



APPLICATION FOR ADMITTANCE

Date: _____

PERSONAL INFORMATION

Name: _____
First Middle Last

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email: _____

DOB: ____/____/____ Age: _____ Height: _____ Weight: _____

Gender: Male Female

Medications: _____

Reason for medication: _____

Allergies: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____



COURT INFO

Are you currently or have you ever registered as a sex offender in any state? [] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No

If yes, give details (when, where, what): _____

Do you currently have any current or pending court cases for anything? [] Yes [] No

If yes, which county? _____ Details: _____

Are you on or will you be on parole/probation/CDD? [] Yes [] No

If yes, why? _____

Do you have any DUI's in the past 10 years? [] Yes [] No

MEDICAL INFO

How would you rate your health? _____

Are you currently under the care of a doctor? [] Yes [] No

If yes, why? _____

Do you have any medical conditions that would preclude you from working in an environment that requires lifting over 50 pounds or more? [] Yes [] No

If on medication, did you list on last page? [] Yes [] No

(For Women) LMP Date? ____/____/____

PERSONAL INFO (CONTINUED)

Are you currently [] Homeless [] Incarcerated [] In the hospital [] Other: _____

Driver's License #: _____ State Issued: _____ Exp. Date ____/____/____

If none: [] Suspended [] Revoked [] Expired [] Never Applied

Other? Explain: _____

Marital Status: [] Single [] Married [] Divorced [] Separated [] Widowed

Children? [] Yes [] No Ages: _____

Do you currently have any CPS cases? [] Yes [] No

If yes, which county: _____



EDUCATION

Highest grade completed? _____ GED Yes No
Years of College: _____ Major Degree: _____
Special Training: _____

FINANCIAL AND INSURANCE INFO

Are you receiving financial assistance? Yes No
If yes, how much per month? _____
What is the source? _____
Do you receive EBT? Yes No
Do you have health insurance? Yes No If yes, name provider: _____

SUBSTANCE ABUSE HISTORY

Do you have a substance abuse problem? Yes No
Substance(s): _____
Do you have problems sleeping? Yes No
Do you currently suffer from visual hallucinations? Yes No
Do you currently suffer from auditory hallucinations or hear voices? Yes No
Depression? Yes No
Anxiety? Yes No
Have you ever been diagnosed with a mental illness? Yes No
If yes, what was the diagnosis? _____
When is the last time you were under care for mental illness? _____
Do you know or have you known anyone that was in The Bridge Program? Yes No
If yes, what's your relationship to them? _____
Have you previously applied with us? Yes No
Have you been in any other programs? Yes No
If yes, list program name(s) and location(s): _____



FAITH BACKGROUND

Church affiliation: _____

Denomination preference: _____

What would you like us to know about you? _____

If you are currently incarcerated and are applying for Bridge residency, please fill out the following section:

Time in custody: _____

Estimated release date: _____

Parole board hearing date: _____

ID#: _____

Institution: _____

Housing location: _____

City: _____ State: _____ Zip code: _____



ALL APPLICANTS

Please read and initial the following statements:

I understand that The Bridge is a minimum 12-month program. **(Initials)** _____

I understand that The Bridge is a non-smoking/vaping program. **(Initials)** _____

I understand that there are no new romantic relationships while in The Bridge program.
(Initials) _____

I understand that The Bridge is a working program. **(Initials)** _____

I understand that I will not be paid in the Bridge's working program. **(Initials)** _____

I understand that there is an initial 45-day minimum blackout period. **(Initials)** _____

I understand that worker's phase begins after month 10 at the program and milestones met.
(Initials) _____

I understand that I cannot have a 290 registration in my background. **(Initials)** _____

To the best of my knowledge, I have no outstanding court cases in any other county.
(Initials) _____

To the best of my knowledge, I have no outstanding CPS cases. **(Initials)** _____

I acknowledge that I have read and understand the program policies listed above. **(Initials)** _____



MEMORANDUM OF UNDERSTANDING

I understand that The Bridge Restoration Ministry (TBRM) is a charitable, Christian organization, dedicated solely to the spiritual regeneration of persons, such as myself, who are in need of assistance in their spiritual, social, and physical rehabilitation. I recognize my need for assistance, and hereby apply for admission to TBRM.

I understand that, upon entry into the program, I am responsible for the payment to TBRM of a **one-time program administration fee of \$500**. Thereafter, upon entering **Worker's Phase** of the program, in which I gain employment and income, I agree to pay TBRM a program fee of **\$500** for each month I remain in the program with employment, until the **total program fee of \$1,000** is satisfied. The total financial obligation I am agreeing to satisfy is, therefore, **\$1,500 for the entire 12-month program**.

I understand that this is a **12-month (minimum) program**, and I agree to commit myself to the 12 months required. At the end of 12 months, I will be evaluated by the Executive Director to determine if more discipleship training is needed. During the course of the 12 months, if I should leave the program and then return, my program may start over, as determined by the Executive Director.

I authorize **investigation of all statements** contained in this application as may be necessary for the Executive Director to make a decision concerning my acceptance into the program. In the event I am accepted, I understand that should any false or misleading information given in my application, or in my interview, come to light, my discharge from the program may result.

I acknowledge and agree that while at TBRM, I am **not an employee** and, therefore, not entitled to any form of wages, benefits, or compensation. I also understand that, as a part of TBRM recovery program, there is a vocational training stage, the purpose of which is to teach basic life skills which will be of benefit to me in obtaining and maintaining a job (after my time in the program). There are no wages, benefits, or compensation paid to me by TBRM in this vocational training.

I agree to allow TBRM to use **photographs of me** in any of its publications.

As a condition of my admission, I agree to regularly **attend services and Bible classes** as arranged for or conducted by the ministry.

I further agree to abide by all of the program's **rules, regulations, and guidelines** and any such that may be adopted during my residence at TBRM.

I agree that if Social Security Administration finds me eligible for disability benefits, I will pay TBRM a program fee of **\$400** for every month I reside there within the disability period if not entering Worker's Phase.



Upon entering the **Worker's Phase** of the program, in which I gain employment and income, I agree to pay TBRM a program fee of **\$500** for each month that I remain in the program with employment.

The information I have finished above is true and correct. I further acknowledge and agree that, if I am on parole or probation, all aspects of my participation at The Bridge may be disclosed to my parole/probation officer.

I have read the Memorandum of Understanding and understand the rules and regulations of The Bridge Restoration Ministry, and agree to abide by them.

Print Name: _____

Signature: _____ Date: _____

All sections must be completed.

Any false, incomplete, or misleading information provided above, or subsequently, may result in termination from The Bridge Rehabilitation program.

AFTER you have filled out the application, the next step is to call (831) 372-2033 and schedule an interview. We look forward to hearing from you.

DO NOT call the Executive director's cell phone to make an appointment.

Please note he will only answer scheduled calls Monday-Thursday between 8am-4pm.