Please Answer All Questions Honestly.

STUDENT APPLICATION FOR PROGRAM ENTRY

If the staff finds any false statements on your intake or admissions documents this may result in you not being accepted into the program or dismissal from the program. Please answer honestly.

Circle or Place a Check Mark Where Appropriate

PERSONAL DATA AND INFORMATION:

Name: ____
(Last) (First)
(Middle Initial)

Address: ____
(Street) (City) (State) (Zip)

Phone: Home/Cell (______)__________________________ Work (__________)____________________________

Weight: _____________ Height: _______________ Hair Color: ________________ Eye Color: _____________

Social Security No.:________________________________ Birth Date: _________________
Age: ___________________

Sex: Male Female Drivers License No.: ________________Email:
____

State: __________ Drivers License: Valid Expired Suspended Never applied for one

If suspended, why? _

Emergency Contact: Name ____

Address ____
(Street) (City) (State) (Zip)

Phone: Home/Cell (______)____Work (__ __________________

Relationship: _____________________________________

Referred By:

Name: ____
(Last) (First)

Address: ____
(Street) (City) (State) (Zip)

Please Answer All Questions Honestly.

Phone Number: (__________)_________________ Relationship: ___________________________________

THE PROBLEM

What is your main problem, as you see it?

What have you done about it?

What are your greatest needs, in order of priority?

Have you ever been in a program before?
Was it religious or non-religious? ____________ How many programs have you been in before?
List program Name 1: _________________City/State:
Dates: Reasons for leaving:
List program Name 2:
Dates: City/State:
Reasons for leaving:
(Use the back of this page if additional space is required)
What are you expecting God to do in your life through this program?

Describe what you are willing to do and what you think is required of you:

What would you like to do after you complete Genesis Ministries program?

Please Answer All Questions Honestly.

RACE/ETHNIC BACKGROUND

☐ Caucasian	☐ Japanese	☐ Hispanic
☐ African American	☐ Chinese	☐ Asian
☐ American Indian	☐ Filipino	☐ Other ________________________________

Are you an American Citizen? ☐ Yes ☐ No Explain ____

PERSONALITY INFORMATION

Circle any of the following words that best describe you now:

active	ambitious	self-confident
persistent	nervous	hard-working
impatient	impulsive	moody
often blue	excitable	imaginative
calm	serious	easy-going
shy	good-natured	introvert
extrovert	likeable	leader
quiet	hard-boiled	submissive
self-conscious	lonely	sensitive
follower	easily influenced	valuable
worthless	angry	bitter
disillusioned	happy	
other:		

Is it easy for you to express your feelings? Yes No Sometimes

Explain: ____

Do you enjoy being with other people or would you rather be alone? ______________________________

Explain: ____

PERSONAL FAMILY HISTORY

List parent/parenting figures, spouse, boyfriend, brothers & sisters (do not list your children)

NAME	RELATIONSHIP	AGE	RESIDENCE

(Use the back of this page if additional space is required)

Please Answer All Questions Honestly.

Check the word that best describes your relationship with your parents as a child and now:

	As a Child	Now
Very Good		
Good		
Average		
Fair		
Poor		

Are your parents still living? Father ☐ Yes ☐ No Mother ☐ Yes ☐ No

Father's Name __________________ Age: ______

Mother's Name _________________ Age: ______

Are you adopted: Yes No

Were you raised by anyone other than your parents? Yes No If yes, please explain

____

When did you last see either parent? Mother________Father_______ Guardian_______

When did you last live at home? __________

Occupation: Father ___________________________ Mother _____________________

Parent's marital status: Married Divorced Separated Remarried Living together

If married, how long? ______ If other, how long? ________

How would you rate their marriage? Very Happy Happy Average Unhappy

How would you rate your childhood? Good Fair Poor Why?

____

____

As you grew up, whom did you feel closest to? Father Mother Other _________________

MARITAL/INTIMATE RELATIONSHIP HISTORY

Marital status: Single Married Separated Divorced Remarried Widow
Other_______________________

Please Answer All Questions Honestly.

List your present living arrangement: *(Please circle all that apply.)*
Living alone With parents With spouse With others (non-relatives)
With others (relatives, including children) Other

If other, please explain____

If you are, or have been, married, please list: (Start with your most recent marriage.)

PERSON MARRIED TO (First name only)	MONTH/YEAR	ENDED IN (Divorce, Separation, Death)	MONTH/YEAR
______________________	____________	____________________	____________
______________________	____________	____________________	____________
______________________	____________	____________________	____________
______________________	____________	____________________	____________

Current spouse (full name) ____

Address: ____
(Street) (City) (State) (Zip)

Phone: Home (__)_______ Work (___________)__________________________

Describe your relationship with your spouse ____

Do you have any children ☐ Yes ☐ No If yes, please list:

NAME OF CHILD	AGE	WHERE LIVING
______________________	________	______________________
______________________	________	______________________
______________________	________	______________________
______________________	________	______________________

(Use back of this page if additional space is required.)

