

**STRONG LIFE**  
MINISTRIES

**Men's Program Eligibility Criteria**

Eligible applicants must be:

- ⊃ Willing to submit to random alcohol and drug testing.
- ⊃ Willing to participate in all mandatory program activities.
- ⊃ Willing to submit to a criminal background check and reference check.
- ⊃ Willing to be truthful and honest with all staff.
- ⊃ Willing and able to save money.
- ⊃ Able to follow staff directions.
- ⊃ Able to communicate with staff.
- ⊃ Able to live a group environment and share a room.

Substance Use:

- ⊃ Applicants with substance abuse history must demonstrate a period of sobriety (approximately 30 days) and be able to pass a drug test.
- ⊃ If you are currently dealing with substance abuse, we recommend you complete an inpatient drug and alcohol treatment first, such as:
  - Hebron Colony for Men (828) 963-4842
  - Bethel Colony of Mercy (828) 754-3781

Fees:

- Processing Fee – Each participant will pay a one-time processing fee of \$25 upon entry.
- Program Fee – Each participant will be required to pay a program fee of \$60 per week.

The mission of Strong Life Men's Program is to offer new hope to men transitioning from homelessness through a Christian discipleship process to help them reach independence and find true strength to become productive participants in their community. Strong Life Men's Program provides a safe and supportive environment that allows for positive opportunities, personal, spiritual, and professional growth and life skills training.

Should you have any further questions, please feel free to give us a call.

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Signature

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Date

Applications can be:

- ⊃ Sent by mail: Strong Life Ministries  
1209 Fairgrove Church Rd SE  
Conover, NC 28613
- ⊃ Walked into the office: Strong Life Rescue Mission  
Monday-Friday from 9am-3pm
- ⊃ Emailed: [stronglifenc@gmail.com](mailto:stronglifenc@gmail.com)

Staff will call to set up an interview. Acceptance is based on interviews, qualifications, and availability.

# **STRONG LIFE MEN'S PROGRAM**

## **Policy for Clients Personal Medication and Self Administration**

All clients in Strong Life Men's Program must be psychically and mentally able to self-administer medications. For the purposes of this policy, "self- administration" means carrying and taking medication without the intervention of a Strong Life Men's Program staff member. Clients unable to self-administer medications will not be admitted to Strong Life Men's Program. At the client's request, staff will provide a secure and locked location for medication to be stored. Both client and staff will have key access to this location. At the client's request, a staff member *may* help in ordering of medication, doctor appointment scheduling, and pharmaceutical pick-up. At no time will a staff member administer medications to a client, willing or unwilling. Over the counter medication may be kept on site and given to clients to self-administer at their request.

\*For purposes of this policy, "medication" means any prescription drug, over-the-counter medicine, or nutritional supplement.

\*\*For the purposes of this policy, "self- administration" means carrying and taking medication without the intervention of a Strong Life Men's Program staff member.

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Signature

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Date

# **STRONG LIFE MEN'S PROGRAM**

## **Release of Confidential Information**

I hereby request/grant permission to Strong Life Men's Program to exchange general and/or specific information to my case manager with any support system of myself, included but not limited to,

- Employer
- Therapist/Counselor
- Teacher/Educational Representative
- Doctor/Physician
- Mental Health Provider(s)
- Legal Service Provider(s)
- Financial Contact
- County Social Worker/Independent Living Program Staff

In addition, I give permission to Strong Life Men's Program to verify information with any of the above regarding my case, as necessary.

I have been informed of this policy and understand that case information will be shared among all Strong Life Men's Program staff to ensure case coordination and quality of service.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

# STRONG LIFE MEN'S PROGRAM

PO Box 726  
Hickory, NC 28603  
Phone: (828) 578-6088  
Email: stronglifenc@gmail.com

## APPLICATION FORM

Date: \_\_\_\_\_

Applicant's Legal Name: \_\_\_\_\_

Applicant's Preferred Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License:  Yes  No State Issued: \_\_\_\_\_

Do you have a vehicle that you will be bringing?  Yes  No

Applicant possesses (check all that apply):  Birth Certificate  Valid Driver's License

State ID  Prison ID  Medical Records  Social Security Card

State of Residency:  NC City/County \_\_\_\_\_

Out of State Date moved to NC (month/yr) \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

How did you find out about Strong Life Men's Program? \_\_\_\_\_

Referral Source: Name/Agency: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**DEMOGRAPHICS**

Gender:             Male                             Female  
Marital Status:    Single                             Married                             Living Together  
                          Separated                             Divorced                             Widowed  
Ethnicity:             Hispanic or Latino    Non-Hispanic or Non-Latino  
Race (mark one or more):  American Indian/Alaskan Native                             Asian Indian  
                                  Black/African American                             Chamorro  
                                  Chinese                             Filipino                             Japanese  
                                  Korean                             Native Hawaiian    Other Asian  
                                  Other Pacific Islander    Samoan                             Vietnamese  
                                  White                             Some Other Race: \_\_\_\_\_

**CURRENT LIVING SITUATION**

Where are you currently living? \_\_\_\_\_  
How long have you been there? \_\_\_\_\_

