

# Loving Hands Ministries

**Application for Admission** (Must be filled out in full detail)

**Personal Information** (Please Print) \*Valid Picture ID is Required\* Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please do not apply unless you read the LHM Handbook. Have you read the entire Handbook?** ( ) No ( ) Yes

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Your personal home or cell phone  
# (\_\_\_\_) SS # \_\_\_\_\_ Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair \_\_\_\_\_ Describe any

Birthmarks/Tattoos: \_\_\_\_\_ Driver's License; Valid? \_\_\_\_ State \_\_\_\_ DL # \_\_\_\_\_  
Class \_\_\_\_\_ Do you currently own a Vehicle? \_\_\_\_ Make & Model \_\_\_\_\_  
Is it paid for? \_\_\_\_ In Case of Emergency, Notify: Home Cell Name \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Who referred you to Loving Hands?  
Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Personal History of your  
Parents Is your Mother living? ( ) No ( ) Yes Describe your present relationship with her: \_\_\_\_\_  
Is your Father living? ( ) No ( ) Yes Describe your present relationship with him: \_\_\_\_\_

Are your living parents? [ ] Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed Parents: Mother Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
State \_\_\_\_ Zip \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_  
(\_\_\_\_) Phone ( ) \_\_\_\_\_ Were you adopted? ( ) No ( ) Yes If you were raised by anyone other than your parents, briefly explain: \_\_\_\_\_

How many Brothers \_\_\_\_\_  
Sisters \_\_\_\_\_ How many are older \_\_\_\_\_ Younger \_\_\_\_\_ than you?

*\*Use back of page if needed.\** **Personal History** Date Married \_\_\_\_\_ Date of divorce or separation \_\_\_\_\_ Are you: ( ) Single ( ) Married  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ ( ) Separated ( ) Divorced If Yes, when? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Wife Girlfriend (Recent) Did You Live Together? ( ) Yes ( ) No Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Number of times  
married \_\_\_\_\_ Number of Children \_\_\_\_\_ Court ordered to pay Child Support? \_\_\_\_\_ Name, Gender and ages of  
your children: Name, Address/ Phone Of Person Who Has Custody: 1. \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: \_\_\_\_ Name: \_\_\_\_\_ 2. \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_  
Add. \_\_\_\_\_ state: \_\_\_\_ 3. \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ 4. \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Are Child Support payments  
current? \_\_\_\_ Do you consider yourself Homosexual? ( ) No ( ) Yes Have you ever participated in homosexual acts? ( ) No ( ) Yes  
Have you ever been molested? ( ) No ( ) Yes **Education** What was the last grade of High School you completed? ( ) 9 ( ) 10 ( ) 11 ( ) 12  
Did You Graduate? ( ) Yes ( ) No GED ( ) Yes ( ) No \_\_\_\_\_ # Years of college you completed \_\_\_\_\_ Did you earn a degree? \_\_\_\_ Type of Degree \_\_\_\_\_

Major \_\_\_\_\_ Please List Below Any Trade Schools/Certifications Completed: 1. \_\_\_\_\_  
2. \_\_\_\_\_ **Medical History** What is the state of your physical health? ( ) Good ( ) Fair ( ) Poor List & describe all medical problems: \_\_\_\_\_

\_\_\_\_\_ List all Previous major illnesses, injuries or operations: Date: \_\_\_/\_\_\_/\_\_\_, Date: \_\_\_/\_\_\_/\_\_\_, Date: \_\_\_/\_\_\_/\_\_\_ Are you on medications? \_\_\_\_ Medication names & purposes:

\_\_\_\_\_ Med name \_\_\_\_\_ Date prescribed: \_\_\_/\_\_\_/\_\_\_ Med name \_\_\_\_\_ Date prescribed \_\_\_/\_\_\_/\_\_\_ Are You HIV Positive? ( ) No ( ) Yes Date Last Tested for HIV \_\_\_/\_\_\_/\_\_\_ Do you have Hepatitis? ( ) No ( ) Yes If yes, what type? \_\_\_\_\_ Date Last Tested for Hepatitis \_\_\_/\_\_\_/\_\_\_ Do you have any STD's? ( ) No ( ) Yes If yes, STD type? \_\_\_\_\_ Date last tested for STD: \_\_\_/\_\_\_/\_\_\_ Do you have medical and/or dental insurance? \_\_\_\_\_ Who is your medical insurance provider?