Please Answer All Questions Honestly.

Describe any positive or negative aspects of your relationship with your children. ________________________

____

____

____

Describe any problems or concerns related to your relationship with your spouse or boyfriend. _____________

____

____

To your knowledge, has anyone in your family ever been sexually abused? Yes No

When: ______________________________ Who: ______________________________

When: ______________________________ Who: ______________________________

When: ______________________________ Who: ______________________________

Sexual Lifestyle: *(Please check all that apply)* ☐ Bisexual ☐ Heterosexual ☐ Homosexual
☐ Pornography ☐ Prostitution

How recently involved? ____

Have you ever engaged in Homosexual or Lesbian activities? Yes No

How frequently? ____

MILITARY SERVICE HISTORY

Have you ever served in the U.S. Armed Forces or the U.S. Coast Guard? ☐ Yes ☐ No

If yes, describe: Branch of Service ____

Date of entry: ____________________ Date of discharge: ____________________

Military occupation standing (MOS):______________________________

Rank attained: ____

Discharge received: Honorable Less than Honorable Dishonorable

Eligible for V.A. medical benefits? Yes No Unknown

Please Answer All Questions Honestly.

LEGAL HISTORY

Are you legally mandated to participate in a drug treatment program? Yes No

If yes, by whom? Explain ____

____

If answer is court, please list county of origin: ____

Are you currently or will you be under legal supervision? Yes No

Method of reporting: Phone Letter In person Other (explain) ______________________________

How often do you report? _______________ How long ______________ Time remaining ______________

List your probation/parole officer's:
Name____

Agency ______________________________________ Phone number _________________________________

Address ____
(Street) (City) (State) (Zip)

Are any of the following pending against you? *(Please check those that apply.)*
Outstanding Arrest Warrant or Criminal Summons ____ Court Appearance _____
Any Criminal Charges _______ Sentencing Hearing ____ Probation Violations ________
Juvenile Court Proceedings Related to Your Child/Children _______ Civil Court Matters
______
Other ______ (explain)

____

If you have checked any of the above, please explain: ____

____

____

(Use back of this page if additional space is required.)
List all arrests and convictions.

Date	Charges	Conviction Yes	No	Sentence	Time in Jail	Were Alcohol (A) or Drugs (D) Involved

Please Answer All Questions Honestly.

(Use back of this page if additional space is required)

Have you ever been in prison?

DATE INSTITUTION

____________________ ____

____________________ ____

____________________ ____

SOCIAL INVOLVEMENT HISTORY

Describe your involvement in the following:

Religion ____

Recreation/sports ____

Peer Group ____

Community affiliations ____________________________________

Hobbies ____

Other ____

FINANCIAL STATUS

If you enter our program, what provisions will be made for the following expenses?

Medical ____

Dental ____

Are you eligible for and/or receiving the following: Welfare Disability Payments
Unemployment Compensation Workman's Compensation Other income (explain)

____

____

Have you ever applied for food stamps? Yes No Where? ____________________________

Please Answer All Questions Honestly.

Do you have any outstanding debts? Yes No Explain ______________________________
Are you ordered to pay child support? Yes No If Yes List below

Owed to	Amount	Address	Phone	Payments

SIGNIFICANT LIFE EVENTS

Describe any of the following that you are experiencing or have recently experienced:

Moves ______________________________

Losses (Personal, Financial) ______________________________

Sexual abuse/rape ______________________________

Physical abuse/neglect ______________________________

Foster home placement or institutionalization ______________________________

Ethnic/cultural influences ______________________________

Other (specify) ______________________________
(Use back of this page if additional space is required)

ACADEMIC HISTORY

List the highest grade that you have completed: Grade School _____ Middle School _____
High School _____ College _____

Are you currently in an education program ☐ Yes ☐ No

If yes, list ______________________________
(Name of School) (City)

If you are no longer in an education program, please explain your reason for leaving school:

____

Are you receiving or have you received vocational training? ☐ Yes ☐ No If yes, list:

Please Answer All Questions Honestly.

