PARTICIPANT APPLICATION

A Hand Up Ministry

QUALIFICATIONS: A Hand Up Ministry aims to provide the best possible care and support to those seeking to find freedom from addiction. While the ministry goes to great lengths in this effort to support as many individuals as possible, it has limitations in the number of individuals it can facilitate and in the level of care required for select individuals. A Hand Up Ministry cannot provide the level of care required for those:

1. Charged or convicted of sex offense, OR
2. Charged or convicted or violent offense, OR
3. Diagnosed with a mental health condition requiring psychiatric care with medication, OR
4. Unable to maintain full-time employment.

INSTRUCTIONS: Complete the form in full. If a question does not apply to you, simply put *N/A*. An incomplete application may result in a delayed response or disqualification. Once completed, mail the application along with a **$50 NON-REFUNDABLE application fee** and an **official criminal history record** for your state. Your application will NOT be considered unless you provide all three items. **Fee does NOT guarantee acceptance.** You may provide your own criminal history record or send a completed Georgia Criminal History Record Inquiry (CHRI) form from our Apply webpage for an **additional $10**. NOTE: You should receive a response via the email address or phone number you provide below within approximately 15 business days.

PAYALBE TO: A Hand Up Ministry

MAIL TO: Attn: APPLICATION
A Hand Up Ministry
6246 Highway 136
Trenton, GA 30752

PERSONAL INFORMATION			
First Name	Middle Name	Last Name	
Have you gone by any alternative names or aliases? If yes, please provide.			
Street Address			
City	State	Zip Code	
Phone Number	Email Address		Last 4 Digits of SSN
Date of Birth	Sex (check one) ☐ **Male** ☐ **Female**	Marital Status (check one) ☐ **Single** ☐ **Married** ☐ **Divorced** ☐ **Widowed**	Do you have any dependents or children under the age of 18? ☐ **Yes** ☐ **No**

EMERGENCY CONTACT		
First Name	Last Name	Relationship to You
Phone Number	Email Address	City, State
Is your emergency contact aware of your application to our program? ☐ **Yes** ☐ **No**	Do we have permission to provide information about your application status and/or program status to your emergency contact? ☐ **Yes** ☐ **No**	

MEDICAL	
List All Allergies.	
List All Current Prescription Medications.	
List All Current Over-The-Counter Medications.	
Describe All Current Medical Treatments.	
List all past surgeries and hospital stays.	
Your Physician's Name	Your Physician's Contact Information
Do you have an immediate need for medical or mental health care? If yes, please describe. ☐ **Yes** ☐ **No**	
Have you ever attempted suicide or planned a suicide? If attempted, please provide last date. ☐ **Yes** ☐ **No**	
Have you ever had thoughts of hurting yourself or others? If yes, please explain. ☐ **Yes** ☐ **No**	
Have you ever been admitted to a psychiatric hospital or been treated for non-medical reasons such as emotional or mental health? Please explain. ☐ **Yes** ☐ **No**	
Asthma ☐ **Yes** ☐ **No**	Diabetes – Age of Diagnosis: ☐ **Yes** ☐ **No**
Dietary Restrictions – Explain: ☐ **Yes** ☐ **No**	Disabled – Explain: ☐ **Yes** ☐ **No**
Emphysema ☐ **Yes** ☐ **No**	Epilepsy / Seizures – Frequency: ☐ **Yes** ☐ **No**
Hearing / Vision Loss – Explain: ☐ **Yes** ☐ **No**	Heart Murmur – Explain: ☐ **Yes** ☐ **No**
High Blood Pressure ☐ **Yes** ☐ **No**	HIV / AIDS – Date of Last Test: ☐ **Yes** ☐ **No**
Kidney Disease ☐ **Yes** ☐ **No**	Liver Damage – Explain: ☐ **Yes** ☐ **No**
Loss of Limb – Explain: ☐ **Yes** ☐ **No**	Mental Health Diagnosis – Explain: ☐ **Yes** ☐ **No**
Pregnant – Date of Last Menstruation: ☐ **Yes** ☐ **No**	Tuberculosis – Date of Last Test: ☐ **Yes** ☐ **No**

LEGAL		
Please provide a history of all legal charges		
Are you currently incarcerated? ☐ **Yes** ☐ **No**	Where are you currently incarcerated?	What is your release date?
Are you currently on probation? ☐ **Yes** ☐ **No**	Where is your probation?	Name of Probation Officer
Do you have any pending charges or outstanding warrants? If yes, please provide details. ☐ **Yes** ☐ **No**		
Do you have any orders of no contact, TPO, or restraining orders? If yes, please provide details. ☐ **Yes** ☐ **No**		
Do you have any upcoming court dates? If yes, what are the dates and where? ☐ **Yes** ☐ **No**		
Do you have any charges outside of the state you currently reside in? If yes, please explain. ☐ **Yes** ☐ **No**		
Have you ever been charged with crimes of a sexual nature? If yes, please explain. ☐ **Yes** ☐ **No**		
Have you ever been charged with assault? If yes, please explain. ☐ **Yes** ☐ **No**		
Are you affiliated with a gang? If yes, which one? ☐ **Yes** ☐ **No**		

SUBSTANCE ABUSE		
Primary (1st) Substance/Drug of Choice	Have you experienced withdrawal from your primary substance? ☐ **Yes** ☐ **No**	Date of Last Use of Primary Substance
Secondary (2nd) Substance/Drug of Choice	Have you experienced withdrawal from your secondary substance? ☐ **Yes** ☐ **No**	Date of Last Use of Secondary Substance
Have you received medication assisted treatment within the last 30 days (methadone, suboxone, buprenorphine)? If yes, please explain. ☐ **Yes** ☐ **No**		
Have you been in substance abuse treatment before? If yes, where and when? ☐ **Yes** ☐ **No**		

FINANCIAL	
Are you currently able to work a full-time job? ☐ **Yes** ☐ **No**	Current Government Financial Assistance (check all that apply) ☐ **Disability** ☐ **SSI** ☐ **Other Government Assistance** ☐ **None**

GENERAL INFORMATION
Please provide a summary of why you want to be a participant in A Hand Up Ministry recovery program.
Who is Jesus Christ to you?
Is there any other important information we should know?

AFFIRM & CONSENT

I, the Applicant, (check all you affirm)

□ Attest that the information provided on this form is accurate and complete to the best of my knowledge.

□ Understand that I am subject to a formal background check.

□ Understand that any intentional falsification or omittance of information on this application is grounds for immediate denial of admission into A Hand Up Ministry recovery program, henceforth “the Program”.

□ Understand the Program is a 12-month, faith-based recovery program. I am committed to taking all reasonable steps necessary to find sobriety.

If accepted, I, the Participant, (check all you affirm)

□ Agree to fully participate in all required activities including, but not limited to, Celebrate Recovery, church, bible study, and other related classes.

□ Agree to maintain a positive attitude and respect all other residents and staff.

□ Agree to maintain employment while at the Program.

□ Understand that failure to comply with policies and procedures of the Program may result in immediate dismissal from the Program.

_____ _____

Signature of Applicant Date