0GOOD SAMARITAN MINISTRIES
DISCIPLESHIP PROGRAM
APPLICATION

Dear Applicant:

We are delighted that you are interested in applying to get in the Good Samaritan Ministries Discipleship Program. The Discipleship Program is a Christian residential rehabilitative program that is a minimum of one year.

Our program is designed to help adults whose pattern of inappropriate or harmful substance use has impeded their ability to function in social, family, school, and/or work settings. Our goal is to help you overcome these struggles by establishing a sober and substance free lifestyle, enhancing your social skills, building supportive relationships, and developing a personal relationship with Jesus Christ.

There are two phases of the program. The first phase is a minimum of six months. The second phase is an additional six months. On the first phase the participant of the program will get up at 6:00 a.m. He will participate in eight hours (except for Sundays) of work therapy (no income) and two hours of spiritual growth (i.e. Bible study and chapel/church attendance). The program director and chaplain will counsel with the participant weekly, in addition to the continuous informal counseling that results from the daily routine of supervised activities. Private counseling by staff is available when desired.

On the second phase of the program, each participant will work five days a week, eight hours a day and receives a financial allowance of $35 to help learn financial responsibility. The Good Samaritan Ministries acts as an agent to find suitable jobs such as maintenance or light construction and provides transportation. The participants move from the dormitory setting to an affordable, furnished apartment in a building we own and maintain. He has continual evaluation and counseling and is also required to go to church services and two nights of chapel.

As you complete the application, it is important to answer all the questions on the application truthfully. This is the only way we can accurately determine how best to serve you. Some things in your past may be difficult or painful to share, but doing so is essential to your recovery.

If you are mailing this application back to the office, please use the following address:

Good Samaritan Ministries
2307 Hull Street
Richmond, VA 23224
Attention: Fundy Torres
Telephone: (804)231-9995

If you are faxing this application back to the office, please use the following fax number:

(804) 232-7630

Thank you again for asking to come in on the Discipleship Program. We believe that God can make a change in your life. We are here to give you the tools to help you to be overcomers through Christ.

Admissions Criteria And Fees

Admission Criteria

Age Adults 18+

Gender Male

Emotional Any prior psychological treatment information should be provided. As much as possible, mental and emotional disorders should be stable before entering the Good Samaritan Ministries Discipleship Program.

Physical An individual will be expected to actively participate in all treatment aspects and should be able to function without major limitations.

Spiritual We believe that Jesus Christ is central in making a life change. An individual needs to be open to what God can and will do in his life.

Additional Criteria

1. No sex offenders or sexual indecency offenders or anyone who has committed rape or accused of rape
2. No narcotic prescriptions
3. No sedatives
4. Can't have a car on the property
5. Must have a valid DMV I.D.
6. Must commit to one year on the program
7. Must be able to work
8. Must have a TB test prior to coming in the program and have results
9. Can not take the following medications (not limited to these medications): Seroquel, Wellbutrin, Topomax, Klonopin, Clozapine, Risperdal, Zyprexa, Haldol, Tofranil, Elavil, Paxil, Zoloft, Prozac (list subject to change at any time)
10. Can not have an outside job
11. Can not apply for SSI
12. Can only use the King James Version of the Bible
13. Electronic games are not allowed
14. Must be willing to sign a medical release form
15. Nothing with alcohol is allowed
16. Can not be part of any other substance abuse program
17. Must not enter the program being treated with Methodone or Suboxone.
18. No cell phones

GOOD SAMARITAN MINISTRIES
DISCIPLESHIP PROGRAM INTAKE SHEET

APPLICATION

The Good Samaritan Ministries
2307 Hull Street
Richmond, Virginia 23224
804/231-9995

Date:_____

Do you have a valid DMV picture ID? □ Yes □ No

Have you had a TB test? ❑Yes ❑No

(You must be able to answer yes to both of these before entering the Good Samaritan Ministries Discipleship Program)

IDENTIFICATION DATA

First Name:_____
Middle Name:_____
Last Name:_____
Nickname/Street Name _____

Sex:
☐ Male
☐ Female
☐ Transgender/Transsexual

SSN: _____ - _____ - _____

DOB: _____/_____/_____ **Age:**_____ **Weight:**____ **Height:**_____

Current Address:

Street: _____
City: _____
State: _____ Zip Code: _____
Telephone Number to reach you by: _____

Legal Resident Of:

