

Voice of Grace Dream Center

Executive Director: Peggy NeeSmith



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(912) 293-4618

Application For Acceptance To
Voice of Grace Dream Center

This information is confidential. The information in this application will not be held against you or to judge you in any way. Voice of Grace Dream Center program is dedicated to helping those who need emotional and spiritual healing and restoration. If for any reason we cannot meet your particular need, we may be able to refer you to someone who can. Please answer all questions honestly so we may know how best to help you. Please do not leave any blanks in your application as this will delay processing. If a question is not applicable to you please put NONE or N/A next to it.

Name: _____ Date _____ Name you go by: _____

Present address _____

Telephone # : home () _____ work() _____

Referred by: DHS ___ Court ___ Parents ___ Church ___ Radio ___ Other(specify) _____

Have you ever applied to Voice of Grace Dream Center in the past? ___ If yes, please give approximate date: _____

Information About You

Date of Birth: _____ Age: _____ Race _____

City and State of Birthplace _____

Social Security Number: _____ - _____ - _____

Driver's license Number (and expiration date): _____

Family Information

Marital Status

Single_____ Married_____ Divorced_____ Seperated_____

Children

Do you have any children?_____ If yes, How many?_____

List Names and ages:

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

Who has custody of your children? _____

What arrangements are being made for your children while you are at Voice of Grace
Dream Center? _____

Are you on any type of government assistance? _____

Parents

Father's Name: _____ Living: _____ Deceased: _____

Telephone # Home: (____) _____ Work: (____) _____

Address: _____ City: _____ State: _____

Mother's Name: _____ Living: _____ Deceased: _____

Telephone # Home:(____) _____ Work:(____) _____

Address: _____ City: _____ State: _____

Are your parents:

Married_____ Divorced_____ Separated_____ Remarried_____ Widowed_____

Describe your relationship with your father: _____

Describe your relationship with your mother: _____

As a child who did you feel closest to: Father _____ Mother _____ Someone else _____

If someone else, please explain: _____

How many brothers and sisters do you have? _____

Do any of your siblings have a history of substance abuse? Please explain: _____

Education:

Name of last school attended? _____

Dates of attendance? _____

Did you graduate? _____ If not, last grade completed: _____

Have you ever been in any special education classes? _____

If so, please list: _____

**Voice of Grace
Drug/Alcohol Residential Treatment Center
Application for Treatment Admission**

HEALTH AND MEDICAL HISTORY

Name of family physician _____

Date of last physical examination _____

Do you have any health concerns or physical disabilities that Voice of Grace needs to be made aware of? ____ Yes ____ No. If, yes please describe in detail _____

***I understand that any undisclosed medical issues that are discovered after admission could place my stay and treatment at Voice of Grace in jeopardy.**

Are you currently taking any prescribed medications? ____ Yes ____ No If yes, please list medications dosage, how long you have been taking them, and what they were prescribed for:

| Name of medication | Dosage | Reason for medication | Date started taking this med | Doctor's name | Phone # of Doctor |
|--------------------|--------|-----------------------|------------------------------|---------------|-------------------|
| | | | | | |
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Do you have any immediate medical or dental needs? ____ Yes ____ No If yes, please describe _____

Do you have a history of seizures? ____ Yes ____ No If yes, please specify _____

Date and type of last seizure _____

General diagnosis and description of seizures _____

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"FEMALE APPLICANTS THIS SECTION ONLY"

1. Have you ever been pregnant? ____ Yes ____ No

2. Have you ever had an abortion? ____ Yes ____ No

If yes, please give date(s) _____

3. Are you pregnant now? ____ Yes ____ No If yes, please give the due date _____

4. Have you used any illegal substances or alcohol during this pregnancy?

____ Yes ____ No If yes, please list the substance and the frequency:

| Name of Substance | Amount used | Frequency |
|-------------------|-------------|-----------|
| | | |
| | | |
| | | |

PSYCHOLOGICAL HISTORY

Have you ever tried to commit suicide? ____ Yes ____ No If yes, please explain _____

Have you had suicidal thoughts and/or are you currently thinking about suicide? ____ Yes

____ No If yes, please explain _____

If you answered yes to the above question, do you have a plan to commit suicide? ____ Yes

____ No If yes, please explain _____

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Have you ever thought of killing anyone? Yes No If yes, please explain _____

Have you ever killed anyone? Yes No If yes, please explain _____

Have you ever tried to kill anyone? Yes No If yes, please explain _____

Have you ever tried to harm your self in anyway? Yes No If yes, please explain _____

Please check appropriate sexual orientation:

| | |
|-------|--------------------|
| _____ | Heterosexual |
| _____ | Homosexual/Lesbian |
| _____ | Bi-Sexual |

Have you ever been to a psychiatrist or been committed for a psychological evaluation?

