

The Shielded by Faith Recovery Center For Women

CONFIDENTIAL

The purpose for this application is to assess eligibility for admission to SBFRC (Shielded by Faith Recovery Center), the women's recovery house. SBFRC is operated by The Beauty for Ashes Ministry. Information disclosed is confidential and will be seen only by the Recovery Team for screening purposes. Completion of this documentation is voluntary. To be considered, this application must be completed in full. Failure to complete this application will result in a decline in possible services. Discovery of falsification of information once the resident is in the program could result in immediate dismissal.

Name: _____ Age _____

Previous or Permanent Address: (non DOC) _____

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Phone # _____ E-mail _____

Date of Birth: _____ Social Security # _____ Have SS Card: _____

Do you have your Birth Certificate? _____

Who referred you to us? _____

Referral Phone: _____

Referral Email: _____

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Do you own a vehicle: _____

Make Model Year License plate

Valid Driver's License: _____

ID# State Expiration Date

IN CASE OF EMERGENCY, NOTIFY (prefer nearest relative)

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Other Health Care Practitioners: _____ Phone: _____

Health Insurance: _____

Name of Carrier: _____ Policy #: _____

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MARITAL STATUS (please circle one)

Single Divorced Married Separated Widowed

Name of Significant other: _____ Phone: _____

Address: _____

CHILDREN:

Do you have children? Yes No If yes list names and ages:

Who has custody of your under-age children? _____

What arrangements are being made for your children while at SBFRC?

Will coming to SBFRC impact the custody status of your children?

Are you currently pregnant? Yes No If yes, when is your due date? _____

Which are you planning? Parenting ____ Placing for adoption ____ Undecided ____

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SPIRITUAL BACKGROUND (Circle Yes or No)

Religious affiliation: _____

Do you attend church? Yes No

Do you read the Bible? Yes No

Do you pray? Yes No

EDUCATION: (Circle Yes or No)

Highest Grade Completed: _____ Diploma: Yes No

G.E.D.: Yes No

If yes, date received & where: _____

Any College, Jr. College, or Technical School? Yes No

If Yes, include location and certification obtained:

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LEGAL/COURT HISTORY: (Circle Yes or No)

(LOCAL PROBATION AND PAROLE HAS TO APPROVE OFFENDERS; PREFER CLIENTS FROM THIS AREA)

Are you involved in any active cases or current charges (civil, traffic, criminal)? Yes No

If yes, list charges and location: _____

If yes, indicate the court hearing or trial dates: _____

If presently incarcerated, please state what for and your outdate:

Are you presently on probation or parole? Yes No

If yes, (include DOC #)explain: _____

Do you have any pending cases? Yes No

If yes, explain what and where they are:

Do you have a back up home plan? Yes No

If yes, what is it? _____

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DO YOU HAVE ANY PAST, CURRENT, OR PENDING SEX OFFENSE CONVICTIONS? Yes No

Incarceration History Dates: _____

Do you have any prior convictions for arson or exhibiting violent behavior? Yes No

If yes, please explain:

TREATMENT HISTORY: (Circle Yes or No)

Have you participated in a therapeutic community while incarcerated? Yes No If Yes.

Program: _____ Date Started _____ End Date _____

Program: _____ Date Started _____ End Date _____

Program: _____ Date Started _____ End Date _____

Have you attended any substance use disorder treatment programs? Yes No

If yes, name of program and dates attended:

Program _____ Date Started _____ Date Ended _____

Program _____ Date Started _____ Date Ended _____

Program _____ Date Started _____ Date Ended _____

Have you ever attended A.A., N.A., Al-Anon, Footprints, Celebrate Recovery, or Alcoholics Victorious or any other mutual support group? Yes No

If Yes.....

When? _____ Name of Program: _____

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When? _____ Name of Program: _____

When? _____ Name of Program: _____

4. Have you ever attended a SATOP program? Yes No

If Yes, When? _____ Reason: (DWI, MIP, etc.) _____

DRUG USE HISTORY

At what age did you first use drugs and/or alcohol? _____

When was your last drink or other drug use? _____

Have you ever experienced any of the following when using alcohol or other drugs? (Check all that apply)

Loss of memory___ DTs___ Seizures___ Hallucinations___ Flashbacks___

Blackouts___ Extreme Fatigue___ "Shakes" ___ Insomnia___

List of Drugs Used:

Name of Drug	Last used	How Often	How Much	Method of Use

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How did you get involved with drugs? _____

DRUG OF CHOICE

Primary: _____ Secondary: _____

Your longest period of abstinence was from _____ to _____

MENTAL AND PHYSICAL HEALTH: (Circle Yes or No)

List all medications (prescription and non-prescription) currently taking: (Circle Yes or No)

Name of Medication	Dosage/How Often	Why Taking	Name and Phone of Prescribing MD

*Please note, applicants on Suboxone or Methadone cannot be accepted into the program.

Are you allergic to any medications? Yes No

If so, please list: _____

Have you ever been treated for psychiatric problems? Yes No

If yes, what was the diagnosis? _____

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Did you or are you on any meds for that problem? Yes No

If so, what meds and what dosage? _____

Have you ever THOUGHT of attempting suicide? Yes No

Have you ever PLANNED your own suicide? Yes No

Have you ever ATTEMPTED suicide? Yes No

Do you have any physical problems for which you are receiving treatment? Yes No

If yes, please identify the problem and the prescribed treatment. _____

Are you HIV positive? Yes No

Do you have any STDs? Yes No

Do you have Hep C? Yes No Hep B? Yes No

Do you have TB? Yes No If yes, is it active or inactive? _____

Whom are you seeing for primary health care? (Name of doctor(s) and phone numbers):

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(Continued) _____

Is there any medical/psychological conditions or medications you are taking that would hinder you from SBFRC recovery process? Yes No

Explain: _____

What has brought you to the SBFRC program?

What do you hope to get out of this 1 year program?

List some the goals you have for your life that the Shielded by Faith Recovery Center can help you with:

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By my signature below I agree that I have read the packet of information about The Shielded by Faith Recovery Center and agree to comply with the expectations of the program. The information provided on this application is truthful and accurate to the best of my knowledge. I understand that if it is discovered that I have falsified information on this application, then I will be subject to disqualification from participation in the Shielded by Faith Recovery Center program.

Signature: _____ Date: _____

Please submit the full application:

Scan and email to denise.knox@bfaministry.com or mail to SBFRC, 80 Main St., Troy, MO 63379

*(If submitting from D.O.C., an updated summarized progress report from case worker must be submitted along with application.