State: _____
County: _____
City: _____

Eyes: □ Blue □ Brown □ Hazel □ Black

Hair: □ Black □ Brown □ Blonde □ Red □ White □ Grey □ Sandy □ Bald □ Auburn

□ Glasses □ Contacts □ Dentures

Scars, Marks, Tattoos:_____

Ethic Background:
□ White
□ Black/African American
□ Hispanic/Latino
□ American Indian or Alaskan Native
□ Asian

Shirt Size:_____ **Pant Size**: Length _____ Waist_____ **Shoe Size:** _____

Prior U. S. Military Service: □ Yes □ No Branch:_____ # Years:_____ Discharge Date: ___/___/___

Type of discharge:
❑Unknown ❑Honorable ❑Medical ❑General ❑Undesirable ❑Bad Conduct ❑Dishonorable ❑Member at the time of offense ❑Less than honorable ❑None

Have you ever served in a War Zone? _____

Are you a combat veteran? _____

How many times were you in the military? _____

How many times were you deployed?_____

Have you ever received any services from: (check all that apply)

_____US Department of Veteran Affairs

_____Virginia Department of Veterans Services

_____ Other

What services, if any, have you received from the US Department of Veterans Affairs? (check all that apply)

_____ Housing _____ Education _____ Employment/job counseling _____ Medical Care

_____ Substance Abuse _____ Disability benefits _____ Mental Health Services _____ None

Have You Ever Been Adopted? □ Yes □ No

Have You Ever Been In Foster Care? □ Yes □ No

If you have lived in the Richmond area, how long have you lived in Richmond area? (please be as accurate as possible) _____

Where was the last locality where you had your own housing?

□ Richmond □ Chesterfield □ Henrico □ Hanover □ Other city/county in VA_____
□ Other State_____ □ Never had own housing

Are you homeless? □ Yes □ No

If yes, how long have you been homeless this episode? (Please be as specific as possible)_____

How many episodes of homelessness have you experienced as an adult? (please be as specific as possible)_____

If homeless multiple episodes, when was your first experience with homelessness as an adult?_____

Were you homeless as a child? □ Yes □ No

Have you been homeless *continuously* for one (1) year or more OR been homeless at least four (4) times in the past three (3) years? ("chronically homeless")
□ Yes □ No □ Other _____

Housing Situation:
□ Live with Spouse
□ Live with Parents
□ Live with Relatives
□ Live with Friends
□ Incarcerated
□ Homeless
□ Live Alone
□ Other

Driver's License #_____ State Licensed _____ Valid: □ Yes □ No

If not valid, why? _____

How did you learn about the Good Samaritan Ministries? _____

Do you have any relatives presently in our program? □ Yes □ No

Have You Previously Been In Our Program? □ Yes □ No **Give the dates** _____

Legal/ Judicial History and Involvement Information:

Current Legal Status:

Are you currently on probation?	☐ Yes ☐ No	State/City/County:_____
Are currently on parole?	☐ Yes ☐ No	State/City/County:_____
Do you currently have any court cases pending?	☐ Yes ☐ No	State/City/County:_____
Are you currently under investigation for anything?	☐ Yes ☐ No	State/City/County:_____
Do you currently have any outstanding warrants?	☐ Yes ☐ No	State/City/County:_____
Are you currently involved in any type of lawsuit?	☐ Yes ☐ No	State/City/County:_____
Do you currently have any unpaid fines?	☐ Yes ☐ No	State/City/County:_____
Are you currently required to pay any restitution?	☐ Yes ☐ No	State/City/County:_____
Are you currently ordered to do any community service?	☐ Yes ☐ No	State/City/County:_____
Are you currently required to pay child support?	☐ Yes ☐ No	State/City/County:_____
Are you currently behind in child support payments?	☐ Yes ☐ No	State/City/County:_____

Past Legal Status:

Have you ever been arrested? ☐ Yes ☐ No State/City/County:_____

_____

_____

_____

Probation and Parole:

Do you have a Probation Officer? ☐ Yes ☐ No (any changes in probation and parole officers must be given to the Program Director at the time of change)

Probation Officer's name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Attorney Information:

Attorney's Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Case Worker:

Case Worker's Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Incarceration

(The following must be filled out by anyone who has been incarcerated)

List your conviction history (include dates and location)

_____
_____
_____
_____

Are you a sex-offender or sexual indecency offender? □ Yes □ No

Do you have a felony conviction? □ Yes □ No

List them: _____

When was the most recent felony conviction? _____

What type of felony conviction was it? (circle all that apply)

Drug (selling or possessing)	Sex-offense	Violent offense
Property offense	Probation/parole violation	Other _____

