 Email: _____

Legal Resident:
 State _____
 County _____

Military Service:
 ___ Yes ___ No
 Branch _____
 # Years _____
 Discharge __/__/____

Employment History (list most current job and position going back 5 years): _____

List the skills you have: _____

Have you ever been adopted? ___ Yes ___ No Have you ever been in foster care? ___ Yes ___ No
 How many children do you have? _____ Have you previously been in our program? ___ Yes ___ No
 Do you have any relatives or friends currently in our program? ___ Yes ___ No

Education <input type="checkbox"/> 4+ yrs of college <input type="checkbox"/> 1-3 yrs of college <input type="checkbox"/> 1+ yrs of trade school <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> GED <input type="checkbox"/> Dropped out of H.S. <input type="checkbox"/> Still attending school <input type="checkbox"/> Current Grade _____	Housing Situation <input type="checkbox"/> live with spouse <input type="checkbox"/> live with parents <input type="checkbox"/> live with relatives <input type="checkbox"/> live with friends <input type="checkbox"/> Incarcerated <input type="checkbox"/> homeless <input type="checkbox"/> live alone <input type="checkbox"/> other _____ _____	Marital Status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> engaged <input type="checkbox"/> separated <input type="checkbox"/> widowed <input type="checkbox"/> other _____ _____ _____	Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other _____ _____ English Skills: <input type="checkbox"/> I read English <input type="checkbox"/> I write English <input type="checkbox"/> I speak English	Race <input type="checkbox"/> white <input type="checkbox"/> black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> other _____ _____
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Religion: _____ **If Protestant, denomination of choice:**

<input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Assemblies of God <input type="checkbox"/> Evangelical Free <input type="checkbox"/> Baptist <input type="checkbox"/> Other _____	<input type="checkbox"/> Church of God <input type="checkbox"/> Evangelical Covenant <input type="checkbox"/> Inter – Denominational <input type="checkbox"/> Lutheran	<input type="checkbox"/> Methodist <input type="checkbox"/> Missionary Alliance <input type="checkbox"/> Non-Denominational <input type="checkbox"/> Presbyterian
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Applicant signature _____ Date ____/____/____

I need help with the following:

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Aggression	<input type="checkbox"/> Self-Mutilation
<input type="checkbox"/> Drug	<input type="checkbox"/> Anger	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Terminal Illness
<input type="checkbox"/> Tobacco	<input type="checkbox"/> Depression	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Suicidal thoughts
<input type="checkbox"/> Gambling	<input type="checkbox"/> Grief	<input type="checkbox"/> Forgiveness	<input type="checkbox"/> Death of a loved one
<input type="checkbox"/> Pornography	<input type="checkbox"/> Fear	<input type="checkbox"/> Emotional Stress	<input type="checkbox"/> Family Relationships
<input type="checkbox"/> Same sex attraction	<input type="checkbox"/> Guilt	<input type="checkbox"/> Self Esteem	<input type="checkbox"/> Parenting

Medical History (check all that apply to your current and past conditions):

<input type="checkbox"/> ADD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Rape
<input type="checkbox"/> ADHD	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> HIV Virus	<input type="checkbox"/> Respiratory Problems
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Homicidal Tendencies	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Flashbacks	<input type="checkbox"/> Homicidal Thoughts	<input type="checkbox"/> Seizures
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Sexual Abuse
<input type="checkbox"/> Back Problems	<input type="checkbox"/> Head Trauma	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Stroke
<input type="checkbox"/> Bipolar	<input type="checkbox"/> Hearing Voices	<input type="checkbox"/> Multiple Personalities	<input type="checkbox"/> Suicide Attempts
<input type="checkbox"/> Bulimia	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Nervous Condition	<input type="checkbox"/> Suicide Thoughts
<input type="checkbox"/> Depression	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Paranoia	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Venereal Disease
Substance Abuse			
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Crack	<input type="checkbox"/> Huffing/Sniffing	<input type="checkbox"/> Mushrooms
<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Ecstasy	<input type="checkbox"/> LSD	<input type="checkbox"/> PCP
<input type="checkbox"/> Barbiturates	<input type="checkbox"/> GHB/MDMA	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Over the counter drugs
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Heroin	<input type="checkbox"/> Meth	<input type="checkbox"/> Other _____

What was the last date you last used any of the above substances? _____

Drug of Choice: _____ Method of use inject snort smoke oral other

Do you use tobacco? Yes No If yes, check all that applies: Cigarettes/Cigars Chew/Snuff

Treatment History:

Have you ever been in a residential treatment facility? Yes No How Many? _____

Have you ever been treated for chemical dependency? Yes No

Have you ever been treated for mental disorders? Yes No

Have you ever been treated for eating disorders? Yes No

Have you ever been treated for sleep disorders? Yes No

Has a psychiatrist ever treated you? Yes No Last Visit? _____

Has a psychologist ever treated you? Yes No Last Visit? _____

Medications: List all prescription/non-prescription you are currently taking.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

