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**Intake Application for Faith City Mission Program**  
**HOPE FOR MEN'S PROGRAM & ESTHER'S HOUSE**  
(Please circle program applying for)

**Requirements for Program:** **MUST** have a Federal Photo ID (ID or Driver's License) and SS card or birth certificate. Must also be current on medications, and have no criminal history of committing sexual assault, aggravated assault or assault against a family member.

**Program Explanation:**

The **HOPE Women's/ Men's Discipleship Program** is a free *yearlong* program that has progressive steps towards rebuilding your life from the consequences of addiction. Faith City focuses on things such as a Christ centered faith, positive self-esteem, worthy and meaningful relationships, self-care, aftercare tools, physical health, mental health, support networks, and education. A few of the classes included in our curriculum are as follows: Narcotics Anonymous, Alcoholics Anonymous, Al-Anon, Foundations in Christ, Recovery Bible, the Matrix, Boundaries and Dating, Wellness, one on one counseling, the Genesis Process, and Career Readiness. To hold true to our mission statement, "Feeding the Hungry, Clothing the Naked, Sheltering the Homeless, and introducing them to Jesus Christ", our students also engage in city outreach by working in our kitchen, feeding the homeless population of Amarillo, as well as our other services. We do not allow students to engage in romantic relationships while in the care of our program unless married, and married couples are not to be a in program at the same time. After a thirty day blackout of *no phone calls or receiving letters*, students spend eight months before they are able to have a job or a cell phone. This is so our students can focus on their classes and their own personal issues. After eight months we then work with our students to focus on their future by applying for jobs, building a resume, focusing on support networks, and other tools for their success.

**Esther's House** is a yearlong program geared towards single women or women with children recovering from homelessness or seeking to escape domestic abuse. This program seeks to empower and equip women and their families to accomplish goals such as family bonding, healthy relationships, support networks, stable living conditions, independence, worthy and meaningful relationships, self-care, aftercare tools ,and positive personal growth. Narcotics Anonymous, Alcoholics Anonymous, Parenting Classes, Al-Anon, Foundations in Christ, Recovery Bible, the Matrix, Boundaries and Dating, Wellness, one on one counseling, the Genesis Process, and Career Readiness. To hold true to our mission statement, "Feeding the Hungry, Clothing the Naked, Sheltering the Homeless, and introducing them to Jesus Christ", our students also engage in city outreach by working in our kitchen, feeding the homeless population of Amarillo, as well as our other services. We do not allow students to engage in romantic relationships while in the care of our program unless married, and married couples are not to be a program at the same time. After a thirty day blackout of *no phone calls, visitors, or receiving correspondence*, students spend eight months before they are able to have a job or a cell phone. This is so our students can focus on their classes and their own personal issues. After eight months we then work with our students to focus on their future by applying for jobs, building a resume, focusing on support networks, and other tools for their success.

I  
VITAL STATISTICS

Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last known Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Driver's License \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email \_\_\_\_\_

**Make copies of Driver's License and Social Security Card**

Do you receive any income?  YES or  NO If yes, what type? \_\_\_\_\_ Amount: \_\_\_\_\_

Can you exercise?  YES or  NO Can you lift 35 LBS?  YES or  NO Are you disabled?  YES or  NO

Do you have a cell phone?  YES or  NO Are you prepared to stay?  YES or  NO

What languages do you speak? \_\_\_\_\_

1. Emergency Contact Person \_\_\_\_\_ Relation \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

2. Emergency Contact Person \_\_\_\_\_ Relation \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Are you a Veteran?  YES or  NO Do you have any special needs?  YES or  NO

What are your special needs? \_\_\_\_\_

\_\_\_\_\_

What brings you to Faith City Mission? (Presenting problem) \_\_\_\_\_

\_\_\_\_\_

What area or areas of your life have been adversely affected by your addiction? \_\_\_\_\_

\_\_\_\_\_

Are you ready for a life change (Why)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

II  
HISTORY OF DRUGS/ALCOHOL USE

At what age did you begin to use drugs/alcohol? \_\_\_\_\_

What factors, if any, contributed to your addiction? \_\_\_\_\_

**All past/current drug use:**

\_\_\_\_ Heroin    \_\_\_\_ Alcohol    \_\_\_\_ Barbiturates    \_\_\_\_ Other Sedatives or Hypnotics    \_\_\_\_ PCP  
\_\_\_\_ Methamphetamine    \_\_\_\_ Amphetamines    \_\_\_\_ Cocaine/Crack    \_\_\_\_ Marijuana/Hashish  
\_\_\_\_ Hallucinogens    \_\_\_\_ Tranquilizers    \_\_\_\_ Non-Prescription    \_\_\_\_ Methadone    \_\_\_\_ Vicodin  
\_\_\_\_ OxyContin    \_\_\_\_ Percocet    \_\_\_\_ Other Prescription Opioids (specify) \_\_\_\_\_  
\_\_\_\_ Inhalants    \_\_\_\_ Over-the-Counter drugs    \_\_\_\_ Fentanyl    \_\_\_\_ Other (specify) \_\_\_\_\_

