

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

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.

Signature

Date

Applications can be:

- ⊃ Sent by mail: Strong Life Ministries
PO Box 726
Hickory, NC 28603
- ⊃ Walked into the office: Strong Life Rescue Mission
Monday-Friday from 10am-4pm
- ⊃ Emailed: 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 with 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.

Signature

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*: _____

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

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?

What do you hope to gain from this program?

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

What are your long-term goals?

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? _____

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 _____