

Restore 6:34 Application for Residency and Participation in Program

Full Name

First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____

Marital Status _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed

Do you have children? _____ Yes _____ No If so, how many? _____

Age and Gender of Child(ren) _____

Do you have custody of your child(ren)? _____ Yes _____ No

If you do not have custody of your child(ren), please list who does and if reunification is a goal as of this date.

Education

Highest Grade Completed _____ 9th _____ 10th _____ 11th _____ 12th _____ GED

Technical School / College

_____ None _____ Certificate _____ Associates _____ Bachelors _____ Masters _____ Doctorate

Certificate or Degree if attended technical school / college _____

Last Place of Employment _____

Job Title _____ Dates Employed _____

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Skills / Abilities

Do you have a valid driver's license? Yes No Suspended Revoked

Please list the following Driver's License information if you have a valid Driver's License:

DL Number _____ State _____ Expires _____

Chemical Abuse History

Name of Drug	First Age Used	Last Date Used	Average Amount	How often?
Alcohol				
Marijuana				
Opiates				
Benzodiazepines				
Amphetamines				
Methamphetamines				
Heroin				
Cocaine				
MDMA				
GHB				
LSD				
Ketamine				
Codeine				
Tobacco				
Fentanyl				
Other Drug(s):				

Please email to restore634@gmail.com or mail to Restore 6:34 P.O. Box 1112, Lafayette, GA 30728

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Please list any prior treatment history: (If additional space is needed for treatment history, please attach additional page with the following information included.)

Facility:

Dates:

Completed Program Yes _____ No _____

If you did not complete program, please list reason for non-completion:

Please list any mental health disorders you have been diagnosed with (anxiety, depression, bi-polar, social adjustment disorders, schizophrenia, etc..) and the month/year you were diagnosed.

Are you currently prescribed any medications for a mental health disorder? _____ Yes _____ No

If yes, please complete the following information:

Name of Medication	Prescribing Physician	Strength	How many x per day?

Have you ever had suicidal thoughts? _____ Yes _____ No

If yes, did you have a plan? _____ Yes _____ No Have you attempted suicide? _____ Yes _____ No

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Weight	
Height	
Allergies	
Diabetes	
Epilepsy or Seizures	
Hypertension	
High/Low Thyroid	
Chronic Diseases, illnesses, or disabilities that you are currently living with:	

Are you currently prescribed any medications for a medical condition? Yes No

If yes, please complete the following information:

Name of Medication	Prescribing Physician	Strength	How many x per day?

Have you experienced any of the following types of abuse in your lifetime?

Emotional Physical Sexual

If you have experienced abuse, please briefly describe circumstances:

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Are you currently on probation or parole? _____ Yes _____ No

If yes, please list county, officer's name, charge, and end of sentence date:

Current & Past Incarcerations:

Beginning Date	End Date	Location	Reason

Do you have pending charges? _____ Yes _____ No

If pending charges exist, please give a brief description of charges and court date if known.

Are you willing to submit to alcohol or drug testing upon admission as well as random testing?

_____ Yes _____ No

Are you willing to participate in chores, groups, and Bible Studies on a daily basis?

_____ Yes _____ No

Are you willing to work a job when the staff of Restore 6:34 feels you are ready for employment?

_____ Yes _____ No

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Signature _____ Date _____

Emergency Contact

Name _____ Relationship _____

Address _____

Phone Number _____

Please list 2 references.

Name _____ Relationship _____

Address _____

Phone Number _____

Name _____ Relationship _____

Address _____

Phone Number _____

Please describe your salvation experience if you are a born-again Christian.

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Please write a personal letter as to why you would like to be approved for admission into the Restore 6:34 program.