The Way; Home

Phone (870) 308-1635

Brief Program Description

The Way; Home provides Christian discipleship and residential care for those qualifying men who struggle with life-controlling addiction such as drugs and alcohol.

Referrals are made by judges, lawyers, hot lines, probation officers, ministers, police, hospitals, youth agencies, Correctional Institutions, friends, family and concerned others.

Through the discipleship process and the power of the Holy Spirit, we believe that we can overcome the obstacles and challenges of life; even though it is sometimes our choices that have lead us down a path of destruction.

We believe in the infallible Word of God and it's transforming power. "Do not conform to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is – His good, pleasing and perfect will" (Romans 12:2).

Our Mission Statement

To provide a clean, safe and drug free home where men recovering from addiction can learn biblical principles that will teach them how to live free and begin the healing process in their lives, their families and their communities.

The Way; Home

Client Application

Date: _____

Name: _____ Age: _____ Gender: _____
Last First Middle

Social Security #: _____ Birth Date: _____

Physical Address: _____
Street Number, Street Name and Apartment/Lot Number

City: _____ State_____ Zip: _____

Phone # (___) _____-_____ Cell Phone #: (___) _____-_____

Education:
□ 4+ Years of College
□ 1-3 Years of College
□ 1+ Yrs of Trade School
□ H.S. Diploma
□ GED
□ Dropped out of H.S.
□ Still Attending H.S.
□ Current Grade

Housing Situation:
□ Live with Spouse
□ Live with Parents
□ Live with Relatives
□ Live with Friends
□ Incarcerated
□ Homeless
□ Live Alone
□ Other

Marital Status:
□ Single
□ Married
□ Divorced
□ Engaged
□ Separated
□ Widowed
□ Other

Race:
□ White
□ Black
□ Hispanic
□ American Indian
□ Asian
□ Middle Eastern
□ Other_____

English Skills:
□ I Read English
□ I Write English
□ I Speak English

Citizenship:
□ United States
□ Other

Religion:
□ Protestant
□ Catholic
□ Other
□ Evangelical Covenant

Denominational Preference:
□ Assemblies of God
□ Baptist
□ Church of God
□ Evangelical Free
□ Lutheran
□ Presbyterian
□ Methodist
□ Missionary Alliance
□ Non-Denominational
□ Inter-Denominational
□ Other

I Need Help With The Following: (Check All That Apply):

□ Alcohol Addiction	□ Anxiety	□ Aggression	□ Self-Mutilation
□ Drug Addiction	□ Anger	□ Abandonment	□ Terminal Illness
□ Tobacco Addiction	□ Depression	□ Eating Disorders	□ Suicidal Thoughts
□ Gambling	□ Grief	□ Forgiveness	□ Death of a Loved One
□ Pornography	□ Fear	□ Emotional Stress	□ Family Relationships
□ Same Sex Attraction	□ Guilt	□ Self Esteem	□ Parenting

Referred By: _____
Name Title
Address: _____
Street Number/Name City/State/Zip

Phone (_____)_____-_____

Medical History :(Check All That Apply to your current or past condition):

□ ADD	□ Diabetes	□ High Blood Pressure	□ Rape
□ ADHD	□ Drug Abuse	□ HIV Virus	□ Respiratory Problems
□ Alcohol Abuse	□ Eating Disorder	□ Homicidal Thoughts	□ Schizophrenia
□ Anorexia	□ Flashbacks	□ Insomnia	□ Sexual Abuse
□ Asthma	□ Hallucinations	□ Mental Illness	□ Seizures
□ Back Problems	□ Head Trauma	□ Multiple Personalities	□ Suicide Attempts
□ Bi-Polar	□ Hearing voices	□ Nervous Condition	□ Suicide Contemplate
□ Bulimia	□ Heart Trauma	□ Paranoia	□ Suicide Thoughts
□ Depression	□ Hepatitis	□ Physical Abuse	□ Tuberculosis
			□ Venereal Disease

Substance Abuse :(Check All That You Have Used)

□ Alcohol	□ Crack	□ Huffing/Sniffing	□ Mushrooms
□ Amphetamines	□ Ecstasy	□ LSD	□ PCP
□ Barbiturates	□ GHB/MDMA	□ Marijuana	□ Over the Counter Drugs
□ Cocaine	□ Heroin	□ Meth	□ Prescription Drugs

□ Other _____

What was the date you last had 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 apply: □ 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 mental 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 Current Medications:

_____

_____

All medication must be in a labeled prescription bottle at the time of entrance. If your doctor give you samples, ask your Pharmacist if they will assist you in this matter.

