

LifeGate Freedom Recovery Ministries

11680 South 153rd West Ave Sapulpa, OK 74066 918-512-6273 Fax # 918-512-6320 Application

Please print

Name: _____ Today's Date ____/____/____

Date of Birth (mm/dd/yr): ____/____/____ Age: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) ____-____ Cell Number: (____) ____-____

E-mail: _____

A copy of your Social Security card and Driver's License or ID, and photograph must be on file.

Do you need to obtain a copy of your SS, License or ID, Birth Certificate? Yes ____ No ____

Social Security Number: _____

Driver's License or ID #: _____

Emergency Contact: _____

Emergency Contact Phone Number: (____) ____-____

Are you on Probation or Parole? Yes ____ No ____

If yes who is your Probation Officer _____

Phone Number of Probation Office: (____) ____-____

Are you sentenced to this program? Yes ____ No ____ If yes: by what court? _____

DOC# _____

Type of Release: GPS ____ Parole ____ Discharge ____

Expected date of arrival: ____/____/____

Case Manager's name if incarcerated: _____

Facility: _____ Phone Number (____) ____-____

Reason for incarceration: _____

Circle one: Non-Violent or Violent

Are you now or have you ever been affiliated with a gang? Yes or No If yes what organization? _____

Sex Offender? Yes ____ No ____

Any charges pending? Yes ____ No ____ if yes, please list: _____

Marital status: Single Married Separated Divorced Common Law

Name of Spouse: _____

How many children? _____ Ages: _____

Names: _____

Who do the children stay with? _____

Do you plan to have children visit with you? Yes ____ No ____

Are you currently employed? Yes ____ No ____

Company Name: _____

Address: _____ Phone Number (____) ____-____

Income: _____ / Hourly / Monthly / Yearly

Do you have a personal vehicle that will be on our property? Yes _____ No _____

If So, Year _____ Make _____ Model _____

Insurance Verification

Medical History

Physician Name: _____ Phone Number (____) ____ - _____

Are you pregnant? Yes _____ No _____

The information below will be used to obtain records in order to help us assess your needs.

Race: African American _____ Native American _____ What tribe: _____ White _____ Hispanic _____ Asian _____

Sex: Male _____ Female _____

Family History: Alcoholism or Drug addiction (please list all known relatives with either of these problems)

Have you ever used drugs intravenously? (Shot Drugs) Yes _____ No _____

Have you ever had a blood transfusion? Yes _____ No _____

Please give a complete history of your alcohol and drug use: _____

How long have you been completely clean at this time? _____

Do you need physical detox? Yes _____ No _____

Any physical ailments or handicaps: Yes _____ No _____ if yes, please explain: _____

Do you have any physical limitations that keep you from performing manual labor? Yes _____ No _____ if yes, please explain: _____

Please list all medical problems that you have been diagnosed with including mental health issues:

What medications are you currently taking, please list each one:

List any Allergies: medications or environmental (Cats, Foods, etc.)

Do you have epilepsy? Yes _____ No _____ Type: _____

Do you wear prescription glasses or contacts? Yes _____ No _____

Date of your last dental exam: ____/____/____

Do you have any dental complaints that need attention now? Yes _____ No _____

Mental Health History

Do you express your feelings easily? Yes _____ No _____

Would you rather be around people or alone? _____

Have you lived in close quarters with other people? Yes _____ No _____

Do you have trouble sleeping? Yes _____ No _____ if yes, please explain: _____

Do you suffer from nightmares on a regular basis? Yes _____ No _____ if yes, please explain: _____

Have you ever suffered a severe emotional trauma? Yes _____ No _____ if yes, please explain: _____

Have you ever tried to commit suicide or thought about it on a frequent basis? Yes _____ No _____ if yes, please explain: _____

Have you ever been in counseling before? Yes _____ No _____ if yes, please explain: _____

Has a psychiatrist diagnosed you with any emotional disorders? Yes _____ No _____ if yes, please explain: _____

Have you ever been hospitalized for an emotional problem? Yes _____ No _____ if yes, please explain: _____

Are you willing to release any mental health records LifeGate Freedom Recovery? Yes _____ No _____

Have you ever been molested? Yes _____ No _____ if yes, was it by a family member? Yes _____ No _____

Have you ever been involved in any activities that you know were demonic? Yes _____ No _____ if yes, please explain: _____

Have you ever thought that you may have exposed yourself to demonic spirits? Yes _____ No _____ if yes, please explain: _____

Have you ever been in a religion that others have told you that it was an occult? Yes _____ No _____ if yes, please explain: _____

Why do you want to be a participant in the program?

What goals do you hope to achieve while in the program?

What is your #1 priority? _____

How can we help you to achieve your goals?

Do you understand that this is a faith based program? Yes _____ No _____ if yes, explain what you believe that means about this program: _____

Can you get along with roommates? Yes _____ No _____ if no, please explain why: _____

Program History: List all programs that you have entered into and the dates you were there and whether or not you completed the program. Why were you there and why did you leave?

Signature: _____ Date: ____/____/____

Official Use Only:

Please indicate the program the applicant will be enrolled in: (please circle which number)

1. (AEP) – *Already Employed Program*
2. (10P) – *Ten Month Program*
3. (7P) – *Seven Month Program*
4. (DP) – *Disabled Program*
