

# Be Strong Women's Ministry, INC.

## Application For Residency

Please answer all questions accurately and correctly. Please do not leave any blanks on your application, as this will delay processing. Please write "N/A" or a line through any section that does not apply. BE STRONG WOMEN'S MINISTRY, LLC reserves the right to deny any applicant to the program.

(Please attach a recent picture of you.)

### Information About You:

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Name you go by: \_\_\_\_\_

Present Address: \_\_\_\_\_ Inmate # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone:\_( ) \_\_\_\_\_ Home:\_( ) \_\_\_\_\_ Cell:\_( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (optional)

### Physical Characteristics:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

I am currently \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Living with someone \_\_\_\_\_

Do you have any children? \_\_\_ Yes \_\_\_ No - If yes, how many? \_\_\_\_\_

Highest grade completed? \_\_\_\_\_ Do you need to work on a GED? \_\_\_\_\_

Have you been in any other recovery programs? \_\_\_ Yes \_\_\_ No If yes, where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why would you like to come to our program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to see happen in your life during your stay? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
How did you hear about Be Strong? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pregnancy:**

Are you pregnant? \_\_ Yes \_\_ No Approximate Due Date: \_\_\_\_\_

Has a doctor confirmed your pregnancy? \_\_\_Yes \_\_\_ No ( Please mark one "X")

**Mental Health History**

**Please check the box(s) below, if you have experienced or been treated for the following:**

- Psychological issues- depression, anxiety, bi-polar, thoughts disorders, hallucinations, personality disorders.
- Suicidal thoughts or attempts.
- Hospitalization (major surgery, overdose, etc.)
- Taking medication as prescribed by a doctor- please list all medications, dosage and reason for taking medication in the space provided below.
- Eating disorders.
- Received disability payments.

Please provide an explanation for any boxes that were checked above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Counseling:**

**Have you ever been diagnosed or treated for:** DID/Dissociative Disorder \_\_ADD \_\_ ADHD\_\_  
Schizophrenia \_\_ Bi-Polar Disorder \_\_ Borderline Personality Disorder \_\_

Have you ever self-mutilated? Yes\_\_ No\_\_ How? \_\_\_\_\_

Have you ever been to counseling? Yes\_\_ No\_\_ ( Please list facilities/persons below)

Have you ever received psychiatric care or been in a psychiatric hospital? Yes \_\_ No \_\_  
( Please list facilities)

**Date of Entry    Program Name    City/State    Reason for Leaving    Date of Discharge**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical:**

Do you have any allergies? List: \_\_\_\_\_

**Medications:**

Please list all medications that you take:

Medication	Dosage	Reason	For How Long?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Legal History:**

Have you ever been arrested/incarcerated? Yes\_\_ No\_\_ If yes, how many times? \_\_\_\_\_

Please explain reason for arrest/incarceration: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted for the following ( please check all that apply)

- Arson
- Assault
- Sexual Offense
- Violent Crime
- Domestic Violence

Please provide a brief explanation for ay items checked above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any outstanding warrants? Yes\_\_ No\_\_ If yes, how many? \_\_\_\_\_

Please explain the warrant: (County, issue, amount of fees etc.,) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County Warrant Issued in: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Do you have any pending court dates: Yes\_\_ No\_\_ Explain: \_\_\_\_\_

Name of Legal Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Judges Name: \_\_\_\_\_ Court: \_\_\_\_\_ County: \_\_\_\_\_

Have you ever been on probation or parole? Yes\_\_ No\_\_ Are you now? Yes\_\_ No\_\_

Where? \_\_\_\_\_ How Long? \_\_\_\_\_ Length of time remaining? \_\_\_\_\_

How often do you report? \_\_\_\_\_ In person or through mail? \_\_\_\_\_

Name of probation or parole officer: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**Chemical Dependency History:**

