

**CHRISTIAN FAMILY CENTER'S NEW LIFE PROGRAM**  
**PO BOX 149**  
**ROCKLEDGE, GA 30454**  
**PHONE: 912-529-6712**  
**FAX: 912-529-5655**

**ADMISSION INFORMATION**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

RACE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EMERGENCY CONTACTS:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

**OTHER INFORMATION:**

MARITAL STATUS: M \_\_\_\_\_ SEP \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_ S \_\_\_\_\_

IF DIVORCED OR SEPARATED, GIVE DATE(S) \_\_\_\_\_

IF MARRIED, GIVE SPOUSE'S NAME: \_\_\_\_\_

HOW LONG MARRIED: \_\_\_\_\_

NAMES AND AGES OF DEPENDENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ANY CHURCH AFFILIATION: \_\_\_\_\_

PASTOR'S NAME: \_\_\_\_\_

CHURCH OR PASTOR'S PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

EDUCATION LEVEL: HIGH SCHOOL \_\_\_\_\_ COLLEGE: \_\_\_\_\_ OTHER: \_\_\_\_\_

**Health information:**

Please list any physical conditions. Make note of any that would hinder you from participating in our daily work schedule. (Please recognize that we are not a medical facility and any pre-existing conditions need to be addressed before entering.)

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List any medications that you must take on a regular basis and the dosages prescribed.

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Are you allergic to any medications? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, list those medicines.

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**CHRISTIAN FAMILY CENTER IS NOT A MEDICAL FACILITY AND IS UNABLE TO ADMINISTER OR PROVIDE MEDICAL CARE FOR STUDENTS. MAKE SURE THAT YOU HAVE ANY NON-NARCOTIC MEDICATION THAT IS NECESSARY FOR YOUR MEDICAL HEALTH. ALTHOUGH WE RECOMMEND THAT ALL MEDICAL NEEDS ARE ADDRESSED BEFORE ENTERING, WE UNDERSTAND THAT EMERGENCIES OCCUR. PLEASE LIST THE PERSON THAT WILL BE RESPONSIBLE FOR ANY MEDICAL FEES THAT ARE INCURRED WHILE YOU ARE HERE. THESE WILL INCLUDE DOCTOR, HOSPITAL, TRANSPORTATION FEES, ETC.**

**MEDICAL INSURANCE COMPANY** \_\_\_\_\_

**NAME OF CARDHOLDER** \_\_\_\_\_

**POLICY #** \_\_\_\_\_

**IF YOU DO NOT HAVE INSURANCE, PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER OF THE PERSON RESPONSIBLE FOR YOUR MEDICAL EXPENSES.**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**Drug and/or alcohol use information:**

Do you consider yourself to be a drug addict? \_\_\_\_\_ Alcoholic? \_\_\_\_\_

What types of drugs have you been abusing and how long have you been doing them? (Alcohol is considered a drug)

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How often do you use drugs and/or alcohol? Be accurate in how much you use each drug listed.

Name of drug: \_\_\_\_\_ How often used? (How many times per day, week, or month)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Is there a history of substance abuse in your family? \_\_\_\_\_ If so, what is the relationship(s) of the family members addicted and what were they addicted to? **You do not have to provide their names.**

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What are some consequences that have come as a result of your drug and/or alcohol use? (Family, relationships, financial, job loss, health, etc.)

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Has your drug/alcohol problem been noticed by others? \_\_\_\_\_

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If yes, what did they notice or why did they think it was a problem? \_\_\_\_\_

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What is the longest period of time that you have been off of drugs/alcohol since the onset of use? \_\_\_\_\_

List any treatment facilities or programs that you have been involved with in the past and when you were there. Also state how long you were clean after leaving that facility or program. \_\_\_\_\_

Why do you think you were unable to stay clean after treatment? \_\_\_\_\_

Do you think it will be different this time and if so why? \_\_\_\_\_

Under what circumstances do you find yourself abusing drugs/alcohol? (Example: Alone, with friends, happy times, sad times, any time, etc.) \_\_\_\_\_

What is your greatest regret, if any, about your drug/alcohol use? \_\_\_\_\_

**IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN.**

Are there things you enjoyed before addiction that you no longer do or that you no longer find enjoyable?

Are there people that you used to enjoy before addiction that you no longer enjoy being around? \_\_\_\_\_

How would you describe your emotional state of mind at this time? (Happy, sad, lonely, angry, etc.)