List any additional medications taken in the past 5 years.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Applicant signature _____

Date ____/____/____

Special Needs:

Do you have a type of Disability? Yes No Type _____
 Do you require a special diet? Yes No Type _____
 Do you have any medical restrictions? Yes No Type _____
 Do you have any allergies? Yes No Type _____
 Do you have any chronic conditions? Yes No Type _____
 Do you have any other type of special needs? Yes No Type _____

Insurance Provider: _____ **ID Number:** _____

Name _____
 Street _____
 City _____ State _____ Zip _____ Phone (____) _____ - _____ Fax (____) _____ - _____

Prior Treatment Facilities (list 2 most recent programs/hospitalizations)

Name of Facility _____	Name of Facility _____
City _____ State _____	City _____ State _____
Dates of treatment ____/____/____ to ____/____/____	Dates of treatment ____/____/____ to ____/____/____
Reason for treatment: _____	Reason for treatment _____
Did you complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No

Psychological Information:

Name of Psychiatrist _____	Name of Psychiatrist _____
City _____ State _____	City _____ State _____
Phone (____) _____ - _____ Fax (____) _____ - _____	Phone (____) _____ - _____ Fax (____) _____ - _____
Dates of treatment ____/____/____ to ____/____/____	Dates of treatment ____/____/____ to ____/____/____
Did you complete treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you complete treatment/ <input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Doctor Information:

Name of Medical Dr. _____
 City _____ State _____
 Phone (____) _____ - _____ Fax (____) _____ - _____
 Date of last visit ____/____/____
 Reason for treatment _____
 Do you need to continue treatment? Yes No

Dental Information:

Name of Dentist _____
 City _____ State _____
 Phone (____) _____ - _____ Fax (____) _____ - _____
 Date of last visit ____/____/____
 Reason for treatment _____
 Do you need to continue treatment/ Yes No

For Admission Use Only:

Applicant signature _____ Date ____/____/____

Current Legal Status		
Are you on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State/County _____
Are you on parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State/County _____
Do you have any court cases pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State/County _____
Are you under investigation for anything?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State/County _____
Do you have any outstanding warrants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State/County _____
Are you involved in any type of lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State/County _____
Do you have any unpaid fines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State/County _____
Are you required to pay any restitution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State/County _____
Are you currently ordered to do any community service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State/County _____
Are you required to pay child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State/County _____
Are you behind in child support payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State/County _____
Past Legal Status:		
Have you ever been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State/County _____
Have you ever been in a juvenile detention center?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State/County _____
Have you ever been sentenced to jail?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State/County _____
Have you ever been in prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State/County _____
Have you ever been on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State/County _____

Criminal Activity (check all that you have been involved with):

<input type="checkbox"/> Aiding and Abetting	<input type="checkbox"/> Driving without a license	<input type="checkbox"/> Probation Violation
<input type="checkbox"/> Armed Robbery	<input type="checkbox"/> Drug Manufacturing	<input type="checkbox"/> Prostitution
<input type="checkbox"/> Arson	<input type="checkbox"/> Drug Possession	<input type="checkbox"/> Rape
<input type="checkbox"/> Assault	<input type="checkbox"/> DUI	<input type="checkbox"/> Restraining Order
<input type="checkbox"/> Attempted Assault	<input type="checkbox"/> DWI	<input type="checkbox"/> Robbery
<input type="checkbox"/> Attempted Burglary	<input type="checkbox"/> Embezzlement	<input type="checkbox"/> Sex with a Minor
<input type="checkbox"/> Attempted Rape	<input type="checkbox"/> Escape from Custody	<input type="checkbox"/> Shoplifting
<input type="checkbox"/> Attempted Robbery	<input type="checkbox"/> Felony Conviction	<input type="checkbox"/> Solicitation of Prostitution
<input type="checkbox"/> Attempted Murder	<input type="checkbox"/> Fleeing or Eluding Police	<input type="checkbox"/> Stalking
<input type="checkbox"/> Attempted Theft	<input type="checkbox"/> Fraud	<input type="checkbox"/> Terrorist Threats
<input type="checkbox"/> Battery	<input type="checkbox"/> Harassment	<input type="checkbox"/> Theft
<input type="checkbox"/> Burglary	<input type="checkbox"/> Incest	<input type="checkbox"/> Truancy
<input type="checkbox"/> Car Jacking	<input type="checkbox"/> Kidnapping	<input type="checkbox"/> Underage Drinking
<input type="checkbox"/> Child abuse/Neglect	<input type="checkbox"/> Larceny	<input type="checkbox"/> Use of Firearm in a Crime
<input type="checkbox"/> Child Molestation	<input type="checkbox"/> Leaving the scene of an accident	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Child Endangerment	<input type="checkbox"/> Manslaughter	<input type="checkbox"/> Vehicular Homicide
<input type="checkbox"/> Child Pornography	<input type="checkbox"/> No Contact Order	<input type="checkbox"/> Violation of Order of Protection
<input type="checkbox"/> Concealed Weapon	<input type="checkbox"/> Order of Protection	<input type="checkbox"/> Violation of Restraining Order
<input type="checkbox"/> Criminal Sexual Conduct	<input type="checkbox"/> Parole Violation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Possession of Stolen Property	<input type="checkbox"/> Other _____

