APPLICATION FOR ADMISSION

Congratulations! Completing this application is a positive move … a major first step in your recovery! It tells us that you have courage. Many need recovery, but we can only help those who are brave enough to truly "want" recovery. It's up to you! We will give you tools to help you on your recovery journey.

About … Faith Farm Ministries

Faith Farm Ministries has set itself apart as a unique, premier, national model for addiction recovery programs and Rescue Missions. At 63 years old, the ministry began as an overnight refuge for alcoholics in Ft. Lauderdale. It has grown to a 9 month residential recovery program with 3 campuses on 1,650 acres and 445 beds for both men and women who struggle with life controlling issues.

Faith Farm's faith based, drug and alcohol recovery, work training program is 100% voluntary and is provided at **no cost to the student**. Campus Directors, Pastors and Administrative Staff live on campus and are available to the student 24/7 for guidance and support. A typical day will be very structured: three meals; chapel; quiet time; academic and recovery curriculum; counseling and a **Comprehensive Work Training (CWT) Program** project that includes both classroom and on the job training. The work training is not construed as employment, nor is it compensated.

Faith Farm provides housing, food, clothing, curriculum, life skills training, spiritual training and the **CWT Institute.** Approximately 94% of the ministry's $11 Million annual budget is allocated directly to programs. Over 90% of that budget is derived via the micro-enterprise project training initiatives that are supervised by staff and performed by students who are learning new job skills.

Education is at the forefront of the program. Simply put, education opens doors. If a student does not have a high school diploma, they are required to enter our **GED** preparation program. In 2014, Faith Farm's recovery curriculum became accredited through **South Florida Bible College and Theological Seminary**. A student who completes the basic 9 month program and chooses to test may earn up to 9 college credits. According to The Association of Gospel Rescue Missions (AGRM), Faith Farm is the only known recovery program that can offer this level of educational opportunity. Between July and December 2014, over 100 students received college credits and a brighter future.

Students from numerous faiths, races and socio-economic backgrounds come to Faith Farm from all over the country and beyond. Continuing in the genius of the program's design; to be a self-sufficient, self funding, entrepreneurial combination of micro-enterprise, results in a vision of unimaginable possibilities as a premier, national model for years to come with the capacity to help thousands of people in the midst of the addiction epidemic.

Faith Farm is truly a place of grace serving a God of second chances. Equipping students with all the tools they need for success; a new way of thinking, a new work ethic, vocational skills, a servant's heart, and finally, a great start on undergraduate educational goals is what makes us unique. Students receive love, grace, renewal, opportunity and hope for a bright tomorrow.

APPLY NOW

APPLICATION FOR ADMISSION

Please complete application as accurately as possible using a ball point pen. Acceptance for admission to Faith Farm's Faith-based, drug and alcohol recovery, work training program is at the sole discretion of the Intake Officer.

Application assistance provide by: ____

Today's Date ____________________ **Work Training Assignment** ______________________________

Last Name ________________________ **First Name** ____________________ **MI** ___ **SSN** ________/______/________

Address ____________________________________ City __________________ ST _______ ZIP ______________

I was referred by ____ Phone (_____)____________________

Emergency Contact ___________________________ **Relationship** ___________ Phone (_____)____________________

Date of Birth __________ Your Age _____ Height _____ Weight _____ Eyes _____ Hair ______ Ethnicity ________

Marital Status: ☐ Never Married ☐ Married ☐ Divorced ☐ Separated ☐ Spouse Deceased ☐ Remarried ☐ Re-divorced ☐ Live with Girlfriend/Boyfriend

Where do you live? ☐ Own Home ☐Parent's Home ☐ Friend's Home ☐Halfway Home ☐ Hotel ☐ Rehab Program ☐ Vehicle ☐ On Street ☐ Other ____

School Level Completed: ☐ Elementary ___ Yrs ☐ High School ___ Yrs. Did you graduate? ☐Yes ☐No

☐ GED ☐ College ___ Yrs ☐ Advanced Studies Read English? ☐Yes ☐No Speak English? ☐Yes ☐No

Current Income $______________________ **Check One:** ☐ Weekly ☐Bi-Weekly ☐Monthly ☐Annually

Source(s): ____

Do You Receive Government Benefits? ☐ Social Security ☐ VA ☐ Workman's Comp

☐ Other Benefits ____

Are you a US Veteran? ______________________ Branch of Service ________________________________

Highest Rank ____________________________ Length of Service ________________________________

Have a Valid Driver's License? ____________ ST _______ DL# ______________________________________

Your Family: Is your Mother living? _____________________ Is your Father Living? ______________________

Relationship with Mother ______________________ Relationship with Father ___________________________

Number of Brothers ___________ Number of Sisters ______________ Number of Children ________________

Describe your religious/spiritual experience: ____

____

Religious Background: ☐ Protestant ☐ Jewish ☐ Buddhist ☐ Catholic ☐ Muslim ☐ Hindu ☐ Santaria ☐ Rastafarian ☐ New Age ☐ Never Known God ☐ Open to Knowing God ☐ I've known God – but Backslid ☐ I have a good relationship with God

