

Are you current on all financial obligations, i.e. child-support, credit card, tax liabilities, etc.? Yes No

Are you under any court ordered financial payment plans or obligations? Yes No

Do you have a history of addictions to any substance, alcohol, sex, gambling, etc.? Yes No

If yes, name your past addiction(s): _____

Are you currently addicted to any substance, alcohol, sex, gambling, etc.? Yes No

If yes, name your addictions(s): _____

How long have you been addicted? _____

Length of sobriety from:

Alcohol : Year(s) Month(s) Week(s) Day(s) N/A

Drugs : Year(s) Month(s) Week(s) Day(s) N/A

Other : Year(s) Month(s) Week(s) Day(s) N/A

Names, dates and length of stay at previous recovery programs:

Name of Program	Date	Length of Stay

Are you under medical care at this time including, but not limited to, mental health conditions? Yes No
(We reserve the right to contact your medical provider)

If yes, list the condition(s) you are being treated for and the name and contact information of the doctor(s) providing treatment:

Condition (Treatment)	Dr. Name	Contact Information

If yes, what medicines, if any, are you currently on? List medicine, dosage, prescribing doctor and doctor's contact information:

Medicine	Dosage	Prescribing Dr.	Dr. Contact Information

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

If yes, Driver's License No. _____ State: _____ Expiration Date: _____

Do you have a vehicle? Yes No

If yes, Vehicle Plate No.: _____ State: _____

Do you have auto insurance? Yes No

Are you attending school? Yes No If yes, how many hours per week? _____

Do you have a checking account? Yes No

Have you ever been convicted of a crime? Yes No

Have you ever been convicted of a sexual offense? Yes No

Have you ever been incarcerated? Yes No

If incarcerated, what was the charge? _____

Are you on parole or probation? Yes No *(We reserve the right to contact your Parole Officer)*

Parole Officer's Name	Parole Officer's Contact Information

Do you have any pending legal issues? Yes No

If yes, list charges and pending court dates:

Charge	Pending Court Date

Do you have a personal relationship with Jesus Christ? Yes No

The Oaks Ministry Program is a Christ Centered Program based on principles taught in the Holy Bible.

Are you willing to learn and adhere to these principles? Yes No

What activities or programs are you currently participating in to support your physical, spiritual and emotional needs?

Activity and/or Program

Do you have a sponsor? Yes No *(We reserve the right to contact your sponsor)*

Name of Sponsor	Contact Information

What is the best time for you to be interviewed? _____

What is the best way to contact you? _____

What do you hope to accomplish by participating in The Oaks Ministry Program?

I hereby authorize and give The Oaks Ministry Residential Program permission to obtain my credit report and criminal background report including but not limited to the sexual offender register.

I, _____, desire to enter **The Oaks Ministry Residential Program**.

The Oaks Ministry Residential Program is a Christian Discipleship Training program. I have made a commitment to Jesus Christ, or I am willing to consider the possibility of doing so. People who enter **The Oaks Ministry Residential Program** may have had histories including, but not necessarily limited to drug and alcohol abuse, and/or mental or emotional problems. **The Oaks Ministry Residential Program** is not licensed by the State of Pennsylvania as a Drug and Alcohol Treatment Program or as a Mental Health Facility. The program offered by The Oaks Ministry team consists of Bible-based teaching with spiritual emphasis.

Any false statements or answers on this application may be subject to denial of admission into, or, dismissal from **The Oaks Ministry Residential Program**.

Name of Applicant (please print):
Signature of Applicant:
Date:

Completed form to be submitted to The Oaks Ministry Housing Program, 290 Bethel Road, Oxford, PA 19363

