* **Office Use Only**

His Place Men's Program
1415 2nd Ave, Opelika AL 36801
(334)749-2130 Office (334)203-1830 Fax

Letter Sent:_____
Interview Date:_____
Accept/Decline:_____

This information is confidential. It will not be held against you or used to judge you in any way. Please answer **all** questions honestly and **completely, not doing so will result in a declined application**. After completing the application, please write a 5 page story of your life so that we may know how to best help you.

Please be aware we are a spiritually based 12 month recovery program. We are faith based. Your room and board will be provided for through generous donations from people who care for you. We do require a $500.00 curriculum fee which is non---refundable to provide for training materials and drug tests needed throughout the year. While in our care you will be responsible for any medical or dental care needed. If you are serious in your desire to get help, please call us regularly to see if we have an opening available for you. Your contact with us will keep your application valid. If we do not hear from you we will only hold an application 30 days, after that you would have to reapply.

If you are accepted into the program the following documents will be needed before/upon your arrival:

Medical Physical including pap and liver enzymes_____

Blood work Tests & Test Results:
TB:_____HIV/AIDS:_____Hepatitis A, B, & C:_____

Birth Certificate: _____Social Security Card:_____ Valid Picture I.D._____

Psychological Evaluation: _____

************************ ***No Psychopathic Drugs Are Allowed While In Program*******************************

Personal Information:

Application Date:_____

Name:_____ Phone:_____

Address:_____City:_____State:_____Zip:_____

County:_____ Date of Birth:_____Age:_____

Social Security:_____ Ethnicity:_____

Hair:_____Eyes:_____Height:_____Weight:_____

Drivers License Number:_____State:_____Type:____Valid?_____

Education:

Highest Grade Completed:_____Graduated/GED: Yes_____No:_

Emergency Contact:

Name & Phone Number of Person to Contact in an Emergency:_____

_____

What is their relationship to you?_____

Marital Status:

Single:_____Married:_____Engaged:_____Divorced:_____Separated:_____Widowed:_____

Number of times married:_____Years married each time:_____

Does your Wife support your decision to get help?_____

Wife's Name:_____

Address: _____City:_____St:_____Zip:_____

Names of Children and Ages:_____

Parents:

Names of Living Parents: _____

Address:_____State:_____Zip:_____

Father's contact phone:_____Mother's phone:_____

Father's E---mail:_____Mother's E---mail:_____

Names of Deceased Parents:_____

When did they die?_____

How did they die?_____

_____

_____

Siblings:

Names and **ages** of siblings including yourself **in the order of birth**:_____

_____

_____

_____

Hobbies & Interests:_____

_____

Medical:

Please request any and all medical/psychological information from previous health provider, physicians, and counselors and submit upon arrival. Physical:_____Psych Evaluation:_____

Medicare Number:_____Medicaid Number:_____

Primary Health Insurance Carrier Name & Number:_____

Physician's Name & Phone Number:_____

Address:_____City:_____St:_____Zip:_____

Allergies: Yes_____No:_____List of allergies:_____

Current Medical Problems – Please be complete & specific:_____

_____

_____

_____

Please list all past surgeries or medical hospitalizations:_____

_____

_____

_____

Medications Currently Taking Prescribed and Non---Prescribed:_____

List any physical limitations you may have as indicated by a physician:_____

_____

_____

_____

Have you ever been to counseling / psychiatrist? Yes_____No_____How long?_____
Have you ever been the victim of physical abuse? Yes_____No_____How long?_____
Have you ever self---mutilated? Yes_No____If yes, how & how recent?_____

Have you ever been the victim of sexual abuse? Yes_____No_____As a child?_____As an Adult?
Do you have or have you ever contracted a sexually transmitted disease? Yes_____No_____
Which STD?_____Date Contracted:_____Treatment:_____
CurrentStatus:_____
Sexual Preference: Heterosexual_____Homosexual_____Bisexual_____
Have you ever been involved in a homosexual relationship?_____

Diet:
Are you on a special diet? Explain:_____
Do you have food allergies?_____
Have you ever been diagnosed with an eating disorder? Please explain:_____

Legal Information:

Probation Officer:
Name:_____
Address:_____

Phone:_____
Fax:_____
E---Mail:_____

Attorney:
Name:_____
Address:_____

Phone:_____
Fax:_____
E---Mail:_____

List ALL arrests and results:_____

_____

_____

_____

List pending court cases, dates and allegations:_____

List any outstanding warrants for your arrest:_____

Substance Abuse:

List All Alcohol & Drugs You Use or Have Used:

Drug:_____How Often:_____How Much:_____Last Used:
Drug:_____How Often:_____How Much:_____Last Used:
Drug:_____How Often:_____How Much:_____Last Used:
Drug:_____How Often:_____How Much:_____Last Used:
Drug:_____How Often:_____How Much:_____Last Used:
Drug:_____How Often:_____How Much:_____Last Used:

When was the last time you used drugs? _____Alcohol?
How old were you when you first started using drugs?_____Alcohol?
Do you use tobacco/smoke cigarettes? Yes_____ No_____ When did you smoke last?
Please note His Place is a smoke free facility. Are you willing to quit? Yes_____No
Have you ever been in an alcohol, drug, or detoxification program before? Yes_____No_____
Please list the facilities:_____
Was it a religious or non---religious program?_____
Explain how it helped or hindered your recovery?_____
How involved were your family in your recovery process?_____
How willing are they in being involved in it now?_____

Spiritual:

What life controlling problems do you see in your life that you need or want to resolve?_____

Do you feel that you have a need for God?_____
Have you ever committed your life to God?_____
What is your present relationship with God like?_____

Do you read the Bible?_____

Are you open to Biblical solutions to your problems?_____

Are you a member of any church or specific religion?_____

Type of Religion:_____Denomination:_____

Financial:

Explain current financial obligations:_____

_____

Amount of current income and sources:_____

_____

_____

Please explain why we should take you into our recovery program:_____

_____

_____

_____

_____

_____

_____

What would you like to see happen in your life while you are with us?_____

_____

_____

_____

_____

_____

_____

_____

_____

Are you ready for your life to be changed?_____

_____

_____

_____

_____

How willing are you to do whatever it takes to make the change?_____

_____

_____

_____

_____

_____

_____

_____

_____

If you want to tell us more about yourself, please feel free to share with us anything you may find important for us to know in order for us to better understand your circumstances:_____

_____

_____

_____

_____

Applicant's Signature:_____ **Date:**_____

His Place Director:_____ **Date:**_____