1. Drug(s) of choice used in the last 12 months \_\_\_\_\_
2. At what age did you begin using alcohol/drugs? \_\_\_\_\_
3. How often do you drink alcohol or use drugs: \_\_\_\_\_
4. How long have you realized that drugs and/or alcohol are problematic? \_\_\_\_\_
5. When was the last time you used? Alcohol? \_\_\_\_\_ Drugs? \_\_\_\_\_
6. How much do you consume at one time? Alcohol? \_\_\_\_\_ Drugs? \_\_\_\_\_
7. Do most of your social activities involve drug/alcohol use? Yes\_\_ No\_\_
8. Have drugs/alcohol affected your ability to hold a job? Yes\_\_ No\_\_
9. Are you presently in treatment? Yes\_\_ No\_\_ Where? \_\_\_\_\_
10. Have you ever been in an alcohol, drug, or detoxification program before? Yes\_\_ No\_\_( if yes, please list facilities)

**Name of Facility** \_\_\_\_\_ **Length of Stay** \_\_\_\_\_ **Completed** \_\_\_\_\_ **Year**

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**Sources of Income:**

- Welfare \$ \_\_\_\_\_
- Social Security \$ \_\_\_\_\_
- Child Support/ Alimony \$ \_\_\_\_\_
- Disability \$ \_\_\_\_\_

- Employment Employer Name: \_\_\_\_\_ Hourly Rate \$ \_\_\_\_\_
- Food Stamps \$ \_\_\_\_\_
- Other Income Sources \$ \_\_\_\_\_

**In completing this application & by initialing after each statement, acknowledge...**

1. I acknowledge that Be Strong Women's Faith Based Recovery Program is a Christian-based facility and as a result, I will be required to attend church services three times a week, attend prayer meetings, participate in Bible studies and Chapel services. Initials \_\_\_\_\_
2. I acknowledge that I must commit to working a highly spiritual program for the next 12 months, once admitted into the Be Strong program. Initials \_\_\_\_\_
3. I acknowledge that the Be Strong program does not permit the use of alcohol or drugs to be used while in the program. If I am using any of these substances while in the program, I acknowledge that I will be subject to discharge from the program. Initials \_\_\_\_\_
4. I acknowledge that the Be Strong program has a strict dress code policy, which requires modesty at all times and I must be appropriately dressed and groomed at all times. Initials \_\_\_\_\_
5. I agree and submit to the rules, regulations, and policies of the Be Strong program authorities and am willing to allow Christ to change my life. Initials \_\_\_\_\_
6. I acknowledge that the Be Strong program will conduct periodic drug tests/screens and acknowledge that a positive screen may result in immediate discharge from Be Strong and notification as required by law to my probation/parole officer, if one is assigned. Initials \_\_\_\_\_
7. I acknowledge that Be Strong is NOT RESPONSIBLE for my medical needs or attention, loss due to theft or transportation to non-program related venues. Initials \_\_\_\_\_
8. I hereby authorize the Be Strong program to conduct a police background check. Initials \_\_\_\_\_
9. I hereby authorize the Be Strong program to talk with individuals who previously provided treatment to me, including, but not limited to, my doctor or former hospitals, clinics, or other health/mental care facilities to discuss any treatment received under their care. Initials \_\_\_\_\_

**I, \_\_\_\_\_, acknowledge that to the best of my knowledge, I have provided true and accurate information in this application. Furthermore, I authorize Be Strong to verify the validity of this application and any information contained herein. I further give Be Strong staff authorization to communicate with my support network**

to determine eligibility for admission. I also authorize Be Strong to speak with my representation, legal or otherwise, to assist with admission, recovery or aftercare. I understand that any false or misleading information could result in a denial for admission or a discharge from the program.

By signing below, I acknowledge that I have received and read, or have had read to me, the General Release Liability Agreement, the Housing Agreement, and the Specific Releases From, as well as received the Be Strong program handbook of general rules and regulations. I acknowledge that I have been given the opportunity to review this application and any and all other agreements relative hereto with legal counsel of my choosing. I further acknowledge that I have executed the General Release Agreement and the Housing Agreement and that I have done so voluntarily and free of any duress, coercion and undue information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_