NAME, PLEASE PRINT CLEARLY | PHONE NUMBER | EMAIL ADDRESS

ANCHORAGE
GOSPEL RESCUE MISSION

More Than a Meal. A Life Made New.

APPLICATION FOR ADMISSION

LifeSkills Program

A 12-month residential recovery program for men

LifeSkills is for men who want to be set free from dependence on alcohol and drugs, and from the life that goes with it. The program is a pathway back to healthy relationships, steady work, and a genuine relationship with Jesus Christ. Please complete every page. Nothing you write here disqualifies you from being heard.

ANCHORAGE GOSPEL RESCUE MISSION
2823 East Tudor Road, Anchorage, Alaska 99507
907-563-5603 main · 907-563-3863 fax · anchoragerescue.org

YOUR NAME _____

BEFORE YOU BEGIN

1. Fill out this application completely and return it to the Program Manager or the Front Office.
2. Attend all interviews. Be prompt and comply with all requests, including drug testing.

Your information is confidential. What you write here is treated in the utmost confidence and will not be shared with anyone outside this organization, except in these instances:

- If you, the client, disclose information that may indicate risk to children or to yourself.
- If the Program Manager believes you could cause danger to yourself or to others.
- If you give information which indicates that a crime has been committed.

Your application for the LifeSkills Program will not be considered until the Program Manager has received verification of a current ID, a physical exam including a TB test, and the report of any existing mental health issues.

AUTHORIZATION OF RELEASE OF INFORMATION

I hereby give my permission and consent to any and all persons or entities to release information to the Anchorage Gospel Rescue Mission, 2823 East Tudor Road, Anchorage, AK 99507, concerning any of my information, substance use history, treatment history, criminal record history, medical history, work history, educational records, or family background.

SIGNATURE _____ **DATE** _____

PROGRAM MANAGER SIGNATURE _____ **DATE** _____

PERSONAL INFORMATION

LAST NAME | FIRST NAME | M.I. | TODAY'S DATE

LAST 4 DIGITS OF SOCIAL SECURITY # | DATE OF BIRTH (MO / DAY / YEAR) | AGE

WHY DO YOU NEED LIFESKILLS?

SUBSTANCE USE

	SUBSTANCE USED	YEARS USED
1		
2		
3		

TREATMENT HISTORY

List the recovery programs you have been in most recently, the dates you were there, whether you completed the program, and if not, why.

	DATE	PROGRAM	COMPLETED?	IF NOT, WHY?
1			☐ YES ☐ NO	
2			☐ YES ☐ NO	
3			☐ YES ☐ NO	

Have you been in other programs? ☐ YES ☐ NO How many?

Do you have a valid driver's license? ☐ YES ☐ NO If not, why?

WORK HISTORY

List your three most recent jobs by date, employer, and why you left.

FROM (MO / YR) | TO (MO / YR) | EMPLOYER | CITY / STATE

Reason for leaving

FROM (MO / YR) | TO (MO / YR) | EMPLOYER | CITY / STATE

Reason for leaving

FROM (MO / YR) | TO (MO / YR) | EMPLOYER | CITY / STATE

Reason for leaving

OTHER JOBS IN THE LAST TEN YEARS ☐ YES ☐ NO

FROM (MO / YR) | TO (MO / YR) | EMPLOYER | CITY / STATE

Reason for leaving

FROM (MO / YR) | TO (MO / YR) | EMPLOYER | CITY / STATE

Reason for leaving

JOB-RELATED CLAIMS

Please note: while in LifeSkills you will not be allowed to file any new claims. If you have a claim pending and it is settled in your favor while you are in LifeSkills, that money must be deposited in a local bank until your term in LifeSkills is completed.

Do you currently have an active claim pending? ☐ YES ☐ NO

AGENCY HANDLING THE CLAIM | CLAIM #

ADDRESS

Have you ever made a claim, now closed, for workers' comp, unemployment insurance, or disability? ☐ YES ☐ NO

What were the results?

EDUCATIONAL HISTORY

High school graduate? ☐ YES ☐ NO When? (mo / yr) _____

NAME OF SCHOOL _____ CITY / STATE _____ GRADE COMPLETED _____

Have you completed the GED? ☐ YES ☐ NO

Would you be interested in receiving your GED if given the opportunity? ☐ YES ☐ NO

Trade schools or other schools? ☐ YES ☐ NO

NAME OF SCHOOL _____ CITY / STATE _____

Special skills

PROPERTY AND MONEY

Personal property. LifeSkills allows you to bring no personal property into the program, other than your wallet, ID, documents that you may need, and two bags or two suitcases. You must make arrangements for your other personal possessions to be stored somewhere else outside of the Anchorage Gospel Rescue Mission.

Money. LifeSkills allows you to bring no money into the program. Any money must be turned in to the office and the procedure set forth in the handbook must be followed. If you have a large sum of money, or receive an income of some kind on a regular basis, that money must be put in the bank with a trustee appointed by LifeSkills.