HEALTH INFORMATION (Check and Answer all that apply)

CHEMICAL DEPENDENCY:

Substances regularly used:

ALCOHOL	Years Used _____ Date Last Used _____		**SPEED**	Years Used _____ Date Last Used _____	
COCAINE	Years Used _____ Date Last Used _____		**HEROIN**	Years Used _____ Date Last Used _____	
MARIJUANA	Years Used _____ Date Last Used _____		**XANAX**	Years Used _____ Date Last Used _____	
OXYCODONE	Years Used _____ Date Last Used _____		**OTHER**	Years Used _____ Date Last Used _____	

DESCRIBE OTHER: ____

Longest Time sober in past 3 years ________________ Longest Time Sober in last year __________________

Pattern of Usage: ☐ Constantly ☐ Weekends ☐ Special Occasions ☐ Whenever available ☐ When Things Get Tough ☐ On A Week/Off A Week

Quantity currently consumed per week _____________ Quantity consumed per week 2 years ago ___________

Losses due to Usage: ☐ Job ☐ Marriage ☐ Friends ☐ Possessions ☐ Arrests ☐ DUI's ☐ Heavy Debt ☐ Health ☐ Incarceration

Physical effects of abuse: ☐ Motivational Loss ☐ Shakes-Convulsions ☐ Memory Loss ☐ Incoherent Thinking ☐ Organ Problems

Any previous rehabs? ☐ AA or NA _____ Years Any of the 3 Faith Farms ☐Yes ☐No Year attended _____

☐ Others: ____

Is your spouse addicted? ☐Yes ☐No

Are any of your Family Members addicted? ☐Yes ☐No

In the last month, have you taken a drink first thing in the morning to help recover from a hangover? ☐Yes ☐No

In the last year, have you had a drink while driving or driven under the influence of alcohol? ☐Yes ☐No

In the last 3 months, have you continued to drink until passing out? ☐Yes ☐No

Are more than 50% of your friends drinkers? ☐Yes ☐No

Do you consume more than 7 alcoholic beverages per week? ☐Yes ☐No

In the last 3 months, have you taken alcohol to work or drank at lunch or during your workday? ☐Yes ☐No

Do you hide your drinking from friends and family? ☐Yes ☐No

Have you failed to keep a promise to yourself or a loved one that you would quit drinking? ☐Yes ☐No

Have you ever had trouble remembering what happened while you were drinking? ☐Yes ☐No

In the last year, have you done anything while drinking that you regret doing? ☐Yes ☐No

Do you find it difficult to stop after one or two drinks? ☐Yes ☐No

In the last year, have you wet the bed or wet your pants during or after drinking? ☐Yes ☐No

Have you ever woken up after drinking and not remembered how you got to where you were? ☐Yes ☐No

PHYSICAL HEALTH:

Describe your current Health: ☐ Excellent ☐ Good ☐ Fair ☐ Failing ☐ Poor

Are you currently taking medication? ☐Yes ☐No If yes, which meds: ______________________

Do you have enough for 45-60 days? ☐Yes ☐No How do you get refills? ______________________

Are you in need of medication? ☐Yes ☐No

Do you have any doctor/dental appointments in the next 45-60 days? ☐Yes ☐No If so, when? __________

Have you ever (Check and Answer all that apply):

- Been treated for or told that you have any sickness or injury in the past 5 years? ☐Yes ☐No If yes, give diagnosis ______________________
- Consulted, been examined by or been treated by a doctor in the past 5 years? ☐Yes ☐No If yes, give diagnosis ______________________
- Been in a hospital, psychiatric hospital or other institution for diagnosis, treatment or operation in the past 5 years? ☐Yes ☐No If yes, give diagnosis ______________________
- Been advised to have any hospital, clinical, surgical or other treatment in the past 5 years? ☐Yes ☐No
- Had any prior injuries to your back that would affect your lifting, bending or twisting capabilities? ☐Yes ☐No If yes, give diagnosis ______________________

Do you wear glasses or contact lenses? ☐Yes ☐No If yes, ☐ All the time ☐Occasionally ☐ Reading

PHYSICAL HEALTH HISTORY:

Have you ever had a state claim for worker's compensation? ☐Yes ☐No Date ______________________

Reason______________________ Where? ______________________

Employer ______________________ Claim is currently: ☐ Open ☐ Closed

Do you have any current physical disability? ☐Yes ☐No If yes, explain: ______________________

Date of last examination __________ Physician Name ______________________

Address ______________________

Have you ever had any of the following: (Check **Y**es or **N**o)