Which best describes your experience with domestic violence as adult with an adult partner? (check one box)

□ Has experienced domestic violence in *past month*.
□ Hasn't experienced domestic violence in past month, but has within *past 12 months*.
□ Hasn't experienced domestic violence in past 12 months, but has at *some other point in* adult life with an adult partner
□ Hasn't experienced domestic violence in adult life
□ Don't know

Do you have family living in the Richmond area? □ Yes □

Marital Status:
□ Single
□ Married
□ Divorced
□ Engaged
□ Separated
□ Widowed
□ Living with Opposite Sex
□ Domestic Partnership
□ Other

Citizenship:
□ United States
□ Other

English Skills:
□ I Read English
□ I Write English
□ I Speak English

Currently if married - how long have you been married? _____

How many children do you have? _____

FAMILY BACKGROUND

If you were reared by anyone other than your own parents, briefly explain:

_____

Primary Emergency Contact:
Name: _____
Relationship: _____
Street: _____
City: _____
State: _____ Zip Code: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Secondary Emergency Contact:
Name: _____
Relationship: _____
Relationship: _____
City: _____
State: _____ Zip Code: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Mother's Information:
Name: _____
Street: _____
City: _____
State: _____
Phone: _____
Deceased: □ Yes □ No

Father's Information:
Name: _____
Street: _____
City: _____
State: _____
Phone: _____
Deceased: □ Yes □ No

Spouse's Information:
Name: _____
Street: _____
City: _____
State: _____
Phone: _____

Legal Guardian's Information:
Name: _____
Street: _____
City: _____
State: _____
Phone: _____

Children's Information:
Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Name: _____ Sex: _____ Age: _____ DOB: ___/___/___

Siblings:
Name: _____ Sex: _____ Age: _____ DOB: ___/___/___

Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Name: _____ Sex: _____ Age: _____ DOB: ___/___/___
Name: _____ Sex: _____ Age: _____ DOB: ___/___/___

Do you have children in your custody? □ Yes □ No

If yes, state name of children_____
_____

Name of spouse: _____
Address: _____
Phone: _____Occupation_____ Business Phone:_____

Is your spouse willing to come for counseling? □ Yes □ No □ Uncertain

I Need Help With The Following (check all that apply)

□ Alcohol Addiction	□ Anxiety	□ Aggression	□ Self Mutilation
□ Drug Addiction	□ Anger	□ Abandonment	□ Terminal Illness
□ Tobacco Addiction	□ Depression	□ Eating Disorder	□ Suicidal Thoughts
□ Gambling	□ Grief	□ Forgiveness	□ Death of A Loved One
□ Pornography	□ Fear	□ Emotional Stress	□ Family Relationships
□ Same Sex Attraction	□ Guilt	□ Self Esteem	□ Parenting
□ Lying	□ Getting along with others		□ Other_____

MEDICAL INFORMATION

Family Medical History:

□ Epilepsy	□ Cancer	□ Diabetes	□ Tuberculosis	□ Other_____
□ Arthritis	□ Hypertension	□ Heart Disease	□ Seizures	_____

PERSONAL MEDICAL HISTORY (Check all those that apply)

□ ADD	□ Disability	□ Hepatitis A	□ Rheumatic Fever
□ ADHD	□ Drug Abuse	□ Hepatitis B	□ Rheumatism
□ A.I.D.S.	□ Eating Disorder	□ Hepatitis C	□ Scarlet Fever

☐ Alcohol Abuse
☐ Allergies
☐ Anemia
☐ Anorexia
☐ Arthritis
☐ Artificial Heart Valve
☐ Artificial Joints (Hip, etc)
☐ Asthma
☐ Back Problems
☐ Bipolar
☐ Blood Transfusion
☐ Bulimia
☐ Cancer
☐ Chemotherapy
☐ Congenital Heart Lesions
☐ Cortisone Medicine
☐ Diabetes
☐ Emphysema
☐ Epilepsy
☐ Flashbacks
☐ Glaucoma
☐ Gonorrhea
☐ Hallucinations
☐ Hay Fever
☐ Head Trauma
☐ Hearing Voices
☐ Heart Condition
☐ Heart Disease
☐ Heart Failure
☐ Heart Murmur
☐ Heart Pacemaker
☐ Heart Surgery
☐ Hemophilia
☐ Hypertension
☐ HIV Virus
☐ Homicidal Tendencies
☐ Homicidal Thoughts
☐ Insomnia
☐ Kidney Trouble
☐ Liver Disease
☐ Malaria
☐ Mental Illness
☐ Multiple Personalities
☐ Nervous Condition
☐ Paranoia
☐ Physical Abuse
☐ Psychiatric Treatment
☐ Rape
☐ Respiratory Problems
☐ Schizophrenia
☐ Seizures
☐ Sexual Abuse
☐ Sickle Cell Disease
☐ Sinus Trouble
☐ Stroke
☐ Suicide Attempts
☐ Suicide Thoughts
☐ Syphilis
☐ Thyroid Disease
☐ Tuberculosis
☐ Ulcers
☐ Venereal Disease
☐ Yellow Jaundice
☐ Other
_____