Explain your answer. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is it difficult for you to express your feelings to others? If so, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you worry about what other people think about you or how they react to your emotions? Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you find it difficult to trust other people? If yes, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you find it difficult to form and/or maintain close relationships? Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do other people's actions and attitudes affect the way you respond to them? Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel rejected, misused, or hurt by others? Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you put the wants and needs of other people ahead of your own? If so, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have problems setting and achieving goals for yourself? \_\_\_\_\_  
Do you have difficulty making decisions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is it hard for you to acknowledge good things about yourself? \_\_\_\_\_ Bad things? \_\_\_\_\_  
Explain. \_\_\_\_\_  
\_\_\_\_\_

Do you ever feel that your life has been a failure? If yes, explain. \_\_\_\_\_

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Do you feel like there is hope for you to have a happy and successful life? Please explain your answer.

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Do you believe that God is real? Explain your answer. \_\_\_\_\_

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**If you do not believe in God**, why did you choose our facility for treatment? \_\_\_\_\_

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Are you willing to maintain an open mind and give God a chance to work in your life? \_\_\_\_\_

Describe briefly your past involvement, if any, with God, churches, or religious organizations. \_\_\_\_\_

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Do you now have or have you ever had a personal relationship with God? If yes, explain your salvation experience. \_\_\_\_\_

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# **STUDENT IDENTIFICATION**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS:

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1. HEIGHT: \_\_\_\_\_

2. WEIGHT: \_\_\_\_\_

3. RACE: \_\_\_\_\_

4. DESCRIBE ANY TATOOS OR IDENTIFYING MARKINGS:

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5. DO YOU HAVE A VALID DRIVER'S LICENSE: YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE PROVIDE COPY.

6. SOCIAL SECURITY #: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

7. COLOR OF EYES: \_\_\_\_\_

8. COLOR OF HAIR: \_\_\_\_\_

9. DO YOU WEAR GLASSES? YES \_\_\_\_\_ NO \_\_\_\_\_

10. DO YOU HAVE ANY VISIBLE BODY PIERCINGS? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE DESCRIBE.

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# WORK SKILLS

PLEASE RATE THE WORK SKILLS THAT APPLY TO YOU ON A SCALE OF 1-5 WITH FIVE BEING THE HIGHEST LEVEL OF SKILL.

1. CARPENTRY \_\_\_\_\_
2. ELECTRICAL \_\_\_\_\_
3. LANDSCAPING \_\_\_\_\_
4. COOKING \_\_\_\_\_
5. AUTOMOTIVE MECHANIC \_\_\_\_\_
6. LOGGING \_\_\_\_\_
7. TRACTOR OPERATOR \_\_\_\_\_
8. HEAVY EQUIPMENT OPERATOR \_\_\_\_\_
9. APPLIANCE REPAIR \_\_\_\_\_
10. FARM WORKER \_\_\_\_\_
11. MASONRY \_\_\_\_\_
12. ROOFING \_\_\_\_\_
13. COMPUTER \_\_\_\_\_
14. CLERICAL OR OFFICE SKILLS \_\_\_\_\_
15. SMALL ENGINE REPAIR \_\_\_\_\_
16. PLUMBING \_\_\_\_\_
17. WELDING \_\_\_\_\_
18. WOOD OR CABINET WORK \_\_\_\_\_
19. GARDENING \_\_\_\_\_
20. CHAIN SAW OPERATOR \_\_\_\_\_

PLEASE DESCRIBE ANY OTHER SKILLS THAT APPLY TO YOU.

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**AGREEMENT: NEEDS TO BE SIGNED AND PLACED IN YOUR FILE AFTER YOU HAVE READ THE RULES AND POLICIES OF THE CHRISTIAN FAMILY CENTER.**

**I, \_\_\_\_\_, have read or had the rules and regulations read to me. I agree to follow all of the rules and regulations while enrolled as a student at the Christian Family Center. I also understand that I am subject to random drug /alcohol screens as well as room and personal searches. I understand that any positive drug/alcohol screen or gross violation of the rules may result in my immediate dismissal or suspension without refund of fees paid.**

**I, \_\_\_\_\_, understand that any and all entry fees and maintenance fees must be paid in full in order to successfully complete the New Life Program for Men. If fees are not paid in full, I will not receive a completion certificate. This applies to mandated students as well as volunteer students.**

**I, \_\_\_\_\_, understand that the Christian Family Center is not responsible for any accidents that occur on CFC property. I assume and accept the responsibility for any medical expenses, including doctors visits, medication, and trip fees incurred while here. I also understand that unless it is an emergency, I must have the money on my account to cover all medical fees and trip fees prior to being transported.**