TYPE OF TRADEDATE OF TRAINING OR SKILLS	CERTIFICATE (Mo/Yr) to (Mo/Yr)	ISSUED Yes or No
______________________	______________________	__________
______________________	______________________	__________

Can you read? Yes No At What Level? Good Average Poor

Can you write? Yes No At What Level? Good Average Poor

Describe your future educational and vocational training goals and plans:

Educational ____

____

Vocational ____

____

OCCUPATIONAL HISTORY

What is your vocational trade or profession, if any? ______________________

How many jobs have you held in the last two (2) years? ______________________

Circle your present employment status:
Unemployed (Have not sought employment in last 30 days)
Unemployed (Have sought employment in last 30 days)
Employed part-time (Working less than 35 hours per week)
Employed full-time (Working 35 hours or more per week)

List your two most recent jobs: *(Start with your most recent job)*

______________________ ______________________
(Name of Employer) (Position Held)

______________________ ______________________
(Employed from - (Mo/Yr to Mo/Yr) (Reason for Leaving)

______________________ ______________________
(Name of Employer) (Position Held)

Please Answer All Questions Honestly.

____________________________________ ______________________________

(Employed from - (Mo/Yr to Mo/Yr) (Reason for Leaving)

List your current average monthly income $________________________________

Describe your primary source of income ____

Describe your future occupational goals and plans _____________________________________

Work experience: *(Please check only those in which you have experience.)*

☐ General Mechanical work ☐ Auto mechanics ☐ Auto body work ☐ General office
☐ Logging ☐ Landscaping ☐ Farming ☐ Livestock
☐ Typing ☐ Printing ☐ Cooking ☐ Sewing
☐ Child care ☐ Nursing ☐ Teaching ☐ Painting
☐ Carpentry ☐ Electrical ☐ Drywall ☐ Plumbing
☐ Secretarial ☐ Computer ☐ Administration ☐ Public Relations
☐ Other (specify): ____

Have you ever experienced or presently have a physical ailment or injury that would prevent you from performing manual work-related tasks while enrolled in Genesis Ministries?

Yes No

If yes, please explain and provide documentation: ____________________________________

PREGNANCY HISTORY

List number of pregnancies: __________________________

Have you experienced any of the following problems?

Miscarriages: Yes No

Abortions: Yes No

Please Answer All Questions Honestly.

Other problems (please specify) ____

____

Do you think that you may be pregnant now? Yes No

PSYCHOLOGICAL HISTORY

Have you ever received mental health treatment *not* related to drug or alcohol use?
Yes No If yes, please list on next page:

Date	Name of Clinic	Reason for Mental Health Treatment	Outcome
______	________________________	____	__________________
______	________________________	____	__________________

(Use the back of this page if additional space is required)

Has a family member or someone close to you ever attempted or committed suicide?
Yes No

Have you ever thought about committing suicide? Yes No

Have you ever received psychiatric care? Yes No

If yes, please explain ____

Will you, as a student of Genesis Ministries, authorize doctors or agencies involved in previous

treatment to release your medical records to the director of Genesis Ministries? Yes No

INSURANCE INFORMATION

List your health insurance type: *(Please check)*
No health insurance Other private insurance Blue Cross/Blue Shield
Medicaid/Medicare Other public funds ____
Insurance policy number: ____
Company ________________________________ Phone ____________________

PERSONAL/FAMILY MEDICAL HISTORY

Please Answer All Questions Honestly.

Please check the appropriate box for any family member that has experienced any of the following problems:

	Grandparent	Father	Mother	Spouse	Brother	Sister	Child
Drug abuse							
Alcoholism or alcohol-related problem							
Physical problems							
Mental health problems							

Family Medical History (List tuberculosis, diabetes, heart disease, asthma, chronic kidney trouble, high blood pressure, etc.) If deceased, write D under Age.

	Age	Death Age	Present state of health, or cause of death if deceased
Mother			
Father			
Sisters			
Brothers			

Describe any illness and developmental problem/concern you experienced as a child:

___

Have you had a TB vaccine? Yes or No If yes, when? __________
Have you had a TB test? Yes or No If yes, when? ______________

Check any of the following illnesses or symptoms you have experienced:

- ☐ AIDS
- ☐ Anemia
- ☐ Arthritis
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Hallucinations
- ☐ Measles or mumps
- ☐ Rheumatic fever
- ☐ Scarlet fever

Please Answer All Questions Honestly.

☐ Blackouts	☐ Herpes	☐ Syphilis/gonorrhea
☐ Cancer	☐ High blood pressure	☐ Tuberculosis
☐ Convulsions	☐ Kidney or bladder infection	☐ Ulcers
☐ D.T.s	☐ Whooping Cough	☐ Chickenpox
☐ Small Pox	☐ Typhoid Fever	☐ Diphtheria
☐ Hepatitis A, B or C	☐ Nervous Breakdown	☐ Goiter

Describe any other illness or symptom you have experienced or are currently experiencing:

____

____

Describe any serious injuries or broken bones: ________________________________

List any Surgical Procedures: (Start with your most recent operation):

Month/Year Type/Reason

_______________ ____

_______________ ____

(Use the back of this page if additional space is required)

Describe treatment and/or medicine you are currently receiving for any illnesses or symptoms.

