

LION OF JUDAH NEW LIFE MINISTRIES

Student Application - "Strictly Confidential"

PERSONAL DATA AND INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____
Residence Cell Message

Social Security No.: _____ Birth Date: _____ Age: _____

Do you have a valid driver's license? Yes No Valid Expired

Suspended **NEXT OF KIN / IN CASE OF EMERGENCY**

Name: _____ Relationship: _____

Address: _____

City, ST Zip: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____

City, ST Zip: _____ Phone: _____

WHO HAS REFERRED YOU TO LJNLM

Name: _____ Relationship: _____

Address: _____

City, ST Zip: _____ Phone: _____

Do you have any children?_ Yes No

If yes, please list.

Name of child	Age	Where are they living
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNIFICANT LIFE EVENTS

Describe any of the following that you are experiencing or have recently experienced:

Losses (Personal, Financial) _____

Sexual abuse/rape _____

Physical abuse/ neglect _____

Other (specify) _____

ACADEMIC HISTORY

List the highest grade you have completed: Elementary _____ Jr. High School .

High School _____ College _____

Can you read? Yes No Good Average Poor

Can you write? Yes No Good Average Poor

PSYCHOLOGICAL HISTORY

Have you ever received mental health treatment? Yes No If yes, please list:

Date	Name of Clinic	Reason for Mental Health Treatment	Outcome

Has a family member or someone close to you ever attempted or committed suicide? Yes No

Have you ever thought about committing suicide? Yes No

Are you currently thinking about committing suicide? Yes No

Have you ever received psychiatric care? Yes No

If yes, please explain

Will you be willing to authorize doctors or agencies involved in previous treatments to release your medical records? Yes No

SPIRITUAL HISTORY

Are you born-again? _____ Date: _____ Place: _____

Denominational preference: _____ Do you believe in God? Yes No Uncertain

Do you read books of other religions instead of the Bible? Never Occasionally Often

Which ones?

Have you ever been involved in cults, such as Christian Science, Jehovah’s Witnesses, Mormonism, Scientology, TM, Eastern Religions, or others? Explain _____

LEGAL HISTORY

Are you legally mandated to participate in a residential program? Yes No

If yes, by whom? Parole Board Court Other Explain: _____

If answer is court, please list county of origin: _____

Are you currently or will you be under legal supervision? Yes No

Method of reporting: Phone Letter In person Other (explain).

How often do you report? _____ How Long? _____ Time remaining? _____

List your probation/parole officer’s name:

Agency: _____ Phone number: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Are any of the following pending against you? (Please check those that apply)

Arrest warrant Court appearance Criminal charges Sentencing Other (Explain)

If you have checked any of the above, please explain: _____

List all arrests and major convictions other than traffic violations:

Date	Charges	Conviction Yes No		Sentence	Time in Jail	Was Alcohol (A) of Drugs (D) Involved?

FINANCIAL STATUS

Are you eligible for and/or receiving the following: Welfare Disability payments
 Unemployment compensation Workman's compensation Other income (please explain)

Have you ever applied for food stamps? Yes No Where? _____

THE PROBLEM

What is your main problem, as you see it? _____

Have you ever been in a treatment program before? _____

Was it religious or secular (non-religious)? _____

How many programs have you been in before? _____

What are you expecting (believing) God to do in your life through the program? _____

**If the enclosed application form has been completed or filled out by anyone other than student applicant, please provide the following:

1. Name of person completing and filling out application form: _____
(Print Name)

(Signature) (Date)

2. Relationship to applicant: _____

3. Explain why student applicant was unable to complete or fill out the enclosed application form:

STUDENT PARTICIPANT AGREEMENT

Read each of the following statements carefully. Your initial and signature indicate you have read and agree to each item on this form.

- I agree to abide by the policies of LION OF JUDAH NEW LIFE MINISTRIES CENTER. I do hereby state, that I wish to enter into their 12 month program, and will remain there until it is decided by both staff and myself that I am ready to leave.