\_\_\_\_\_ **Drug/Alcohol/ Tobacco History** Do you smoke? ( ) No ( ) Yes Do you use any other form of tobacco? ( ) No ( ) Yes What? \_\_\_\_\_ Do you smoke Pot? ( ) No ( ) Yes Have You? ( ) No ( ) Yes Do you drink Alcohol? ( ) No ( ) Yes How often? \_\_\_\_\_ Do you get Drunk? ( ) No ( ) Yes Are you an Alcoholic? ( ) No ( ) Yes Is Drinking a sin? ( ) No ( ) Yes Have you ever abused drugs? ( ) No ( ) Yes Age you began using? \_\_\_\_\_ Are you currently using Drugs? ( ) No ( ) Yes If yes, what Drugs? \_\_\_\_\_ Date you last used: \_\_\_/\_\_\_/\_\_\_ Most recent drug of choice? \_\_\_\_\_ Longest period of sobriety? \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Are you a Drug Addict? ( ) No ( ) Yes Have you ever received Drug/Alcohol treatment? ( ) No ( ) Yes Rehabilitation Centers/Hospitals/Detox Centers

Name Of Treatment Facility Location City Dates 1. \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ 2. \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ 3. \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Were you recently detoxed? ( ) No ( ) Yes From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Where? \_\_\_\_\_ List any Disabilities or Problem Areas in Your Life: \_\_\_\_\_

\_\_\_\_\_ Mental Health Past Diagnosis by Professionals: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Diagnosis: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Are you currently taking and medications? ( ) No ( ) Yes Date of last script \_\_\_/\_\_\_/\_\_\_ Name of Med \_\_\_\_\_ Medications Name of Med \_\_\_\_\_ Date Prescribed: \_\_\_/\_\_\_/\_\_\_ Name of Med \_\_\_\_\_ Date Prescribed: \_\_\_/\_\_\_/\_\_\_ Name of Med \_\_\_\_\_ Date Prescribed: \_\_\_/\_\_\_/\_\_\_ Have you ever been treated/ committed to a psychiatric hospital? ( ) No ( ) Yes Reason: \_\_\_\_\_ Name & Location of the psychiatric Hospital/Institution: 1. \_\_\_\_\_ Date: \_\_\_\_\_ Length of stay? \_\_\_\_\_ 2. \_\_\_\_\_ Date: \_\_\_\_\_ Length of stay? \_\_\_\_\_ Have you ever attempted to take your own life? ( ) No ( ) Yes If yes, how many times? \_\_\_\_\_ Please explain \_\_\_\_\_

\_\_\_\_\_ Military Are you a Veteran? ( ) No ( ) Yes What branch of the service were you in? \_\_\_\_\_ How long? \_\_\_\_\_ Discharge type? \_\_\_\_\_ Reason for Discharge? \_\_\_\_\_ **Employment History** Are you currently employed? ( ) No ( ) Yes List present and other past employment beginning with most recent: 1. Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_

City/State: \_\_\_\_\_ Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Duties Performed: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ 2.

Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_

City/State: \_\_\_\_\_ Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Duties Performed: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ 3.

Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_

City/State: \_\_\_\_\_ Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Duties Performed: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ List all machines, equipment, and tools with which you have experience: \_\_\_\_\_

\_\_\_\_\_ Have you ever received Workman's Compensation? ( ) No ( ) Yes Explain: \_\_\_\_\_ Do you receive Government income? ( ) No ( ) Yes If Yes; Please explain why: \_\_\_\_\_ Do you have assets? ( ) No ( ) Yes If yes, please explain \_\_\_\_\_ Value \$ \_\_\_\_\_

**Arrest Record** List ALL Charges, convictions and other depositions received in your lifetime. 1. Offense (Most recent charges first) Arrest date Court dates Where? (county & state)

\_\_\_\_\_  
Are you currently incarcerated? \_\_\_\_\_ Released on bond? \_\_\_\_\_ Bond Amount \$ \_\_\_\_\_