____

____

Describe any allergies or reactions to medication, foods, or other substances:

____

____

Do you have epilepsy? Yes No Medication used: ____________________________

Do you have diabetes? Yes No Medication used and how administered: _____________

____

Have you ever had a blood transfusion? Yes No Type: _________________________

Do you have any special diet requirements? Yes No

Please Answer All Questions Honestly.

If yes, please explain and if medical provide documentation: ______________________________

____

Date of last eye examination? ______________________________

Results: Excellent Good Fair Bad

Explain any problems you may have now with your eyes

____

Do you have prescription glasses? Yes No If yes, do you wear them? Yes No

Date of last dental examination? ______________________________

Are you currently experiencing any dental problems? Yes No If yes, please explain:

____

If you drink coffee, tea or smoke cigarettes, please list the amount you consume each day:

Cigarettes: ____________________ packs smoked per day

Coffee: ____________________ cups consumed per day

Tea: ____________________ cups consumed per day

List how often you used the following drugs.
(Never, Once, Several times, or Regularly)

Alcohol______________________________

Barbiturates (downers) ______________________________

Amphetamines (uppers)______________________________

Heroin ______________________________

Cocaine ______________________________

Hallucinogens ______________________________

Opium ______________________________

Glue ______________________________

Tobacco ______________________________

Marijuana ______________________________

Crank (Methamphetamine) ______________________________

Others: (Specify) ______________________________

Check any of the following tests that you have had within the past six months:

- ☐ Physical exam
- ☐ Dental Check-up
- ☐ Chest x-ray
- ☐ Blood test
- ☐ Electrocardiogram
- ☐ Urinalysis
- ☐ TB skin test
- ☐ Evaluation of need for
- ☐ Contraceptive ________________
- ☐ Pap smear
- ☐ Pelvic exam
- ☐ Breast exam
- ☐ Other ________________

Please Answer All Questions Honestly.

Blood type: ______________________________________

List your present physician's name: ____

Address: ____

(Street) (City) (State) (Zip)

Phone number: ___________________________________

SPIRITUAL HISTORY

Are you saved? Yes No Not sure what you mean

Date you were saved? ______________________________ Place: __________________________________

What were the circumstances that led to this? ____

____

Denominational preference: ____

How often do you attend church? Never Occasionally Regularly

Are you a member of any church or religion? _______ Which one? ______________________________

Do you understand that Genesis Ministries is a Christian Organization? ____________________

How often did you attend church as a child? ____

Which denomination was it? ____

How old were you when you stopped attending? ____

Why did you stop attending? ____

How many times have you backslid? ____

Do you believe in God? Yes No Uncertain

Do you ever pray? Never Occasionally Often

How often do you read the Bible? Never Occasionally Often

Do you read books of other religions instead of the Bible? Never Occasionally Often

Which ones? ____

What recent changes have you had in your religious life (if any)? ____________________________________

____

Have you ever been involved in Cults, Christian Science, Jehovah's Witnesses, Mormonism, Scientology, TM, Eastern Religions, or others? Explain ____

____

What is your relationship with God now? ____

Please Answer All Questions Honestly.

The undersigned student applicant fully acknowledges that the information provided herein is accurate and true to the best of their knowledge, and that the application form has been completed and filled out by student applicant in their own handwriting. Student applicant further understands that any false or incomplete information may cause and result in disqualification from admittance into the program, whether a student is just entering into or is in fact in the program. If the enclosed application form has been completed or filled out by anyone other than student applicant, please provide the following:

____

(Student Applicant Signature) (Date)

1. Name of person completing and filling out application form (if not the applicant):

   ____ (Date)____________________

2. Relationship to applicant______________________________
3. Explain why student applicant was unable to complete or fill out the enclosed application form: ____

   ____

4. Please sign to verify that you have given truthful information on behalf of the applicant

   ____

   (Signature) (Date)

***Student applicant must sign even if completed by someone on their behalf. This application will be considered incomplete without the applicant's signature. ***

*Signature of staff member receiving the application ___________________________ Date _____

Office Use Only Below This Line

Please Answer All Questions Honestly.

Date Application Received: ____________

Staff Members Name Who Received Application______________________________________

Date Reviewed by Student Application Committee: ____________________________

Decision Reached by Student Application Committee:

Approved for Entry   Not Approved for Entry (If not approved for entry make referral)

Date Placed on the waitlist________________

Scheduled Date of Entry__________________

Date of Referral____________________ Agency Referred to____________________________

Additional Comments: ____

____

____