



APPLICATION FORM

Mail To: Trinity Life Ministry, 2150 Elmwood Ave, Lafayette, IN 47904
 Phone: 765-742-1060 Fax: 765-742-1061

If spaces are left blank or less than honest information is provided, your application will not be placed into consideration for entry into the program. Completion and submission of this application does not guarantee admission, nor does it guarantee being given an intake interview or assessment. However, you will be contacted after a review of the application is complete, and a determination is made on possible consideration for entry.

Today's Date:				
PERSONAL HISTORY				
Last Name:		First Name:		Middle:
Address:				
City:		State:	Zip Code:	
Contact Phone Number: ()				
Birth Date:		Age:	Race:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (Trinity is a men's ministry)
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Children:			Custody Status:	
Current Living Arrangements:				
<input type="checkbox"/> Alone	<input type="checkbox"/> Parents	<input type="checkbox"/> Spouse/Girlfriend		<input type="checkbox"/> Treatment Facility <input type="checkbox"/> Shelter
<input type="checkbox"/> Homeless	<input type="checkbox"/> Friend	<input type="checkbox"/> Correctional Facility		<input type="checkbox"/> Halfway House <input type="checkbox"/> Other
Personal Identity Documents You Currently Have: <i>Check all that apply</i>				
<input type="checkbox"/> Driver's License		<input type="checkbox"/> State ID		<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card
Were you referred to our program?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Who referred you?
EMPLOYMENT / EDUCATION				
Highest Level of Education Completed:				
If you did not graduate from High School, did you obtain your GED?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Present Employer:			Number of years there:	
Past Employer:			Number of years there:	
Past Employer:			Number of years there:	
Have you ever served in the Military?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
FINANCIAL				
Are you currently in debt?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, how much?	<input type="checkbox"/> \$1-999	<input type="checkbox"/> \$1,000-9,999	<input type="checkbox"/> \$10,000-49,999	<input type="checkbox"/> \$50,000 or more

SPIRITUAL BACKGROUND

Church currently attending:

Address:

Pastor's Name:

Past Church attended:

SUBSTANCE USE

Within the last 12 months write the amount and method used:

	None	Rarely <1x/mo.	Monthly <3x/mo.	Weekly 1-5x/week	Daily 6-7x/week	Age of first use
Alcohol						
Marijuana						
Cocaine						
Smoking						
Opiates						
Amphetamines						
PCP						
Hallucinogens						
Sedatives						
Inhalants						
Prescription Drugs						
OTC Drugs						
Spice						

Have you been in a treatment program previously? Yes (If yes, see below) No

Name of Program	When	Length of Program	Did you complete the program

Have you ever overdosed? Yes No

Have you ever stopped on your own? Yes No

What is your longest period of abstinence in the past six months?

Why do you think you are currently using?

Do you think you have a problem? Yes No

LEGAL STATUS

Are you currently incarcerated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?
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When is your release date?

Attorney:	Phone:
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Email:

Please list all current and past charges

Charge	County	Status	Past or Present
		<input type="checkbox"/> Pending <input type="checkbox"/> Sentenced <input type="checkbox"/> Warrant <input type="checkbox"/> Other	
		<input type="checkbox"/> Pending <input type="checkbox"/> Sentenced <input type="checkbox"/> Warrant <input type="checkbox"/> Other	
		<input type="checkbox"/> Pending <input type="checkbox"/> Sentenced <input type="checkbox"/> Warrant <input type="checkbox"/> Other	
		<input type="checkbox"/> Pending <input type="checkbox"/> Sentenced <input type="checkbox"/> Warrant <input type="checkbox"/> Other	
		<input type="checkbox"/> Pending <input type="checkbox"/> Sentenced <input type="checkbox"/> Warrant <input type="checkbox"/> Other	
		<input type="checkbox"/> Pending <input type="checkbox"/> Sentenced <input type="checkbox"/> Warrant <input type="checkbox"/> Other	
		<input type="checkbox"/> Pending <input type="checkbox"/> Sentenced <input type="checkbox"/> Warrant <input type="checkbox"/> Other	

Have you ever been convicted of a Sexual Offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you currently on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Probation Officer's name:	Phone:
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PHYSICAL HEALTH

General Health (hospitalizations, surgeries, chronic illness):

List all current legally prescribed medications:

Have you had a previous mental health diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Diagnosis:

Have you experienced any physical, mental or emotional trauma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you currently having suicidal thoughts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever had suicidal thoughts in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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