Do you have any long-term physical, mental, or emotional disability that substantially limits your ability to work and/ or care for yourself? _____

What is your general state of Health? ☐ Very Good ☐ Good ☐ Fair ☐ Poor
☐ Declining ☐ Other (Explain if other)_____

Do you have any illnesses at present? ☐ Yes ☐ No
If so what are they?_____

Are you allergic or have you reacted adversely to any of the following medications?
(Check all those that apply)

☐ Aspirin
☐ Codeine
☐ Darvon
☐ Demerol
☐ Erythromycin
☐ Penicillin
☐ Percodan
☐ Scopolamine
☐ Valium
☐ Sulfur Drugs
☐ Other: _____

PRIOR TREATMENT FACILITIES
(list the 2 most recent treatment programs you have been in)

Name of Facility: _____
City: _____ State: _____
Dates of Treatment: ___/___/___ to ___/___/___
Reason for Treatment: _____
Did you complete the program? ☐ Yes ☐ No

Name of Facility: _____
City: _____ State: _____

Dates of Treatment: ___/___/___ to ___/___/___
Reason for Treatment: _____
Did you complete the program? □ Yes □ No

DOCTOR INFORMATION

Name of **Doctor**: _____
City: _____ State: _____
Phone: _____ Fax: _____
Dates of Treatment: ___/___/___ to ___/___/___
Reason for Treatment: _____

Name of **Psychiatrist**: _____
City: _____ State: _____
Dates of Treatment: ___/___/___ to ___/___/___
Reason for Treatment: _____

Name of **Psychologist**: _____
City: _____ State: _____
Dates of Treatment: ___/___/___ to ___/___/___
Reason for Treatment: _____

Is there any health problem that would prohibit you from working? □ Yes □ No

Have you ever been confined in a sanatorium or institution? □ Yes □ No

If yes, where and why?

_____

_____

When have you had your last Tuberculosis test? _____
(A tuberculosis test must be taken with results prior to coming into the Good Samaritan Ministries)

MEDICATIONS

List all current medications

1. _____
2. _____
3. _____
4. _____
5. _____

List any additional medications taken in the past 5 years

1. _____
2. _____
3. _____
4. _____
5. _____

Are you currently taking any medication for a mental health problem? ____ Yes ____ No

Special Needs:
Do you have any type of disability? □ Yes □ No Type: _____

Do you require a special diet? □ Yes □ No Type: _____
Do you have any medical restrictions? □ Yes □ No Type: _____
Do you have any allergies? □ Yes □ No Type: _____
Do you have any chronic conditions? □ Yes □ No Type: _____
Do you have any other type of special needs? □ Yes □ No Type: _____

Do you have any long-term physical, mental, or emotional disability that substantially limits your ability to work and/or care for yourself? ____Yes ____No

If you answered **YES**, please answer these questions:

Is your disability drug or alcohol abuse? ____Yes ____No

Is your disability a mental illness? ___Yes ___No

Is your disability a physical disability? ___Yes ___No

Education:
□ 4 + Years of College
□ 1-3 Years of College
□ 1 + Years of Trade School
□ High School Diploma
□ GED
□ Dropped out of High School
□ Last Grade Attended in School if Dropped Out _____

Which best describes your experience with alcohol *abuse*? (check one)
□ Has abused alcohol in *past month*
□ Has not abused alcohol in past month, but has within *past 12 months*
□ Has not abused alcohol in past 12 months, but has at some *other point in life*
□ Has *never* abused alcohol
□ Don't know

Which best describes your experience with alcohol *dependency*? (check one)
□ Has been dependent on alcohol in *past month*
□ Has not been dependent on alcohol in past month, but has within *past 12 months*
□ Has not been dependent on alcohol in past 12 months, but has at some *other point in life*
□ Has *never* been dependent on alcohol
□ Don't know