Student Signature
Guardian/Other Signature

Parent/

- I understand that if I am dismissed from or leave the program, there will be a 30-day period before I will be considered for re-entering in the program.

Student Signature
Signature

Parent/Guardian/Other

- I also understand that if I decide to leave I forfeit all donated items I've acquired during my stay in the program.

Student Signature
Guardian/Other Signature

Parent/

- I have read and understand LJNLM "Student Rules". I voluntarily choose to abide by said rules and policies and cooperate with LJNLM staff for my betterment. I understand that if I do not cooperate with the rules and policies of LJNLM I can be dismissed from the program.

Student Signature
Signature

Parent/Guardian/Other

I understand if I decide to leave or am dismissed I must receive prior approval from Executive Staff to come back on campus.

Student Signature
Signature

Parent/Guardian/Other

- I also understand that should I decide to leave the program or am dismissed, Lion of Judah New Life Ministries is NOT RESPONSIBLE for my means of transportation to exit the facility, I understand that I could be asked to leave and I understand that I am responsible for securing a method of transportation and a destination for myself. I understand that Lion of Judah New Life Ministries may offer me a ride but it's at their discretion and it is not a guaranteed privilege. I understand that if I am dismissed from or leave the program, I must take all of my personal belongings with me. Any personal items not taken will become the property of LION OF JUDAH NEW LIFE MINISTRIES unless arrangements are made to pick them up within 48 hours of departure. I do not hold LION OF JUDAH NEW LIFE MINISTRIES responsible for my personal property. LJNLM is not responsible / nor obligated / to ship any of those belongings to me.

Student Signature Parent/Guardian/Other
Signature

- I also understand and agree that I will not hold LION OF JUDAH NEW LIFE MINISTRIES responsible for any loss of personal items at any time. I also understand that LION OF JUDAH NEW LIFE MINISTRIES cannot be held responsible for personal injury while I am in the program. I will be held responsible for all medical expenses incurred while in the program.

Student Signature Parent/Guardian/
Other Signature

- I understand that the \$750 induction fee is a non-refundable fee, regardless of the amount of time spent in the program.

Student Signature Parent/Guardian/
Other Signature

- I understand that the advisors, staff and volunteers of LION OF JUDAH NEW LIFE MINISTRIES are not professional counselors, and are not licensed or certified by any state agency. They are committed Christians, who will share their honest opinions, advice, and counsel based on the principles found in the Holy Bible.

Student Signature Parent/Guardian/Other
Signature

- I understand that a personal check of my belongings will be made when I enter the program. In the event that I leave prematurely, there will again be a check of my personal belongings.

Student Signature Parent/
Guardian/Other Signature

- I understand that if I qualify, I will be required to apply for food stamps while at LION OF JUDAH NEW LIFE MINISTRIES CENTER.

Student Signature Parent/
Guardian/Other

**EMERGENCY MEDICAL CARE
CONSENT FORM**

Name of New Student: _____

List of Drug Allergies, if known: _____

List individual to be contacted in case of emergency:

Name: _____
(Last) (First) (Initial)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____
Relationship: _____

Signature of Student Date

**This form expires upon graduation or discharge of the student from LION OF JUDAH NEW LIFE MINISTRIES CENTER.

INTAKE INVENTORY

**To be completed by staff at the time of intake

Date: _____

Time: _____

Student's name: _____

The following items were surrendered by the student during intake to be kept in a secure place until the student becomes an Intern, Graduates or is dismissed.