**EMPLOYMENT AND EDUCATION HISTORY**

Veteran:    Yes    No   Branch \_\_\_\_\_   Years of Service \_\_\_\_\_  
Are you able to work?    Yes    No  
How many full-time jobs have you had in the past 3 years?    0-1    2-3    4-5    6+  
Are you currently employed?    Yes    No  
Are you currently attending any type of schooling?    Yes    No  
          If yes, where: \_\_\_\_\_  
Did you graduate from high school or get a GED?    Yes    No  
Did you graduate from a college or university?    Yes    No  
Did you attend any other type of school (vocational, trade school)?    Yes    No  
Do you have any special licenses or certifications?    Yes    No  
          License(s) or Certification held: \_\_\_\_\_  
List any other skills you have (typing, computers, driving, forklift, etc): \_\_\_\_\_

**FINANCIAL INFORMATION**

Assistance Sources (Enter the monthly amount next to the source)

- Supplemental Security Income (SSI)
- Social Security
- Social Security Disability Insurance (SSDI)
- Veterans Benefits
- Food Stamps
- Unemployment
- Other (specify) \_\_\_\_\_

Your **total gross monthly** income including money from current employment and any assistance sources:

- No income
- \$1 – 150
- \$151 – 250
- \$251 – 500
- \$501 – 1,000
- \$1,000 – 1,500
- \$1,501 – 2,000
- \$2,000 +

Banking Information

Do you have a savings account?  Yes  No

Do you have a checking account?  Yes.  No

Outstanding Debts (Mark all that apply and the amount)

- Utilities (gas, electric, etc.) \$ \_\_\_\_\_
- Phone (Verizon, AT&T, etc.) \$ \_\_\_\_\_
- Credit Cards (VISA, Discovery, etc.) \$ \_\_\_\_\_
- Court Ordered Child Support \$ \_\_\_\_\_
- Delinquent Rent \$ \_\_\_\_\_
- Penalties Owed to the State (DWI fees, court cost, etc.). \$ \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**PERSONAL HEALTH INFORMATION**

Do you have health insurance, Medicare, or Medicaid?  Yes  No

If yes, company name and policy number: \_\_\_\_\_

Do you have any allergies?  Yes  No

If yes, list any allergies you have: \_\_\_\_\_

Please explain any health conditions you have (i.e. asthma, diabetes, seizures, STD, etc.)

Are you currently taking medication?  Yes  No

If yes, list the medication: \_\_\_\_\_

Do you need any assistance with health-related issues?  Yes  No

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

Do you currently have or ever been diagnosed with any of the following?

- |                               |                              |                             |
|-------------------------------|------------------------------|-----------------------------|
| Mental Illness                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alcohol Abuse                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drug Abuse                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| HIV/AIDS and Related Diseases | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tuberculosis                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Developmental Disability      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical Disability           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emotional Disability          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you have a history of any psychiatric conditions?  Yes  No

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

Do you receive psychiatric care?  Yes  No

If yes, please list name of providers: \_\_\_\_\_

Have you ever received detox?  Yes  No If yes, how many times \_\_\_\_\_

Have you ever been in a rehab?  Yes  No If yes, how many times \_\_\_\_\_

Are you involved in any 12 step or other self-help recovery programs?  Yes  No

If yes, which program? \_\_\_\_\_

**CRIMINAL RECORD**

Have you ever been arrested?  Yes  No If yes, *explain*: \_\_\_\_\_

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Have you ever been convicted of a crime?  Yes  No If yes, *explain*: \_\_\_\_\_

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Are you currently on parole or probation?  Yes  No

If yes, list your parole/probation officer's name, address, and phone number.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you have any open warrants?  Yes  No

**GOALS**

What are your plans for the future? And, where do you see yourself in a year?

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What do you hope to gain from this program?

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What are your short-term goals? (personal, professional, educational, etc.)

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What are your long-term goals?

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**ADDITIONAL INFORMATION**

Do you have the ability to follow staff directions?  Yes  No

Are you willing to:

Follow a program and work with Strong Life Men’s Program staff?  Yes  No

Share a room with another man?  Yes  No

Keep your room and common areas clean and tidy?  Yes  No

Refrain from bringing in too many belongings?  Yes  No

Obey a curfew?  Yes  No

Consent to random drug testing?  Yes  No

Consent to random room and belonging searches?  Yes  No

Willing to do volunteer work?  Yes  No

Willing to maintain weekly house chores?  Yes  No

Participate in counseling or treatment such as mental health, drug & alcohol?  Yes  No

Attend a 12-step or recovery program?  Yes  No

Participate in life-skills classes such as job training, budgeting, etc.?  Yes  No

Participate in daily house meetings?  Yes  No

Explore job opportunities?  Yes  No

Save finances for your future?  Yes  No

Pay transitional housing program fees?  Yes  No

**NATURAL FAMILY, EXTENDED FAMILY, AND OTHER SUPPORT SYSTEMS**

Please list any available to you for support:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**REFERENCES**

*(A reference without a phone number is not a valid reference because we cannot contact the person.)*

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ How long has this person known you? \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ How long has this person known you? \_\_\_\_\_

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**TRUTHFULNESS STATEMENT**

To the best of my knowledge, I have filled out this application as truthfully, correctly, and completely as possible. I understand that this information will be used to determine my eligibility for admittance into Strong Life Men’s Program and if it is false, incorrect, or incomplete my application may be rejected or my stay at the program terminated.

I agree to allow Strong Life Men’s Program staff or their designated agent to verify the information on this application by interviewing my references and representatives of other agencies, verifying my income and asset information, obtaining my rental history and other information as necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_