Applicant signature _____

Date ____/____/____

Probation Information:

Probation Officer's Name _____
Street _____
City _____ State _____ Zip _____
Phone (____) ____ - ____ Fax (____) ____ - ____
Email _____

For Admission Use Only

Attorney Information:

Attorney's Name _____
Street _____
City _____ State _____ Zip _____
Phone (____) ____ - ____ Fax (____) ____ - ____
Email _____

For Admission Use Only

Case Worker Information:

Case Worker's Name _____
Street _____
City _____ State _____ Zip _____
Phone (____) ____ - ____ Fax (____) ____ - ____
Email _____

For Admission Use Only

Attached document Copies:

___ Court Order
___ Probation Requirements

For Admission Use Only – If the applicant is court ordered to our program, provide the following information:

Court Information:

Name of Court _____
Street _____
City _____ State _____ Zip _____
County _____
Phone (____) ____ - ____ Fax (____) ____ - ____
Judge's Name _____

Check Received:

___ Copy of Court Order
___ Copy of Probation Requirements

Applicant signature _____

Date ____/____/____

<p>Primary Emergency Information: Name _____ Relationship _____ Street _____ City _____ State _____ Zip _____ Home Phone _____ Work Phone _____ Cell Phone _____ Email _____ ___ Is authorized to receive general information</p> <p>Mother's Information Name _____ Relationship _____ Street _____ City _____ State _____ Zip _____ Home Phone _____ Work Phone _____ Cell Phone _____ Email _____</p> <p>Spouse's Information Name _____ Relationship _____ Street _____ City _____ State _____ Zip _____ Home Phone _____ Work Phone _____ Cell Phone _____ Email _____</p>	<p>Secondary Emergency Information: Name _____ Relationship _____ Street _____ City _____ State _____ Zip _____ Home Phone _____ Work Phone _____ Cell Phone _____ Email _____ ___ Is authorized to receive general information</p> <p>Father's Information Name _____ Relationship _____ Street _____ City _____ State _____ Zip _____ Home Phone _____ Work Phone _____ Cell Phone _____ Email _____</p> <p>Legal Guardian's Information Name _____ Relationship _____ Street _____ City _____ State _____ Zip _____ Home Phone _____ Work Phone _____ Cell Phone _____ Email _____</p>
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Children's Names:	Sex	Age	Date of Birth
_____	___ Male ___ Female	_____	___/___/___
_____	___ Male ___ Female	_____	___/___/___
_____	___ Male ___ Female	_____	___/___/___
_____	___ Male ___ Female	_____	___/___/___
_____	___ Male ___ Female	_____	___/___/___
Siblings Names:	Sex	Age	Date of Birth
_____	___ Male ___ Female	_____	___/___/___
_____	___ Male ___ Female	_____	___/___/___
_____	___ Male ___ Female	_____	___/___/___
_____	___ Male ___ Female	_____	___/___/___

Applicant signature _____ Date ___/___/___

Occult Activity (check all that you have been involved with)

<input type="checkbox"/> Animal Sacrifices	<input type="checkbox"/> Fortune Tellers	<input type="checkbox"/> Psychics	<input type="checkbox"/> Witchcraft
<input type="checkbox"/> Astrology	<input type="checkbox"/> Ouija Boards	<input type="checkbox"/> Satan Worship	<input type="checkbox"/> Voodoo
<input type="checkbox"/> Black Magic	<input type="checkbox"/> Palm Reading	<input type="checkbox"/> Seances	<input type="checkbox"/> Other _____

How often do you attend church? Often Occasionally Seldom Never
 How often do you read the Bible? Often Occasionally Seldom Never
 How often do you pray? Often Occasionally Seldom Never

Have you ever accepted Jesus Christ as you Lord and Savior? Yes No Date ____/____/____
 Have you ever been baptized in water? Yes No Date ____/____/____
 Have you ever experienced being filled with the Holy Spirit? Yes No Date ____/____/____

Do you attend church? Yes No

Name of Church _____
 Street _____
 City _____ State ____ Zip _____
 Church Phone _____