Cash: _____

Wal-Mart Card: _____

Misc. _____

Student's Signature

Date

Staff Signature

Date

CONFIDENTIAL

MAIL, PHONE & VISITATION AUTHORIZATION

Name: _____ Relationship: _____

Address: _____

(City) (State) (Zip)
Phone: _____ Approved: Yes No

Name: _____ Relationship: _____

Address: _____

(City) (State) (Zip)
Phone: _____ Approved: Yes No

Name: _____ Relationship: _____

Address: _____

(City) (State) (Zip)
Phone: _____ Approved: Yes No

Name: _____ Relationship: _____

Address: _____

(City) (State) (Zip)
Phone: _____ Approved: Yes No

INDUCTION FEE PAYMENT PLAN

I, _____ agree that I am responsible for the balance of the Induction Fee of \$750.00. By my signature below, I agree to pay the Induction Fee of \$750.00 within 8 months of the student's program.

Down payment of:

Today's Date:

1st Payment of:

Due in 30 days:

2nd Payment of:

Due in 180 days:

3rd Payment of:

Due in 240 days:

Responsible party's signature

Date

Print responsible party's name

Witness' signature

Date

Print Witness' name (make copy of signed document for responsible party)

STUDENT CONTACT GUIDELINES & PROCEDURES

I, _____ hereby acknowledge that there is to be no contact, (verbally, written or through physical gestures), with any member of the opposite gender other than approved immediate family. I also understand that there is a zero-tolerance regarding this policy and that violation of this policy will result in immediate expulsion from Lion of Judah New Life Ministries.

Print student's name

Student's signature

Date

CIVIL RIGHTS WAIVER ACKNOWLEDGMENT

I, _____, understand that I have civil rights guaranteeing confidential communications by phone and mail as well as exercising the religion of my choice. Lion of Judah New Life Ministries is an evangelical Christian discipleship ministry for people with life-controlling problems. As such, I realize and submit to the ministry's expectations to attend Christian religious activities coordinated by the ministry. Further, for reasons of assisting me in dealing with my life-controlling problem, I understand staff will regulate and monitor my communications for a period of time determined by the staff. I voluntarily give my consent allowing staff to exercise these procedures. I fully understand my rights and what I am waiving.

Print student's name

Student's signature

CLIENT'S RIGHTS

As an incoming student at Lion of Judah New Life Ministries Center, you are hereby advised of your rights in this program.

This is a voluntary program and you are free to leave at any time. There will be no restraints used at any time. We are here to help and advise you.

You may receive a copy of this form and all others that you are asked to sign.

- ❖ No student shall be deprived of civil rights by reason of treatment.
- ❖ The student shall not be discriminated against.
- ❖ The student shall have the right to inspect his/her progress reports, monthly evaluations, program violations, incident reports, and/or educational records.
- ❖ If the student is denied access to his/her record, he/she has the right of appeal to this denial following the standard grievance procedure.

Print student's name

Student's signature

Date

DECLARATION

"I understand that:

1. The treatment and recovery services at Lion of Judah New Life Ministries Center are exclusively religious in nature and are not subject to licensure or regulation by the West Virginia, Virginia, Tennessee Commission of Alcohol and Drug Abuse; and
2. Lion of Judah New Life Ministries Center offers only non-medical treatment and recovery methods such as prayer, moral guidance, spiritual counseling and scriptural study."

Print student's name.

Student's signature.

Date

STUDENTS CONSENT TO RELEASE INFORMATION

I, _____, give Lion of Judah New Life Ministries Center authorization to disclose (kind and amount of Information to be disclosed): _____

Disclosure shall be made to; _____

Student's signature

Witness' signature

This statement of consent is subject to revocation by the student at any time, except to the extent that the ministry of person who is to make the disclosure has already acted in reliance on it.

RELEASE OF RIGHTS TO PERSONAL STORY

I _____ do hereby irrevocably authorize L.J.N.L.M and those acting under its permission and on its authority to use and publish for any lawful purpose whatsoever my personal story which I have related to L.J.N.L.M in whole, or in part, including any photographs of myself.