Yes No If yes, please give details:

| Name of Doctor/Therapist | Location | Dates Attended | Diagnosis | Medication prescribed include dosage |
|--------------------------|----------|----------------|-----------|--------------------------------------|
| | | | | |
| | | | | |
| | | | | |

Substance Abuse

Have you ever experimented with the following substances?

| | | |
|---------------------------------------|----------------------------------|----------|
| Alcohol | Hallucinogenic (Acid, LSD, etc.) | Morphine |
| Amphetamines | Crank | Opium |
| Barbiturates | Crystal Meth | Heroin |
| Cocaine | Marijuana | Ecstasy |
| Crack | Meth Amphetamines | Tobacco |
| Inhalants (Glue, Paint Thinner, etc.) | Other: _____ | |

Drug of choice:

- 1) _____ Length of use _____
- 2) _____ Length of use _____
- 3) _____ Length of use _____
- 4) _____ Length of use _____

Habit cost per day? _____ Longest period clean? _____

*Have you ever been in an alcohol, drug or detoxification program before? _____

Was it faith based or non-faith based? _____

Please list facilities below:

| <u>Date of entry</u> | <u>Program Name</u> | <u>City/State</u> | <u>Reason for leaving</u> | <u>Date of Discharge</u> |
|----------------------|---------------------|-------------------|---------------------------|--------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

**Voice of Grace
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LEGAL HISTORY

Have you ever been arrested? ____ Yes ____ No If yes, please indicate the number of times that you have been charged for the following crimes.

- | | | |
|--------------------------------|----------------------------|-------------------------|
| ___ Shoplifting | ___ Robbery | ___ Prostitution |
| ___ Parole/Probation Violation | ___ Assault | ___ Disorderly Conduct |
| ___ Drug charges | ___ Arson | ___ Public Intoxication |
| ___ Forgery | ___ Rape | ___ DWI |
| ___ Weapons Offense | ___ Sexual Assault | ___ Theft by deception |
| ___ Burglary, larceny, B&E | ___ Homicide, manslaughter | ___ Other |

Please use this space to explain further about the crimes you have been charged with

Do you have any pending charges? ____ Yes ____ No If yes, please complete the following:

| Date arrested/charged | State arrested in | Name of Judge | List of present charges | Court date |
|-----------------------|-------------------|---------------|-------------------------|------------|
| | | | | |
| | | | | |
| | | | | |

Do you have an attorney? ____ Yes ____ No If yes, please provide

Name _____ Phone number _____

Address _____

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Have you been court ordered to complete treatment? _____ Yes _____ No

If yes, please give details:

| Date of sentence | What exactly was the sentence stipulation | Judge's name |
|------------------|---|--------------|
| | | |
| | | |

Are you currently on probation/parole? _____ Yes _____ No

What are your charges? _____

Date probation/parole began _____

Date probation/parole scheduled to end _____

Please give name, telephone, and address of current probation/parole officer

Name _____ Phone number _____

Address _____

Have you ever been on probation/ parole? _____ Yes _____ No If yes, please give

details _____

Family

Do you and your parents get along? _____

Do you live with them? Yes _____ No _____

Are they Christians? _____ For how long? _____

Denomination and name of church: _____

Spiritual

Have you ever witnessed or been involved in the following occult activities?

- | | | |
|-----------------|--------------------------|-----------------------|
| Astroprojection | Satanic Worship | Rituals |
| Divination | Seances | Sacrifices |
| Fortune Telling | Spell casting | Spiritism |
| Horoscopes | Tarot Cards | Psychic Consultations |
| Levitation | Voodoo | Chanting |
| Ouija Boards | Witchcraft | Channeling |
| Palm reading | Yoga | White Magic |
| Witches Coven | Putting curses on others | Dungeons & Dragons |
- Programming (color, number, location, etc.)

Write a brief explanation of your involvement with each _____

Have you ever been abused in any of these activities? Explain: _____

Have you ever been involve with the following groups?

Christian Science

Mormonism

Easter Religions

Scientology

Jehovah's Witnesses

Transcendental Meditation

Brotherhood

New Age Movement

Write a brief explanation of your involvement with each: _____

Have you ever committed your life to God? _____

Date: _____ Place: _____

Denominational background: _____

Are you a member of any church or religion? _____

Which one? _____

How often do you attend church? _____

Do you read the Bible? _____ How often? _____

Do you ever pray? _____ How often? _____

Do you feel you have a need for God? _____ Explain: _____

What is your present relationship with God? _____

Why would you like to come to Voice of Grace Dream Center? _____

What would you like to see happen in your life while in this home? _____

Please write a 5 page or more history of yourself including drug history. Include with application.

Your application is not complete without this!

I have read the rules of this program and agree to submit to the rules and the staff of Voice of Grace Dream Center's program. I understand that if I have failed to answer these questions truthfully or withheld any information, it can be grounds for refusal to or dismissal from the program.

Signature: _____

Date: _____