

PARTICIPANT APPLICATION



INSTRUCTIONS: Complete the form in full. If a question does not apply to your situation, simply put N/A. An incomplete application may result in a delayed response or disqualification. Once completed, please send the application via email or postal mail to one of the following addresses. Please note, a decision will be sent to the email address provided. If you are submitting your application via email, please allow approximately 10 business days for processing. If you are submitting via postal mail, please allow approximately 15 business days for processing.

Email: kreagin@ahandupministries.org
Subject: APPLICATION

Postal Mail: Attn: APPLICATION
 A Hand Up Ministry
 6246 Highway 136
 Trenton, GA 30752

PERSONAL INFORMATION

First Name		Middle Name	Last Name	
Street Address				
City		State	Zip Code	
Phone Number			Email Address	
Date of Birth	Sex (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		Last 4 Digits of SSN

CHILDREN

Number of Children	Currently Expecting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expected Date of Birth		
1 st Child Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	Child Age (whole number)	Live with Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Court Ordered Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2 nd Child Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	Child Age (whole number)	Live with Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Court Ordered Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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6 th Child Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	Child Age (whole number)	Live with Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Court Ordered Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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EMERGENCY CONTACT

First Name	Last Name	Relationship to You
Phone Number	Email Address	City, State

MEDICAL

List All Allergies		
List All Current Prescription Medications		
List All Current Over-The-Counter Medications		
Describe All Current Medical Treatments		
Your Physician's Name		Your Physician's Contact Information
Are you being treated for any of the following mental health issues? (check all that apply) <input type="checkbox"/> Anxiety <input type="checkbox"/> Bi-Polar <input type="checkbox"/> PTSD <input type="checkbox"/> Depression <input type="checkbox"/> Schizophrenia <input type="checkbox"/> None		Have you had any recent suicidal thoughts or plans? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been diagnosed with any of the following? (check all that apply) <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Hepatitis <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> None		Have you had any recent homicidal thoughts or plans? <input type="checkbox"/> Yes <input type="checkbox"/> No
Most Recent Test Date for Hepatitis		Most Recent Test Date for Tuberculosis (TB Skin Test Date)
Most Recent Test Date for HIV/AIDS		Most Recent Test Date for HIV/AIDS
Please describe all other mental, emotional, and physical problems not mentioned that could prevent your full participation in A Hand Up recovery program/treatment.		

LEGAL

Please provide a history of all legal charges	
Are you currently incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where are you currently incarcerated?
Are you currently on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide name of probation/parole officer.
Please list all pending charges and outstanding warrants.	

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FINANCIAL

Are you currently able to work a full-time job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current government financial assistance (check all that apply) <input type="checkbox"/> Disability <input type="checkbox"/> SSI <input type="checkbox"/> Other Government Assistance <input type="checkbox"/> None
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PERSONAL

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