



ADDICTION RECOVERY PROGRAM APPLICATION

Miracle Hill Overcomer Center (men) • 1916 N. Pleasantburg Drive • Greenville, SC 29609 • 864.631.0088 • Fax: 864.244.1319
Miracle Hill Renewal Center (women) • 19 Graves Drive • Greenville SC 29609 • 864.242.2166 • Fax: 864.282.2336

Date: _____

The following information is considered confidential and will be dealt with as such. Your complete and honest answers will assist us in determining your eligibility and prevent delays in entering the program. Intentionally falsifying any answers could result in being disqualified from the Miracle Hill Program.

Applicant's Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ E-mail: _____

Why should you be selected for the Program? _____

PROBLEM AREAS

Are there any legal, medical, financial or relationship issues that could prevent you from completing the program? Yes No

Are you the one seeking help and are you willing to accept counsel? Yes No

Please list any substances or activities to which you are currently or have been addicted to in the past. Please list these in the order of frequency of use.

Drug Used	How Often Used	Date Last Used
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Alcohol	How Often Used	Date Last Used
_____	_____	_____

Have you ever been to Detox? Yes No If yes, where? _____

List prior treatment facilities you have entered _____

Date of your last drug or alcohol use: _____

What did you use? _____ How long have you been using? _____

Finish this statement: With God's help, and as a result of this program, I would like to change my life in the following five areas:

1. _____
2. _____
3. _____
4. _____
5. _____

Check the five most prevalent thoughts and attitudes that are ongoing or dominant in your life:

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Excessive suspiciousness | <input type="checkbox"/> Selfishness | <input type="checkbox"/> Anger (displayed) | <input type="checkbox"/> Hostility |
| <input type="checkbox"/> Immoral thoughts | <input type="checkbox"/> Impulsiveness | <input type="checkbox"/> Regrets | <input type="checkbox"/> Self-pity |
| <input type="checkbox"/> Resentment | <input type="checkbox"/> Bitterness | <input type="checkbox"/> Worry | <input type="checkbox"/> Daydreaming |
| <input type="checkbox"/> Constant Pessimism | <input type="checkbox"/> Envy | | |

Check five to seven words that best describe you:

- | | | | | | |
|---|---------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> self-conscious | <input type="checkbox"/> sensitive | <input type="checkbox"/> active | <input type="checkbox"/> nervous | <input type="checkbox"/> persistent | <input type="checkbox"/> self-confident |
| <input type="checkbox"/> hardworking | <input type="checkbox"/> impatient | <input type="checkbox"/> moody | <input type="checkbox"/> excitable | <input type="checkbox"/> serious | <input type="checkbox"/> calm |
| <input type="checkbox"/> easy-going | <input type="checkbox"/> good-natured | <input type="checkbox"/> outgoing | <input type="checkbox"/> likeable | <input type="checkbox"/> leader | <input type="checkbox"/> quiet |
| <input type="checkbox"/> submissive | <input type="checkbox"/> shy | <input type="checkbox"/> lonely | <input type="checkbox"/> ambitious | | |

RELATIONSHIPS

Are you currently single married separated or divorced?

Do you have a significant other or common law spouse? Yes No (I understand this person will not be allowed to communicate with me in any manner during the course of this program. Initials: _____)

Can you accept instructions? Yes No

Do you count the days or can you commit to remain in the program until staff recommends completion? Yes No

Do you want to join this program or do you feel forced to join? Yes, I want to join I feel forced to join

Are there any areas of your life that you choose not to face? Yes No

When you are confronted on issues, how do you normally react? _____

LEGAL HISTORY

Have you ever been arrested? Yes No

If yes, please give the date of the arrest (month/year), reason for the arrest and the outcome:

Name and phone # of your attorney: _____

Are you a listed sex offender? Yes No

Do you have any outstanding warrants? Yes No Are you

on probation/parole? Yes No

If yes, please explain: _____

Name and phone # of your probation/parole officer: _____

Are you involved with social services? Yes No Are you or should you be paying child support? Yes No

Name and phone # of your case worker: _____

HEALTH HISTORY

FALSIFYING MEDICAL INFORMATION IS GROUNDS FOR DISMISSAL FROM THE MIRACLE HILL PROGRAM

Height _____ Weight _____ Hair Color _____ Eye Color _____

Would you say your health is Very Good Good Average Declining or Poor?