Have you used drugs for other than medical purposes? □ Yes □ No

(Check all that you have used)

□ Alcohol	□ Ecstasy	□ LSD	□ Over the Counter Drugs
□ Amphetamines (uppers)	□ GHB/MDMA	□ Marijuana	□ PCP
□ Barbiturates (downers)	□ Hallucinogens	□ Methadone	□ Prescription Drugs
□ Cocaine	□ Heroin	□ Mushrooms	□ Other:_____
□ Crack	□ Huffing/Sniffing	□ Opium	

Drug of Choice:_____ Method of Use: □ Inject □ Snort □ Smoke □ Oral □ Other

Have you received previous drug/alcohol treatment? ❑Yes ❑No

If yes, indicate the number of times you have experienced each of the following types of treatment:

____ Detoxification ____ Short-term inpatient (30 days or less) ____ Methadone maintenance
____ Residential ____ Outpatient

Which best describes your experience with drug *abuse* (illegal and prescription)? (check one**)**

- ❑ Almost every day
- ❑ About once a month
- ❑ Several times a week
- ❑ Once
- ❑ About once a week

How long have you had a problem with drugs?_____

Do you use tobacco? □ Yes □ No (If yes, check all that apply:) □ Cigarettes/Cigars □ Chew/Snuff

What is the primary diagnosis of your mental health disorder if applicable?

- ❑ Major Depression
- ❑ Bipolar Disorder
- ❑ Dementia
- ❑ Anxiety Disorders
- ❑ Post-traumatic Stress Disorder
- ❑ Schizophrenia
- ❑ Schizoaffective Disorder
- ❑ 0ther
- ❑ Unknown

Has there been previous treatment? ❑Yes ❑No

If yes, indicate the number of times you have experienced each of the following types of mental health treatment:

____ Short-term inpatient (30 days or less)
____ Residential
____ Outpatient

Have you ever been hospitalized for a psychiatric problem? □ Yes □ No □ Don't know

Hobbies:

What hobbies do you have?_____

Do you enjoy group participation? □ Yes □ No

What do you do in your spare time?_____

CHURCH ACTIVITY

Have you accepted Jesus Christ as your personal Savior of your life? □ Yes □ No

If so, when? _____

What does "being born again" mean to you?

_____

_____

Do you attend church? □ Yes □ No
Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+
Church attended in childhood: _____
Do you attend Sunday School? □ Yes □ No

Name of Church you attend: _____
Street Address:_____
City: _____ State: _____
Phone: _____

Name of the Pastor: _____

Have you been baptized by immersion after you were saved? □ Yes □ No

If you have been baptized by immersion, when were you baptized? _____

Do you consider yourself a religious person? □ Yes □ No □ Uncertain
Do you believe in God? □ Yes □ No □ Uncertain

VOCATION

Are you currently employed? (check the most accurate answer)

- ☐ Full-time
- ☐ Part-time
- ☐ Labor pool
- ☐ No

Check all that apply:

____ Do you have experience in repairing cars/trucks?

____Do you have experience in working with computers?

____Do you have experience in doing housekeeping or janitorial work?

____ Do you have experience in doing construction work?

____Do you have experience as a barber?

____Do you have experience in landscaping?

____ Do you have experience in working with customer service?

____ Do you have experience doing electrical work?

____ Do you have experience doing plumbing work?

____ Do you have experience in a restaurant?

____ Do you have experience in a warehouse?

____ Do you have experience in managing people?

What type of work have you done that is not listed above?_____

Where have you worked (Name of place(s)_____
_____

What type of work would you like to do?_____
Why?_____

FINANCIAL INFORMATION

Income:

Are you presently employed?	□ Yes □ No	
Do you receive social security income?	□ Yes □ No	
Are you planning on signing up for SSI?	□ Yes □ No	
Do you receive disability income?	□ Yes □ No	
Do you receive retirement income?	□ Yes □ No	
Do you currently receive food stamps?	□ Yes □ No	City/County: _____ State: _____
Do you receive general assistance?	□ Yes □ No	City/County: _____ State: _____
Do you receive medical assistance?	□ Yes □ No	City/County: _____ State: _____
Have you applied for county assistance?	□ Yes □ No	City/County: _____ State: _____

In the past year, have you had any income from welfare, Temporary Aid for Needy Families (TANF), or food stamps/Supplemental Nutrition Assistance Program (SNAP)? ____ Yes ____ No

