



Helping Men and Women with Life-Controlling Problems
P.O. Box 7652 - Paducah, Kentucky 42002
Men's Residential: Ph.: 270.443.4743 - Fax: 270.443.4717
Ladies Living Free: Ph.: 270.448.0961 Fax: 270.448.1039

APPLICATION FOR ADMISSION

Date _____

Name _____
Last M.I. First

Present Address _____

Permanent/Home Address _____

Phone Number(s) _____

Social Security# _____ Driver's License# _____

Date of Birth _____ Gender: Male _____ Female _____

Date Available for Program _____ Are you a citizen of the United States? _____

Emergency Contact Information

Name _____ Relationship _____

Address _____

Phone(s) _____

Release of Confidentiality _____

Applicant's Signature

This application is for our _____, intake. If you are not accepted, you will need to re-apply for the next intake in _____ 2017. Intake and cost for the 1st Phase of the program is \$900. This is due upon arrival. All fees are non-refundable.

Additional information (ie., legal, medical, etc.) may be required before acceptance is considered or confirmed.

**Return this application to: Paducah Lifeline
2806 Morgan Lane
Paducah, KY 42001**

Who were these medications prescribed by? Name _____ Phone# _____

Do you have any activity restrictions due to a medical condition? ____ If yes, please describe. _____

Do you receive Disability or SSI Income? _____ If so, how much? _____

Please list any allergies: _____

When was your last physical examination? _____

Have you ever received treatment or counseling for emotional, mental, or psychological conditions? _____

If yes, list dates, counselor or physician, and the reason:

List all medications you are allergic to: _____

Do you have insurance of any type? (Medical/Dental/etc.) _____

If yes, list the name of the provider, their address, phone number and policy number:

Personal Record of Conduct

Have you ever used prescription drugs for other than medical purposes? _____

If yes, what drugs and how long? _____

Check all drugs used: Marijuana/Pot ____ Cocaine ____ Amphetamines ____

LSD ____ Barbiturates ____ Alcohol-Heavy Use ____ Alcohol-Light Use ____

Methadone ____ Heroin ____ Inhalants (Glue, Gas, Etc.) ____ Morphine ____

STP ____ PCP (Angel Dust) ____ Speed (Any Type) ____ Crystal Meth. ____

What is the first drug you used? _____ Beginning at what age? _____

What is the main drug you used? _____ How long? _____

How much time/money was spent on drugs each day? _____

What drugs have you injected? _____

Do you smoke/use tobacco? _____ If you have been incarcerated and/or have been in a "Smoke Free" environment, are you willing to discontinue tobacco use? _____

Seizures? _____ If yes, when? _____

Have you ever had a severe emotional breakdown? _____ If yes, when? _____

Have you ever attempted to commit suicide? _____ If yes, when? _____

How? _____ Why? _____

Have you ever had any psychotherapy or counseling? _____ If yes, by

Whom? _____ Address _____

Education and Goals

Do you have a high school diploma or GED? _____

Please list any college, university, trade or technical school you have attended and the years attended: _____

Have you ever been diagnosed with a learning disability? _____

Church/Spiritual Background

(Please be honest! Although Paducah Lifeline Ministries, Inc. is founded on the Holy Bible, not everyone who enters the program is a Christian.)

Do you believe in God? _____

Do you believe in the God in the Holy Bible? (Old and New Testament) _____

If the answer above is no, please explain your beliefs: _____

Do you believe Jesus Christ is the Son of God? _____

What do you think the purpose of prayer is? _____

What do you think the purpose of the Bible is? _____

What do you believe about life after death? _____

Who is responsible for the condition you are in? _____

Do you consider yourself to be a Christian? _____ If yes, briefly describe your experience of salvation: _____

Do you have a denominational preference? If so, which one? _____

Have you ever been involved with the occult/witchcraft/etc.? _____

If yes, briefly describe your involvement: _____

In your own words, what do you think we can help you with? _____

Is there any further information that you feel might help us in considering your application?

Recovery or Rehab Programs(s)

Have you ever been in a Recovery Program or Rehab before? _____

Do you understand the purpose of Paducah Lifeline Ministries/Ladies Living Free? _____

Do you have any responsibilities that would hinder your being in this program for 6 months? _____ 12 months _____ If yes, briefly describe: _____

Employment Background

Are you employed now? If so, where? _____

Please list any skills you have: _____

Legal Record

Do you have any felony convictions? _____ If so, please list each one and the county and year convicted. _____

Do you have any cases pending? _____

Case # _____ Charges? _____

Disposition? _____ Name of Judge _____

Court and address _____ Next court date _____

Name of usual attorney: _____

Attorney's phone number: _____ Fax number: _____

Do you have any outstanding warrants? _____

If yes, what is the reason? _____

Are you currently on parole or probation? _____ If yes, how long? _____

Name of probation/parole officer: _____ Parole officer's phone number: _____

Are you on the National/State Sex Offender list? _____

Have you ever been convicted of a sex offense? _____

Have you ever committed in a violent crime? _____

Please list all current legal charges and those from your recent history.

This portion MUST be completed in order to be considered as a potential client if you are incarcerated:

Name of Institution _____ Institution Number _____

Social Worker's Name _____ IPO Name _____

Are you eligible for Shock Probation? _____ Shock Parole? _____

When do you appear before the board? _____ Is this your first time? _____

Name and Location of Institution	Date	Reason for Confinement	Probation Parole	Length of Confinement	Record During Confine