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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 FOR MEN'S DISCIPLESHIP PROGRAM is a free, year-long program designed to offer structured, progressive support for individuals seeking to rebuild their lives from the consequences of addiction. Faith City places a strong emphasis on elements such as a Christ-centered faith, positive self-esteem, meaningful relationships, self-care, aftercare tools, physical and mental health, support networks, and education. Our curriculum includes classes like 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. In alignment with our mission statement, "Feeding the Hungry, Clothing the Naked, Sheltering the Homeless, and Introducing them to Jesus Christ," our students engage in community outreach by working in our kitchen to feed the homeless population of Amarillo, among other services. Romantic relationships are not permitted for students while enrolled in our program, except for those who are married. Married couples are not allowed to participate in any program at Faith City Mission simultaneously. After a thirty-day blackout period, during which no phone calls, visitors, or correspondence are permitted, students dedicate the next eight months to focusing on their classes and personal growth. Following this period, we assist our students in preparing for their future by helping them apply for jobs, build resumes, and develop support networks, along with other tools essential for their success.

ESTHER'S HOUSE DISCIPLESHIP PROGRAM is a free, year-long program designed to offer structured, progressive support for women, including those with children, who seek to rebuild their lives from the impacts of addiction. The program accommodates women and their children, with an age limit of 9 years for boys. This program aims to empower and equip women and their families to achieve goals such as family bonding, support networks, stable living conditions, independence, meaningful relationships, self-care, aftercare tools, and positive personal growth. Our curriculum includes classes such as 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. In alignment with our mission statement, "Feeding the Hungry, Clothing the Naked, Sheltering the Homeless, and Introducing them to Jesus Christ," our students engage in community outreach by working in our kitchen to feed the homeless population of Amarillo, among other services. Romantic relationships are not permitted for students while enrolled in our program, except for those who are married. Married couples are not allowed to participate in any program at Faith City Mission simultaneously. After a thirty-day blackout period, during which no phone calls, visitors, or correspondence are permitted, students dedicate the next eight months to focusing on their classes and personal growth. Following this period, we assist our students in preparing for their future by helping them apply for jobs, build resumes, and develop support networks, along with other tools essential 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? _____

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.

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

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

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

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
	M/F		

	M/F		
	M/F		
	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		
	M/F		
	M/F		
	M/F		
	M/F		

Parent/Sibling Information

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