Arthritis or Rheumatism	☐ Y☐ N	Polio	☐ Y☐ N	Amputations	☐ Y☐ N
Dizziness or Fainting Spells	☐ Y☐ N	Back Surgery	☐ Y☐ N	Any Permanent Disabilities	☐ Y☐ N
Head Injury	☐ Y☐ N	Diabetes	☐ Y☐ N	Hepatitis	☐ Y☐ N
High Blood Pressure	☐ Y☐ N	Epilepsy	☐ Y☐ N	Cancer	☐ Y☐ N
Kidney or Bladder Trouble	☐ Y☐ N	Asthma	☐ Y☐ N	Phlebitis	☐ Y☐ N
Varicose Veins	☐ Y☐ N	Heart Problems	☐ Y☐ N	Tuberculosis	☐ Y☐ N
Knee Injury	☐ Y☐ N	Back Injury	☐ Y☐ N	Hernia/Rupture	☐ Y☐ N
AIDS/HIV	☐ Y☐ N	Loss of Hearing	☐ Y☐ N	Which side? ______________	
Herpes	☐ Y☐ N	Loss of Sight	☐ Y☐ N	Was it operated on?	☐ Y☐ N

For any "Yes" Answers above, explain details:______________________

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MENTAL HEALTH:

Do you have any mental and/or emotional health problems?

☐Yes ☐No How long ago? _________ Day(s)/Mo (s)/Yr(s)

Please describe: ____

Have you ever been diagnosed and/or treated with mental or emotional health problems?

☐Yes ☐No How long ago? ________ Day(s)/Mo (s)/Yr(s)

Please describe: ____

Are you taking medication related to mental health?

☐Yes ☐No How long ago? ________ Day(s)/Mo (s)/Yr(s)

Please describe: ____

Are you prescribed medication related to mental health that you cannot afford?

☐Yes ☐No How long ago? ________ Day(s)/Mo (s)/Yr(s)

Please list those medications: ____

Are you prescribed medication related to mental health that you are NOT taking?

☐Yes ☐No How long ago? ________Day(s)/Mo (s)/Yr(s)

Please list those medications: ____

Are you in need of any counseling or other mental health help?

☐Yes ☐No How long ago? ________Day(s)/Mo (s)/Yr(s)

Please describe: ____

EMOTIONAL HEALTH:

Does anyone scare or threaten you or others? ☐Yes ☐No How long ago? _________ Day(s)/Mo (s)/Yr(s)

Please describe: ____

Does anyone act jealous or possessive toward you? ☐Yes ☐No How long ago? ________ Day(s)/Mo (s)/Yr(s)

Please describe: ____

Does anyone isolate from your family or friends? ☐Yes ☐No How long ago? ________ Day(s)/Mo (s)/Yr(s)

Please describe: ____

Does anyone own or use weapons to intimidate you?☐Yes ☐No How long ago? ________ Day(s)/Mo (s)/Yr(s)

Please describe: ____

Does anyone break/strike objects to intimidate you? ☐Yes ☐No How long ago? ________Day(s)/Mo (s)/Yr(s)

Please describe: ____

Has anyone ever become violent with you or others? ☐Yes ☐No How long ago? ________Day(s)/Mo (s)/Yr(s)

Please describe: ____

HOMELESSNESS DOCUMENTATION:

How long have you been homeless?

☐ Less than 2 wks ☐ 2 weeks to 1 month ☐ 1 to 3 months ☐ 3 months to 1 year ☐ > year

How often have you been homeless?

☐ Never ☐ 1 to 2 times ☐ more than 2 times in 2 years ☐ Long term

Reason for Homelessness:

☐ Lack a fixed, regular and adequate night time residence

☐ Primary night time residence is a shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill).

☐ Primary night time residence is an institution that provides a temporary residence for individuals intended to be institutionalized.

☐ Primary night time residence is a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings

LEGAL ISSUES – Answer all that apply.

Have you ever been sued? ☐ Yes ☐ No Are you involved in any lawsuits? ☐ Yes ☐ No

Date & Details ________________________________ Date & Details ___________________________________

Ever convicted of a felony? ☐ Yes ☐ No - How Many ____ If yes, Name them _____________________________

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Ever been convicted of a sexual offense? ☐ Yes ☐ No -How Many ____ If yes, Name them _________________

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Are you on probation? ☐ Yes ☐ No If yes, what county/State? ____

Probation Officer's Name _________________________Probation Officer's Phone _________________________

Do you have any legal or court appointments in the next 30 days? ☐ Yes ☐ No Dates & Times _____________

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WORK EXPERIENCE – Check all that apply.

☐ Office Work	☐ Electrician	☐ Welder	☐ Sales	☐ Plumber
☐ Mechanic	☐ Cook	☐ Carpenter	☐ Appliance Repair	☐ Kitchen (general)
☐ Painter	☐ Air Conditioning	☐ Custodian	☐ Truck Driver	☐ Phone Room
☐ Upholstery	☐ Radio/TV Repair	☐ Landscaping	☐ Fork Lift Operator	☐ Clothes Sorter
☐ Maintenance	☐ Auto Body Repair	☐ Warehousing	☐ Computer Repair	☐ Other __________

Job Titles/Responsibilities: ____

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