MEDICAL INFORMATION CONTINUED:

List any medications you have taken in the past 2 years: _____

_____

SPECIAL NEEDS:

Do you have any 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: _____

If you have any medical restrictions or disabilities, you must supply us with documents from your physician at the time of entrance into the program. We reserve the right to require this documentation prior to acceptance.

Primary Emergency Contact:
Name: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Secondary Emergency Contact:
Name: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

INSURANACE PROVIDER: ID #: _____
Name (Insurance Provider): _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

PRIMARY DOCTOR INFORMATION:
Name (Doctors): _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Name of Psychiatrist/ Psychologist: _____
City: _____ State: _____
Phone: _____ Fax: _____
Dates of Treatment: ___/____/___ TO ___/___/___
Reason for Treatment:

Prior Treatment Facilities:

Name of Facility: _____
City: _____ State: _____
Phone: _____ Fax: _____
Dates of Treatment: ___/___/___ TO ___/___/___
Reason for Treatment: _____
_____

Have you previously been in The Way; Home Program? □ YES □ NO
If yes, When? _____
Did you complete the program? □ YES □ NO
If not, why? _____

EMPLOYMENT HISTORY: Please list your last 5 places of employment:

Employer	City/State	Duties	Dates Employed	Reason for Leaving

LEGAL INFORMATION:

Current Legal Status:

Are you currently on probation?	□ YES □ NO TYPE: _____
Are you currently on parole?	□ YES □ NO TYPE: _____
Do you currently have any court cases pending?	□ YES □ NO TYPE: _____
Are you currently under investigation for anything?	□ YES □ NO TYPE: _____
Do you currently have any outstanding warrants?	□ YES □ NO TYPE: _____
Are you currently involved in any type of lawsuit?	□ YES □ NO TYPE: _____
Do you currently have any unpaid fines?	□ YES □ NO Amt: _____
Are you currently required to pay any restitution?	□ YES □ NO Amt: _____
Are you currently ordered to do any community service?	□ YES □ NO Hours: _____
Are you currently required to pay child support?	□ YES □ NO Amt: _____
Are you currently behind in child support payments?	□ YES □ NO Amt: _____
Do you receive ant Social Security Income?	□ YES □ NO Amt: _____
Do you receive any Disability Income?	□ YES □ NO Amt: _____
Do you receive any Unemployment Income?	□ YES □ NO Amt: _____
Do you receive any retirement income benefits?	□ YES □ NO Amt: _____
Do you have any other source of Income?	□ YES □ NO TYPE: _____

PAST LEGAL STATUS:

Have you ever been arrested?	□ YES □ NO # of times: _____
Have you ever been in a juvenile detention center?	□ YES □ NO Age: _____
Have you ever been sentenced to jail?	□ YES □ NO Reason: _____
Have you ever been in prison?	□ YES □ NO Reason: _____
Have you ever been on probation?	□ YES □ NO

CRIMINAL ACTIVITY: (Check all that you have been involved with)