Proposed Outcome \_\_\_\_\_ Sentence \_\_\_\_\_ Release Date \_\_\_\_\_

Attorney's name & phone # \_\_\_\_\_ ( ) Public Defender ( ) Private 2. Offense (Most recent charges first) Arrest date Court dates Where? (county & state)

\_\_\_\_\_  
Are you currently incarcerated? \_\_\_\_\_ Released on bond? \_\_\_\_\_ Bond Amount \$ \_\_\_\_\_

Proposed Outcome \_\_\_\_\_ Sentence \_\_\_\_\_ Release Date \_\_\_\_\_

Attorney's name & phone # \_\_\_\_\_ ( ) Public Defender ( ) Private Currently on Probation? ( ) No ( ) Yes Type: ( ) Felony ( ) Misdemeanor Beginning Date: \_\_\_ / \_\_\_ / \_\_\_ Proposed Completion Date: \_\_\_ / \_\_\_ / \_\_\_

Restitution: \$ \_\_\_\_\_ Fines: \$ \_\_\_\_\_ Charges \_\_\_\_\_ Probation Officers Name

\_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ City/County \_\_\_\_\_ State \_\_\_ Zip

\_\_\_\_\_ Have you ever served Prison time? From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Offense \_\_\_\_\_ If you've been to prison, please give one reference from the institution where you were incarcerated. (Non inmates) Name, location, phone number, profession or position of reference. (Ex. chaplin, corrections officer, etc.) Name

\_\_\_\_\_ Location \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Name \_\_\_\_\_ Location \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Position \_\_\_\_\_ List jobs, vocational training, and/or educational degrees received while incarcerated. \_\_\_\_\_

\_\_\_\_\_ Special skills & or talents \_\_\_\_\_ Religious background Church name

\_\_\_\_\_ Pastor's Name: \_\_\_\_\_ Denomination \_\_\_\_\_ Phone

\_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_ May we contact the Pastor? \_\_\_\_\_ Do you believe in God? ( ) No ( )

Yes Are you "Born Again"? ( ) No ( ) Yes When did you become a Christian? \_\_\_ / \_\_\_ / \_\_\_ How often do you pray to

God? \_\_\_\_\_ How often do you read the Bible? \_\_\_\_\_ Do you believe the Bible is God's word? ( )

No ( ) Yes Are you a church member? ( ) No ( ) Yes Dates: From \_\_\_\_\_ To \_\_\_\_\_ How often do you Attend Church?

\_\_\_\_\_ Please give your opinion. A Christian is someone who

\_\_\_\_\_  
\_\_\_\_\_ How does someone become a Christian? \_\_\_\_\_

### Personal Evaluation

Check any of the following words that best describe you now: [ ] Active [ ] Self-confident [ ] Persistent [ ] Nervous [ ] Hard-working [ ] Impatient [ ] Impulsive [ ] Moody [ ] Often depressed [ ] Excitable [ ] Imaginative [ ] Calm [ ] Serious [ ] Easy-going [ ] Shy [ ] Good-natured [ ] Introvert [ ] Likeable [ ] A leader [ ] Quiet [ ] Submissive What kind of person are you? (Describe yourself.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ Are you desperate to change? \_\_\_\_\_ How desperate to change are you? \_\_\_\_\_

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Are you willing to seek Jesus Christ as your only answer? ( ) No ( ) Yes Do you realize that sin in your heart is the root cause of your addictions? ( ) No ( ) Yes Did you read the entire Loving Hands Ministries Handbook? ( ) No ( ) Yes Are you willing to abide by all Rules & Conditions of the Loving Hands Program? ( ) No ( ) Yes Do you think 18 months is too long to be in the program? ( ) No ( ) Yes . Please give a brief explanation of why the Program should be 18 months:

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Do you promise God, this ministry staff and yourself that if you are accepted into this program that you will, by God's grace, complete the entire program? ( ) No ( ) Yes Do you agree that LHM Staff will determine when all graduation requirements are successfully completed? ( ) No ( ) Yes Do you agree to sign a 18 month commitment contract? ( ) No ( ) Yes If you answer yes, your signature is required: \_\_\_\_\_ Please print your legal name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \*Picture ID is required. Do you possess a valid Driver's License or picture ID card? ( ) No ( ) Yes

Your Additional Personal Comments:

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STAFF COMMENTS:

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