Please explain. _____

Vision Good Fair Poor

Mobility Good Fair Poor

Overall Health Good Fair Poor

Hearing Good Fair Poor

Do you have problems in any of the following areas?

Dental Back Neck Orthopedic (bone) Heart

High blood pressure Diabetes Asthma Allergies

Other: _____

If yes, describe your medical condition and how it impairs your life:

Are you currently taking any prescribed medications for these conditions? Yes No

If yes, what medications? _____

Have you been prescribed medications for these conditions which you are not taking? Yes No

If yes, what medications? _____

Do you have any physical limitations that would prevent you from participating fully in the Miracle Hill Program?

Yes No _____ If yes, please explain: _____

Can you sleep in a top bunk bed? Yes No

Name and phone number of your doctor: _____

Do you smoke? Yes No If yes, how many years? _____ Packs per day? _____

Would you willing to quit smoking? Yes No

Have you overdosed? Yes No If yes, when? _____

Do you have allergies? Yes No If yes, to what? _____

Were you abused as a child? Yes No If yes, what type: Physical Sexual Verbal Briefly explain:

Do you have a history of mental illness in your family? Yes No

Are you currently a mental health client? Yes No

If yes, please list your therapist(s) name and location: _____

List all mental health medications you have been prescribed and are currently taking:

List any mental health medications prescribed that you are not currently taking and why you stopped taking them:

FAMILY HISTORY

Give a brief description of your childhood home environment: _____

Father's Step Father's Name: _____ Age: _____

Occupation: _____ Describe your relationship with him:

Mother's Step Mother's Name: _____ Age: _____

Occupation: _____ Describe your relationship with her:

How many siblings do you have? _____ What place are you in the birth order? _____

Describe your relationship with your siblings as you were growing up: _____

Give a brief description of what it was like growing up in your family: (praise, criticism, punishment, trauma, accomplishment)

Were you ever placed in foster care? Yes No If yes, explain? _____

Did your family move a lot? Yes No Are you currently living with your birth family? Yes No If

there are children or step children in your home, describe your relationship with them:

FINANCIAL ASSESSMENT

A program entry fee of \$125 is required to enter the program. There are a limited number of scholarships available for those with extreme hardship situations. Additionally, those with an income are expected to contribute toward the cost of the program. The fees are based on a sliding scale and no one will be denied access to the program due to a lack of funds. Financial arrangements will be discussed during the phone interview.

What is your preferred occupation? _____ When were you last employed? _____

Do you currently have an income? Yes No What is the source of your income? Unemployment Disability

Insurance Family Trust Fund SSI Social Security Other: _____

List all of your financial obligations and amounts: (child support, car payment, restitution, parole/probation fees, etc.)

How will these obligations be met while you are in the program? _____

Is there anyone who would be willing to help with your expenses while you are in the program? Yes No

If yes, who and to what extent? _____

If you leave the program prior to graduation, you will need to return to your community of origin. A friend or family member will need to pick you up or someone will need to provide a bus ticket for you. You may also bring a bus ticket with you when you arrive. Who will be responsible for this?

Name: _____ Day Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

I will bring a bus ticket with me when I arrive.

SPIRITUAL ASSESSMENT

Have you been, or are you now affiliated with any organized religion? Yes No If yes, what is the name & type:

Do you currently attend services? Yes No

If yes, where? _____ Leader's Name _____

Are you satisfied with your spiritual health? Yes No Is spiritual growth important to you? Yes No

On a separate piece of paper, state in your own words why you need to join Miracle Hill and describe your commitment to changing your life.

WAIVERS (initial each of the following)

I understand that the Miracle Hill program is not a detoxification facility. _____

I understand that the Miracle Hill program is not a medical program. _____

I understand that the Miracle Hill program does not pay for any medications. _____

I understand that as part of the Miracle Hill program I will be assigned a task assignment and I waive my right to legal action against Miracle Hill Ministries and its representatives if I am hurt during that task. _____

I understand that Miracle Hill provides limited transportation to me while participating in the Miracle Hill program and I waive my right to legal action against Miracle Hill and its representatives if injured while being transported by any of the ministries vehicles. _____

I understand that the Miracle Hill' staff may direct me to transitional housing for a period of time between 6 and 12 months. I also understand that refusal to accept that recommendation may be grounds for separation from the Miracle Hill program. _____

I understand that the Miracle Hill program is not a licensed treatment center and I waive my right to legal action against Miracle Hill, its staff or volunteers based on any counsel I receive. _____

Applicant's Signature: _____ Date: _____