□ Aiding and Abetting
□ Armed Robbery
□ Arson
□ Assault
□ Attempted Assault
□ Attempted Burglary
□ Attempted Rape
□ Attempted Robbery
□ Attempted Murder
□ Attempted Theft
□ Battery
□ Burglary
□ Car Jacking
□ Child Abuse/ Neglect
□ Child Molestation
□ Child Endangerment
□ Child Pornography
□ Concealed Weapon
□ Criminal Sexual Conduct
□ Disorderly Conduct
□ Domestic Violence
□ Driving without a License
□ Drug Manufacturing
□ Drug Possession
□ DUI
□ DWI
□ Embezzlement
□ Escape from Custody
□ Felony Conviction
□ Fleeing or Eluding Police
□ Fraud
□ Harassment
□ Incest
□ Kidnapping
□ Larceny
□ Leaving the scene of an Accident
□ Manslaughter
□ Murder
□ No Contact Order
□ Order of Protection
□ Parole Violation
□ Possession of Stolen Property
□ Probation Violation
□ Prostitution
□ Rape
□ Restraining Order
□ Robbery
□ Sex with a Minor
□ Shoplifting
□ Solicitation of Prostitution
□ Stalking
□ Terroristic Threats
□ Theft
□ Truancy
□ Underage Drinking
□ Use of Firearms in a crime
□ Vandalism
□ Vehicular Homicide
□ Violation of No Contact Order
□ Violation of Order of Protection
□ Violation of Restraining Order
□ Other: _____
□ Other: _____
□ Other: _____

PAROLE/ PROBATION OFFICER INFORMATION:

Name: _____
Address: _____
City: _____ State:_____ Zip; _____
Phone: _____ Fax: _____
Email: _____

Do you have any court dates pending? _____ If yes, When? _____
What are the charges? _____
_____
Name of Defense Attorney: _____
Name of Prosecuting Attorney: _____

SPIRITUAL INFORMATION:

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

□ Animal Sacrifices	□ Fortune Tellers	□ Psychics	□ Witchcraft
□ Astrology	□ Ouija Boards	□ Satan Worship	□ Voodoo
□ Black Magic	□ Palm Reading	□ Séances	□ Other_____

Church Activity:

How often to do 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 your personal Lord and Savior? □ YES □ NO
Date: _____

If you attend Church, please provide as much of the following information as possible:

Name of Pastor: _____

Name of Church: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

List any church activities you have participated in: _____
_____

What do believe about God? _____
_____

What do you believe about life after death? _____
_____

What is sin? _____
_____

What purpose does the Bible and prayer have in your life?
_____
_____
_____

What are some characteristics in your life that you would like to change?
_____
_____
_____
_____
_____

In your words, what do you think we can do to help you with your problems?
_____
_____
_____
_____
_____

What words best describe how you feel about yourself?
_____
_____
_____
_____

What are your goals in life?

Describe your relationship with your family members:

What else would you like us to know about you?

FAMILY INFORMATION: (Please provide complete information)

SPOUSE:

Name: _____ Age: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

Date Married: _____

Is she supportive of you being here? _____

CHILDREN:

Name: _____ Gender: _____ Age: _____ Living with: _____

Name: _____ Gender: _____ Age: _____ Living with: _____

Name: _____ Gender: _____ Age: _____ Living with: _____

Name: _____ Gender: _____ Age: _____ Living with: _____

MOTHER"S INFORMATION:

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

FATHER"S INFORMATION:

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

CORRESPONDANCE:

Please list the names and addresses of people you expect to correspond with while in the program.

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone Number: _____

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone Number: _____

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone Number: _____

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone Number: _____

Please list additional family / friends on a separate page.

I agree that all the information to the best of my knowledge is correct.
I agree to obey all rules and submit to staff to the best of my ability.

Personal Property Agreement

- I agree that if I leave the program pre-maturely for any reason other than completion, I will be paid the balance of my account after any debt owed to The Way; Home and will receive the balance of my client account within 30 days after my departure.

- I understand that I am completely responsible for all my possessions. The Father's House will not be responsible for any of my belongings.

- ***Any personal items left after my departure will become the property of The Way; Home***

- I understand and agree that any bills I incurred while in the program will be charged to my client account.

- **I understand and agree that any and all checks and monies that I receive will be signed and given to The Way; Home, to be applied to program fee's of The Way; Home program until all debt owed is paid. After Program fee's are paid any monies that I have collected in my Client account will be paid upon graduation or within 30 days after leaving the program.**

Signed_____
Client Signature

Intake Director _____ Date: _____