Name of Pastor _____
 Email _____

Have you talked with your Pastor about entering Focus Forward Ministries? Yes No
 Does your Pastor support you coming into the program? Yes No
 Do you want to live a happier, healthier life? Yes No
 Do you want to be free of the burdens of your past? Yes No
 Do you want a better relationship with your family? Yes No
 Would you like a brand-new start in life? Yes No
 Do you want God to help you straighten out your life? Yes No

Acknowledgments: (check Yes if you are willing to enter the program based on the statements below and No if you are not):

Focus Forward Ministries is a faith-based Christian Program. Yes No
 Students in the program must participate in daily devotions and Bible reading. Yes No
 Students in the program must participate in choir, chapel service and prayer. Yes No
 Students in the program must attend all scheduled choir events including church each Sunday. Yes No
 Students in the program will be offered communion periodically but are not required to partake. Yes No
 Students in the program desiring to be water baptized will be given the opportunity if eligible. Yes No
 Applicants not desiring a Christian program should seek other treatment facilities. Yes No

Applicant signature _____

Date ____/____/____

Income:		
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Income \$ _____
Do you receive social security income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Income \$ _____
Do you receive disability income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Income \$ _____
Do you receive retirement income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Income \$ _____
Do you currently receive any unearned income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Income \$ _____
Do you receive food stamps?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Income \$ _____
Do you receive general assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Income \$ _____
Do you receive medical assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Income \$ _____
Vehicles:		
Do you own any vehicles?		
Vehicle #1 Make _____ Model _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many? _____
Vehicle #1 Make _____ Model _____		
Debts:		
Do you have any unpaid student loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Balance \$ _____
Do you have any unpaid personal loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Balance \$ _____
Do you have any unpaid vehicle loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Balance \$ _____
Do you have any home mortgage loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Balance \$ _____
Have you co-signed for any unpaid loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Balance \$ _____
Do you have any unpaid medical bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Balance \$ _____
Do you have any credit card debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Balance \$ _____
Do you have any unpaid restitution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Balance \$ _____
Are you required to pay child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Balance \$ _____
Do you own any back-child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Balance \$ _____
Do you have any other unpaid debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Balance \$ _____

Focus Forward Ministries is a non-profit 501 (c) (3) ministry and does not receive government funding for operations.

There is always costs incurred, which include program expenses, staffing, education, life-skills training, character, development, work study, training and room and board (See Financial Information green sheet found in this application packet for details).

Each student is asked to contribute towards the monthly cost of their stay. However, we will not turn away anyone who earnestly wants to change their life.

Processing Fee:

The mandatory \$300.00 processing fee is non-refundable. This fee can be held for up to 12 months prior to admission

Physical and Medical Tests:

A copy of a current physical and all medical tests are to be completed prior to entrance, (see the enclosed form to be used by your physician). If this is not completed prior to admission, a mandatory charge of \$245.00 or more, (cost may vary), must be paid on the day you are admitted, or you will not be able to enter the program.

Tuition:

We highly recommend you begin to plan and pursue the task of raising your monthly tuition. Please use the enclosed sponsorship form to collect names of those that care about your successful recovery. After your arrival, we will send a sponsorship letter on your behalf.

Applicant signature _____

Date ____ / ____ / ____

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7 - 8	Up - dressed	Up - dressed	Up - dressed	Up - dressed	Up - dressed	Up - dressed	
8 - 8:30 8:30-9	Breakfast Memory Verse	Breakfast Memory Verse	Breakfast Memory Verse	Breakfast	Breakfast Memory Verse	Breakfast Memory Verse	
9 - 9:30 9:30 - 10	Sunday School	Devotions Personal Prayer	Devotions Personal Prayer	Devotions Personal Prayer	Devotions Personal Prayer	Devotions Personal Prayer	Breakfast **
10 - 11	Church ****	Chapel	Chapel	Chapel	Chapel	Chapel	Devotions - Prayer
11 - 12	Church ****	Chapel	Chapel	Chapel	Chapel	Chapel	Free Time
12 - 12:30 12:30-1	Lunch ****	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1 - 2	Free Time	School	School	School	School	School	Visitor 1-5
2 - 3	Free Time	School	School	School	School	School	Visitor 1-5
3 - 4	Free Time	School	School	School	School	School	Visitor 1-5
4 - 5	Free Time	Chores	Chores	Chores	Chores	Chores	Visitor 1-5
5 - 6	Dinner	Dinner	Chores	Chores	Chores	Free Time	Free Time
6 - 7	Church	Bible Study	Dinner	Dinner	Dinner	Free Time	Dinner Time
7 - 8	Church	Free Time	Free Time	Church	Bible Study		Free Time
8 - 9	Free Time	Free Time	Free Time	Church	Bible Study		
9 - 10	Wind Down	Wind Down	Wind Down	Wind Down	Wind Down	Wind Down	Wind Down
10	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out

Sample of Schedule may change at anytime