Do you have money to deposit in the office or bank? ☐ YES ☐ NO

Are you receiving any money on a regular basis? ☐ YES ☐ NO

Are you willing to have a trustee appointed? ☐ YES ☐ NO

Do you expect to receive any monies, settlements, or assets while you are in the LifeSkills Program? ☐ YES ☐ NO

IF YES, WHAT IS THE SOURCE OF THE MONIES? _____ AMOUNT YOU EXPECT TO RECEIVE _____

LEGAL HISTORY

MOST RECENT ARRESTS

	DATE (MO / YR)	REASON FOR ARREST
1		
2		
3		

Any other arrests on your record? ☐ YES ☐ NO How many? _____

MOST RECENT CONVICTIONS

	DATE (MO / YR)	CRIME CONVICTED OF	SENTENCE RECEIVED
1			
2			
3			

Any other convictions? ☐ YES ☐ NO How many? _____

MOST RECENT JAIL OR PRISON TIME

	FROM	TO	INSTITUTION	ADDRESS
1				
2				
3				

SUPERVISION AND WARRANTS

Are you currently on parole or probation? ☐ YES ☐ NO

	BENCH / PO	COURT OFFICE	NAME OF JUDGE / PO
1			
2			
3			

Any outstanding warrants? ☐ YES ☐ NO How many? _____

Where? _____

MEDICAL HISTORY

Do you have a medical card? ☐ YES ☐ NO

Are you currently under the care of a physician? ☐ YES ☐ NO

PHYSICIAN NAME _____ PHONE _____

ADDRESS _____ CITY / STATE / ZIP _____

Conditions being treated _____

> **Please note:** while in LifeSkills you will be financially responsible for your own medical costs. If you do not have insurance, you may use the Anchorage Neighborhood Health Clinic, or a V.A. hospital if you are a veteran.

MEDICATIONS AND PRESCRIPTIONS

> **Please note:** no narcotic or mood-altering prescriptions are allowed in LifeSkills unless prescribed by a physician with accompanying documentation.

Are you taking any form of medication or prescription? ☐ YES ☐ NO

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

Allergies _____

PHYSICAL CONDITION

Are you currently detoxing? ☐ YES ☐ NO If so, explain _____

When did you last use drugs or alcohol? _____

Are you able to walk upstairs? ☐ YES ☐ NO If not, explain _____

Are you able to lift items weighing 40 pounds or less? ☐ YES ☐ NO If not, explain _____

PSYCHIATRIC CARE

Are you under the care of a psychiatrist or therapist? ☐ YES ☐ NO

CAREGIVER NAME _____ PHONE _____

ADDRESS _____ CITY / STATE / ZIP _____

Condition the caregiver is treating _____

FAMILY HISTORY

PARENTS

FATHER'S NAME

MOTHER'S NAME

FATHER'S ADDRESS

MOTHER'S ADDRESS

FATHER'S PHONE

MOTHER'S PHONE

MARRIAGE AND CHILDREN

Are you currently married? ☐ YES ☐ NO

Do you have living children? ☐ YES ☐ NO

CHILD 1

NAME

AGE

CUSTODIAN

ADDRESS OF CHILD / CUSTODIAN

PHONE OF CHILD / CUSTODIAN

Child under state agency supervision? ☐ YES ☐ NO

CASE WORKER

PHONE

CHILD 2

NAME

AGE

CUSTODIAN

ADDRESS OF CHILD / CUSTODIAN

PHONE OF CHILD / CUSTODIAN

Child under state agency supervision? ☐ YES ☐ NO

CASE WORKER

PHONE

CHILD 3

NAME

AGE

CUSTODIAN

ADDRESS OF CHILD / CUSTODIAN

PHONE OF CHILD / CUSTODIAN

Child under state agency supervision? ☐ YES ☐ NO

CASE WORKER

PHONE

CHILD 4

NAME

AGE

CUSTODIAN

ADDRESS OF CHILD / CUSTODIAN

PHONE OF CHILD / CUSTODIAN

Child under state agency supervision? ☐ YES ☐ NO

CASE WORKER

PHONE

THE

LifeSkills Promise

I need LifeSkills because I have serious life-controlling problems.

During LifeSkills I agree to the following:

ALCOHOL AND DRUGS	I will live alcohol and drug free.
RELATIONSHIPS	I will recover without conflicting relationships.
POSSESSIONS	I will comply with rules limiting my possessions.
THREATS AND VIOLENCE	I will make no threats, nor will I act in violence.

WAIVER OF WAGES

I understand that LifeSkills is a work therapy recovery program. I agree that I am working voluntarily as a part of my personal recovery, without compensation.

PERMISSION TO USE PHOTOGRAPHY, VIDEO, OR STORY

I hereby give permission to the Anchorage Gospel Rescue Mission to use any photos or video recordings of me, to be used solely for the purposes of promoting the organization, including the LifeSkills Program. I waive any rights to compensation or ownership of said materials.

INSPECTION OF PERSONAL MAIL AND COMMUNICATIONS

With prior consent, a condition for acceptance in the program, the Anchorage Gospel Rescue Mission reserves the right to open and inspect mail sent to participants while residing in the LifeSkills Program. If AGRM leadership has reason to believe a mail item should be opened, that item will be opened by the recipient in the presence of at least two staff members.

Similarly, with prior consent, a condition for acceptance in the program, at the discretion of the Program Manager, talking to or corresponding with certain persons may be restricted for a specific length of time, or even the entire duration of residence in the program.

> I am willing to invest myself fully in achieving recovery, and I promise to abide by all LifeSkills rules and regulations. I believe the answers stated in this document to be true. If there is discovery to the contrary, I may be administratively discharged from the LifeSkills Program.

YOUR SIGNATURE

TODAY'S DATE