I hereby waive any rights that I may have to inspect or approve the finished product or copy that may be used in connection therewith, or the use to which it may be applied,

I hereby release and discharge Lion of Judah New Life Ministries Center, its successors and assigns, and all persons acting under its permission or authority from any liability by virtue of misprint, error, or distortion that may occur unless it can be shown that they and the publication thereof were maliciously caused, produced and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

I do hereby warrant that I am of full age and have every right to contract in my own name in the above regard and further, that all of the information in my personal story was obtained from me and not from me and not from records subject to protection by law. I further warrant that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

Dated this _____ day _____ of 20_____.

Student's signature

MEDICAL RELEASE

I, _____ hereby state that my medical Doctor would not sign a release for me to stop taking my Psychotropic Medication(s) and that I quit taking my Medication(s) on my own free will. I also release Lion of Judah New Life Ministries Center from all known and unknown medical liabilities.

Student's signature

Date

Staff's signature

Date

MEDICAL & DENTAL ACKNOWLEDGEMENT

I, _____ understand that during my stay at Lion of Judah New Life Ministries I will be required to follow their disciplinary training. I may be required to get involved in some strenuous duties and I hereby state that I am in good physical health, and I am in no need of dental care. I also acknowledge that should a pre-existing illness or ailment affect my ability to follow the prescribed disciplinary training, I may be asked to leave the program until said illness / ailment is remedied and a clearance to return is signed by a Medical Doctor or Dentist. I also understand that should I leave, I must call back and talk to the Program Director before being allowed to re-enter the program.

Student's signature

Date

SEARCH PROCEDURES

Searches may be conducted to protect health, safety, and welfare of students, including detection of drugs and weapons.

All searches must comply with the following standards:

1. Staff members performing a personal search will be the same gender as the client.
2. The student will be allowed to remain partially clothed during a personal search. Staff may use their hands to pat down the student's body to feel for illicit items.
3. The student must be present when a search is conducted of belongings such as backpacks, purses and luggage.
4. We reserve the right to randomly search the dorm rooms at any time. All clothing and personal items will be returned to their original state as much as possible.
5. All searches must be witnessed by a second staff person or another individual who is not directly involved in the search.

Student's signature

Date

Staff's signature

Date

ALCOHOL, DRUG AND TABACCO TESTING TESTING POLICY

Lion of Judah New Life Ministries reserves the right to conduct random drug testing. We believe that our students are committed to their recovery and will abide by house rules of no drugs or tobacco use of any kind. In the event it is suspected that you are under the influence of a mood-altering substance or that you have used any type of tobacco products, you will be instructed to report to the staff on duty or program director's office to voluntarily take a urine analysis test. If it is determined that you were in fact under the influence it is grounds for immediate dismissal and/or you may be asked to leave the property.

Student's signature

Date

Staff's signature

Date

STUDENT ACKNOWLEDGEMENT AND AGREEMENT REGARDING WORK ASSIGNMENTS

1. I understand as a L.J.N.L.M student that I do not have to pay for my own monthly expenses such as food, housing, utilities, education, transportation, etc. However, should there be any revenues generated by any work that I perform while enrolled in the program, such revenue will go to LION OF JUDAH NEW LIFE MINISTRIES.
2. I understand that if; I am admitted as a student I will be required to participate in the Work Program.
3. I acknowledge that I understand and fully agree with L.J.N.L.M 's description of its Work Program; which addresses the importance of my work assignments in helping to build in me the Biblical values of a good work ethic and the character of a responsible, upright individual.
4. I understand that if; I am admitted to Lion of Judah New Life Ministries Center as a student I will be performing work assignments not as an employee; but, solely for my benefit to further my spiritual growth, maturity, character development, recovery from controlled substances and a preparedness to go back into the work place.

5. Accordingly, by signing this Agreement, I am not applying for a position of employment, and if admitted as a student into the program, I understand I will not receive any compensation or in-kind benefits in exchange for the performance of my work assignments.
6. I further understand that if, I fail to perform my assigned work related tasks L.J.N.L.M may revoke my status and privileges as a student.

Student Signature

Date

CONFIDENTIAL