**(1) Primary Drug Use/Drug of Choice**

Date of last use: \_\_\_\_\_ Amount used: \_\_\_\_\_ Time Used: \_\_\_\_\_

Average daily amount: \_\_\_\_\_ Length of use: \_\_\_\_\_

Usual routine of Admission:    \_\_\_\_ oral    \_\_\_\_ smoking    \_\_\_\_ inhalation    \_\_\_\_ injection

**(2) Secondary Drug Use**

Date of last use: \_\_\_\_\_ Amount used: \_\_\_\_\_ Time Used: \_\_\_\_\_

Average daily amount: \_\_\_\_\_ Length of use: \_\_\_\_\_

Usual routine of Admission:    \_\_\_\_ oral    \_\_\_\_ smoking    \_\_\_\_ inhalation    \_\_\_\_ injection

Describe any family history of alcohol/drug abuse: \_\_\_\_\_  
\_\_\_\_\_

Describe any substantial periods of sobriety: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been admitted in a drug/alcohol treatment program? Describe: \_\_\_\_\_  
\_\_\_\_\_

III  
MEDICAL HISTORY

Are you currently under the care of a physician?  YES or  NO If yes, who \_\_\_\_\_

Are you currently under psychiatrist care?  YES or  NO If yes, who \_\_\_\_\_

Are you currently under the care of a counselor?  YES or  NO If yes, who \_\_\_\_\_

Do you have medical insurance?  YES or  NO Policy Number \_\_\_\_\_

Have you ever been diagnosed with any mental health illness? What and when? Are you currently being treated? \_\_\_\_\_

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Are there any life experiences or situations in which you are dealing with currently (e.g. death, divorce, loss of income, physical abuse, emotional abuse, mental abuse, sexual abuse)? If yes, please explain.

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Have you attempted suicide?  YES or  NO If yes, please describe. \_\_\_\_\_

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Do you have current suicidal thoughts?  YES or  NO If yes, please describe \_\_\_\_\_

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Have you harmed yourself in the past?  YES or  NO If yes, how many times, when and by what means.

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Do you have current thoughts about harming yourself today?  YES or  NO

To what extent have you thought about it? \_\_\_\_\_  
\_\_\_\_\_

Describe any family history of mental health illness (i.e. depression, anxiety, bi-polar, schizophrenia, PTSD) \_\_\_\_\_  
\_\_\_\_\_

Is your family aware that you are making application to Faith City Mission?  YES or  NO Do you have any chronic medical issues?  YES or  NO (ex.: diabetes, high blood pressure, liver problems, etc.) What are those issues? \_\_\_\_\_  
\_\_\_\_\_

Do you have any drug/food allergies?  YES or  NO What are they? \_\_\_\_\_

IV  
MEDICATIONS

What medications do you take? \_\_\_\_\_  
\_\_\_\_\_

Are you current on your medications?  YES or  NO Are you current on your shots?  YES or  NO

V  
FAMILY

Do you have any relative by blood or marriage currently at Faith City Mission?  YES or  NO

If yes, who? \_\_\_\_\_

Are you in a relationship? \_\_\_\_\_  Dating  Engaged  Married

If yes, what is their name and contact number? \_\_\_\_\_

Are you affiliated (in any way) to anyone former/current/applicant that has been in the FCM Program?

YES  NO *If yes, list all names and dates*

First/ Last Name	Male/ Female	Age	Date of Affiliation
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	M/F		

If female, are you pregnant?  YES or  NO

Do you have children?  YES or  NO

If yes, are they living with you?  YES or  NO

**Children Information**

First/ Last Name	Male/ Female	Age	Where are they?
	M/F		

**Parent/Sibling Information**

First/ Last Name	Relation	Male/ Female	Age	Where are they?
		M/F		

Describe your relationship with your family: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

VI  
EDUCATION/EMPLOYMENT

Do you have a Diploma or GED? \_\_\_\_\_ What is the highest level of education completed? \_\_\_\_\_

Can you read English?  YES or  NO      Can you write English?  YES or  NO

Are there any other practical issues that might interfere with your recovery? If so, what? \_\_\_\_\_

Are you interested in going back to school or working fulltime? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Where? \_\_\_\_\_ Salary \_\_\_\_\_

VII  
LEGAL

Do you have an obligation to pay child support? \_\_\_\_\_ Are you current? \_\_\_\_\_ What is your payment? \$ \_\_\_\_\_

Do you have any court cases pending?  YES or  NO      What are the cases? \_\_\_\_\_

Are you on Probation/Parole?  YES or  NO If yes, Describe: \_\_\_\_\_

Probation/Parole Officer's Name and phone number \_\_\_\_\_

Are you current on your probation/parole fees?  YES or  NO      What are your payments per month? \$ \_\_\_\_\_

If in arrears, how much? \$ \_\_\_\_\_

VIII  
CHRISTIANITY

Define your relationship with Jesus Christ: \_\_\_\_\_

Are you saved? \_\_\_\_\_ Have you been baptized? \_\_\_\_\_ Do you have a current church home? \_\_\_\_\_ Where? \_\_\_\_\_

IX  
MISCELANNEOUS AND SIGNATURES

Do you have any questions for us? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that providing false information or withholding information from this application may be cause for disciplinary action and/or removal from the program.

Applicant signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Staff's comments and concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_