



# RENEWAL PROGRAM

ADMISSION APPLICATION FOR WOMEN

Miracle Hill Renewal Center • 19 Graves Drive • Greenville, SC 29609  
Office: 864-242-2166 • Fax: 864-282-2336 • [www.MiracleHill.org](http://www.MiracleHill.org)

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 Renewal Program.

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Why should you be selected for the Renewal 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"/> Pessimism |
| <input type="checkbox"/> Immoral thoughts         | <input type="checkbox"/> Impulsiveness | <input type="checkbox"/> Regrets           | <input type="checkbox"/> Self-pity   | <input type="checkbox"/> Envy      |
| <input type="checkbox"/> Resentment               | <input type="checkbox"/> Bitterness    | <input type="checkbox"/> Worry             | <input type="checkbox"/> Daydreaming |                                    |

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  married  separated  or divorced?

Do you have a boyfriend 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 Are there any areas of your life you choose not to face?  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 Renewal or do you feel forced to join?  Yes, I want to join  I feel forced to join

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

#### LEGAL HISTORY

Have you ever been arrested?  Yes  No If yes, list date of arrest (month/year), reason for arrest and 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 currently or have you ever been involved with social services regarding your children?  Yes  No

If yes, explain: \_\_\_\_\_

Name and phone # of your case worker: \_\_\_\_\_

**HEALTH HISTORY (FASIFYING MEDICAL INFORMATION IS GROUNDS FOR DISMISSAL FROM THE 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 Renewal Program?

Yes  No If yes, 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 currently or have you ever had an eating disorder? (anorexia, bulimia, over eating, etc)  Yes  No

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: \_\_\_\_\_

Is there 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 ASSESMENT

A program entry fee of \$85 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)

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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 ASSESMENT**

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

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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 Renewal and describe your commitment to change your life.**

### **WAIVERS** (initial each of the following)

I understand that the Renewal program is not a detoxification facility. \_\_\_\_\_

I understand that the Renewal program is not a medical program. \_\_\_\_\_

I understand that the Renewal program does not pay for any medications. \_\_\_\_\_

I understand that as part of the Renewal 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 Renewal 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 Renewal' 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 Renewal program. \_\_\_\_\_

I understand that the Renewal 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: \_\_\_\_\_