

Eagle Christian Ministries, Inc.
14330 S.E. 29th
Choctaw, OK 73020
www.eaglerecoverycenter.org

Dear Applicant:

Thank you for your interest in Eagle Christian Ministries, Inc. We hope the enclosed information is helpful in making your decision to commit yourself to the program. If you would like to become a resident at Eagle Christian Ministries you must complete the following steps.

- 1) Please take the necessary time to carefully read over all the material. Once you have determined that you are willing to make a commitment to the program for a minimum of 120 days you may fill out and return the completed and signed application to Eagle Christian Ministries at the above address, fax to (405)737-5383, or email to lora@eaglerecoverycenter.org.
- 2) The applicant must personally contact our office to set up an appointment for an interview. Interviews may be conducted by phone or in person, depending on your current circumstances. If you have restricted access to phone privileges, please have a family member or your lawyer serve as a contact person on your behalf. Do not wait for us to contact you. You or your representative must contact the Eagle Christian Ministries office.
- 3) All applicants using any prescribed medication(s) must be deemed acceptable by a physician for a non-medical residential program before the final application can be approved. Eagle Christian Ministries must have a copy of the physician's approval before acceptance into the program.
- 4) Pending approval and availability of bed space, an arrival date will be determined.
- 5) Eagle Christian Ministries is a non-profit organization. Fees are based on current facility and staffing costs. The program tuition goes toward the cost of room, board, facilities, program costs and transportation. All applicants who are not coming from a correctional facility are required to pay an initial \$150.

If you have any further questions regarding the program please feel free to contact our offices at (405) 737-5383. May God bless you and comfort your family as you reach the decision to make this commitment. Know that you are in our prayers.

Lora Williams
Program Minister/Director

Eagle Christian Ministries, Inc.

APPLICATION FOR ADMISSION

Personal Data & Information

Name: _____ Date: _____
(Last) (First) (Middle Initial)

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

Phone: (_____) _____

Social Security Number: _____

Drivers License: ___ Valid ___ Expired ___ Suspended ___ Never applied for one

Driver's License Number: _____ State: _____

Place of Birth: _____ Birth Date: _____ Age: _____
(City) (State)

Are you a citizen of the United States? _____ Sex: _____ Race: _____

Religious Preference: _____

Date Available for Program: _____

Emergency Contact Information

Name: _____ Relationship: _____

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

Home Phone:(_____) _____ Work Phone:(_____) _____

Marital History/Family Background

Marital Status: ___ Single ___ Married ___ Common Law ___ Separated
___ Divorced ___ Widowed ___ Remarried

Spouse's Name: _____ Age: _____

Father's Name: _____ Age: _____

Mother's Name: _____ Age: _____

How many children do you have? _____

Do you consider yourself to be in need of parenting courses? Yes ___ No ___

Education

Do you have a high school diploma or GED? _____ Do you wish to continue your education? _____

Please list any college, university, trade or technical school you have attended and the years attended:

Briefly describe your educational or vocational goals:

Have you ever been diagnosed with a learning disability? _____

If yes, briefly describe: _____

Medical History

In the past year, have you been under the care of a physician for any reason? _____

If so, briefly describe: _____

Have you ever tested positive for HIV or the AIDS virus? _____

List any communicable disease(s) with which you have been diagnosed?

When was your last physical examination? _____

Do you take medication(s) or need medical attention regularly? _____

List all medication(s) and dosage(s) below:

Medication(s):

Dosage(s):

List all medication(s) you are allergic to:

Please list any other allergies:

Do you have any activity restrictions due to a medical condition? _____
If so briefly describe:

Do you have any special diet requirements? _____ If so, please explain: _____

Explain any current problems with your teeth:

Have you ever received treatment/counseling for emotional, mental or psychological conditions? _____
If so, list details below:

(Date) (Counselor/Physician) (Reason)

Have you ever thought about committing suicide? _____

Are you currently thinking about committing suicide? _____

Describe your present religious status and involvement: _____

Denominational Preference: _____

Rehabilitation Background

Have you ever been in a rehabilitation program before? _____

If so, please give the following details:

(Location) (Dates) (Reason(s) for leaving program)

Do you have any responsibilities that would hinder your being in the program? _____

If so, briefly describe: _____

Drug History

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

Alcohol: _____
Crack/Cocaine: _____
Amphetamines: _____
Barbiturates: _____
Hallucinogenics: _____
Inhalants: _____
Heroin: _____
THC: _____
Morphine: _____
Crystal Methamphetamine: _____
PCP: _____
Benzodiazepines: _____
Others: (Specify) _____

What is the first drug you used? _____ Beginning at what age? _____

What is the main drug you used? _____ For how long? _____

How much was spent on drugs each day? _____ What drugs have you injected? _____

Do you use tobacco? _____ What form? _____

Have you ever abused prescription drugs? _____

If yes, complete the following information:

Name of drug: whom?	Length of abuse:	Prescribed by
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Legal Background

Have you ever been convicted of a sexual offense? _____

If so, please explain: _____

Have you ever been convicted of any other type of crime? _____

If so, please explain: _____

If you answered yes to either one of these questions, complete the following information:

Name of Institution: _____ Location: _____

Reason for confinement: _____ Length of confinement: _____

Probation: Yes/No

Name of Institution: _____ Location: _____

Reason for confinement: _____ Length of confinement: _____

Probation: Yes/No

Do you have any cases pending? _____ When? _____

Reason: _____

If you are currently in confinement at a penal institution, fill out the following:

Name of case manager: _____ Phone number: _____

I, _____, agree to have my case manager release a copy of my CRC report to Eagle Christian Ministries for review of my application.

Name of Attorney: _____

Attorney's phone number: (_____) _____

Attorney's Address: _____
(Street) (City) (State) (Zip)

Do you have any outstanding warrants? _____ Reason: _____

Are you currently on parole or probation? _____ For How Long? _____

If yes, name of Probation/Parole Officer: _____

P.O.'s Phone Number: (_____) _____

P.O.'s Address: _____
(Street) (City) (State) (Zip)

(If needed, additional information may be attached on a separate sheet of paper.)

Applicant Agreement:

I, _____ have completed this application completely and truthfully. (Print name)

I have read all rules, regulations, and policies and also agree to submit to all rules, regulations and policies of Eagle Christian Ministries, Inc. I understand that I may be asked to leave the program if I do not abide by said rules, regulations and policies. I also understand that Eagle Christian Ministries, Inc. cannot be held responsible for injury or illness of residents in the program.

Signed: _____ Date: _____

(Signature of applicant)