

4. **Name & relation** of person to contact in case of emergency _____
Address _____
Phone # _____

Medical and Substance Abuse History and Information

1. List all past (diagnosed) medical problems _____
List all present (diagnosed) medical problems _____
2. List all past (diagnosed) psychological problems _____
List all present (diagnosed) psychological problems _____
List **all (prescribed and over the counter)** medications you are presently taking and why you are taking them.

List all medications you have taken in the past and why you were taking them: _____

3. Do you have a problem with alcohol and/or drugs? ____ Yes ____ No
4. If so, what was your drug of choice? _____
5. What other drugs have you used? _____
6. At what age did you begin using? _____ Have you ever had treatment for substance abuse? _____
When _____ Where _____
For How Long _____
7. List counseling programs you have attended _____

8. What treatment do you need now? _____

9. What self-improvement programs did you participate in? _____

Educational and Job Interests

1. Please circle the last grade you completed in school 9 10 11 12 College 1 2 3 4

Other (i.e. trade school, etc) _____

2. List significant jobs you have held in past 10 years _____

3. What are your short and long term future goals? (Use a separate sheet, if you need additional room for your response.)

Religious Affiliation and Involvement

1. What is your present religious faith? _____ How long? _____

2. What, if any, is your religious background? _____

3. What church services or other activities have you been actively involved in ? _____

4. Explain your spirituality and the role God plays in your life. _____

5. Comment briefly on who Jesus Christ is to you. _____

Legal Matters

1. Do you have any current charges? _____

References (Name, address and phone number and number of years known): **No Family Members:**

Please share any other information you think may be of importance for us to know about yourself: Strengths, weaknesses, difficulties, etc.

Affirmation

I am voluntarily applying to Frontline Resurrection Life Recovery. I authorize release of the above-referenced information for use in making a decision about my acceptance. I certify that the information contained in this application is true and complete to the best of my ability. I further understand that any false statements or misrepresentations made by me on this application, interview and assessment, will be sufficient grounds for rejection of this application or expulsion from FLR

I have heard the presentation and understand that FLR is a Christ-centered organization with Christian values; I understand the rules, policies and expectations of my behavior for acceptance to FLR.

Signature: _____

Date: _____

RETURN TO: **Frontline Resurrection Life Recovery**
 400 Gold Ave. SW Suite 610
 Albuquerque, NM 87105
 (505) 592-5801 – Executive Director
 (505) 985-6875 – Executive Director



Office Use only:

Program Manager/Home Coordinator

Approve Disapprove

Committee Member

Approve Disapprove

Executive Director

Approve Disapprove

Comments: _____

Frontline Resurrection Life Recovery
AUTHORIZATION TO RELEASE INFORMATION

I, _____, have submitted an application for residency at Frontline Resurrection Life Recovery (hereinafter FLR), a transitional home founded on Christian principles. I will also participate in the mentor program from the faith community FLR that will assist me in my transition from incarceration to my family, community and society. I have been informed regarding all aspects of FLR programming. I understand the role of the mentors. I know that people from the faith community involved with FLR need to have information about me in order to determine whether they will be able to assist me.

I understand that the staff of FLR, or designee(s) will share pertinent information about me with my prospective mentor(s), volunteers/members of the FLR Selection Committee and I understand that said individuals will also be allowed to read my application and letters of recommendation or progress reports. I also understand that the staff of FLR and Executive Director will have ongoing meetings with the mentors to discuss my progress and needs so that they can assist them with any issues concerning me, my recovery and transition.

I give permission to FLR staff or designee(s) to share pertinent or required information regarding any supervision, medical, psychological, psychiatric care to facilities and/or organizations that I will be referred to for assistance.

Print Name

Signature

Date