In the past year, have you had any income from VA benefits? ____ Yes ____ No

In the past year, have you had any income from SSI/SSDI (Supplemental Security Income/Social Security Disability Insurance? _____ Yes ____ No

In the past year, have you had any income from other sources, like friends or family? ____ Yes ____ No

In the past year, have you had any income from panhandling or asking strangers for money? ____ Yes ____ No

In the past year, have you needed job training? ____ Yes ____ No

In the past year, have you gotten job training? ____ Yes____No

REASON FOR APPLICATION

In your own words, tell us why you want to come to Good Samaritan Ministries (Please print clearly

_____

_____

_____

_____

_____

_____

NAME AND ADDRESSES OF IMMEDIATE FAMILY

Name_____ Address _____ Relationship_____ Phone #_____

Name_____ Address _____ Relationship_____ Phone #_____

Name_____ Address _____ Relationship_____ Phone #_____

Name_____ Address _____ Relationship_____ Phone #_____

Name_____ Address _____ Relationship_____ Phone #_____

ACKNOWLEDGMENTS

(Please read each item and check YES if you are willing to come into the program based on that statement and NO if you are not)

Good Samaritan Ministries Discipleship Program is a Faith Based Christian program.	☐ Yes	☐ No
Residents must attend and participate in Bible Study, Chapel, and Church.	☐ Yes	☐ No
Residents must participate in prayer and Bible study.	☐ Yes	☐ No

Applicants not desiring a <u>Christian</u> based program should seek other treatment facilities.

DOCUMENTS NEEDED

Driver's License or Other Picture ID
TB test results

Other Items You May Bring:
You should bring the following items if you have them. If you do not have them and do not have the means to purchase them, we have the ability to provide many of these items at no cost to you.

<u>Clothing:</u>
- ☐ Dress pants
- ☐ Collared shirts
- ☐ Socks
- ☐ Underwear
- ☐ Belt
- ☐ Jeans and casual slacks
- ☐ T-shirts (no obscene or inappropriate logos)
- ☐ Shorts (to be worn only in the dorm area)
- ☐ Coat
- ☐ Raincoat
- ☐ Sweatshirt
- ☐ Sweat pants

<u>Shoes:</u>
- ☐ Shower shoes
- ☐ Slippers
- ☐ Tennis shoes
- ☐ Casual Shoes
- ☐ Boots
- ☐ Dress Shoes

<u>Toiletries:</u>
- ☐ Soap
- ☐ Shampoo
- ☐ Comb/Brush
- ☐ Deodorant

Misc.

- ☐ Umbrella
- ☐ Bible
- ☐ Envelopes/Stamps
- ☐ Family pictures (8”x10” maximum)
- ☐ Disposable or electric razor
- ☐ Shaving cream
- ☐ Foot powder or spray
- ☐ Lotion
- ☐ Toothpaste
- ☐ Toothbrush

Items You May Not Bring:

You **may not** bring any of the following items with you when being admitted. If you do, you will be required to immediately dispose of them or mail them home at your own expense.

- Expensive Jewelry
- CD Player’s – CD’s
- Cassette Players – Cassettes
- Computers
- VCR’s – VHS Tapes
- DVD Players – DVD’s
- Headsets
- Video Games
- Radios
- Televisions
- Musical Instruments
- Magazines
- Weapons of any kind
- Recreation Equipment
- Playing Cards
- Dice
- Games
- Illegal Drugs
- Drug Paraphernalia
- Alcohol
- Any items with alcohol content (after shave, medication, etc.)
- Vehicles
- No form of pornography
- No books or material on witchcraft, fortune-telling, or tarot cards
- Music
- No Clothing that has logos or wording related to alcohol, drugs, crude language, sex or gangs, etc.

There must be a TB test taken with results and a picture ID is required upon entering the program.

We reserve the right to spot-check your belongings for drugs/alcohol, weapons, pornography, etc.

A spirit of willingness, sharing, consideration, and honesty are key to your growth and the health of each one on the program. We do understand that living with other people can and will trigger some emotional issues – things that perhaps you have never dealt with before. If you are not willing to face some of these issues and work them through, this is not the place for you to be.

We are here to help and support you in your healing and growth. The Good Samaritan Ministries designed for people who are really seeking to change. Doing your own thing, going your own way, isolating and not being a part, does not work here.

I acknowledge that all information on this form is correct to the best of my ability. Any false information or misrepresentation of information will be grounds for dismissal or rejection from the program. Any blanks not filled in will terminate the intake process.

_____
Signature

_____
Date

(revised 9/9/22)