



## Where Becoming and Doing Merge

*“Whoever wants to be my disciple must deny themselves and take up their cross daily and follow me.”*  
*Luke 9:23*

## Application for Admission

Your Name \_\_\_\_\_  
Last First Middle

**The Forge Center for Virtue and Work** is a Christian-centered 16-month men’s program consisting of four distinct phases. The Service Phase is dedicated to developing relationships with our staff and completing community service, Phase 1 is focused on education and work readiness, Phase 2 transition into the work force, and Phase 3 independent living.

The key components of this program are:

- **Spiritual Development** – Students will develop their spiritual being through spiritual disciplines such as prayer, Bible study, fellowship, and service.
- **Education** – Each student will participate in classes developed to equip the learner in areas of civic responsibility, leadership, stewardship, life skills, and preparation for HiSET or NCRC testing.
- **Relationships** – Students will have the opportunity to build healthy relationships through mentorship, regular meetings, and fellowship.
- **Work** – Students will participate in an 8-week program called Jobs For Life. Upon completion, students will be assisted with job placement.
- **Physical Wellness** – Students will not only develop a healthy spiritual life, but they will develop a healthy lifestyle through regular exercise. They will have the opportunity to establish physical wellness goals and their progress will be monitored.

## **AUTHORIZATION OF RELEASE OF INFORMATION**

I hereby give my permission and consent to any and all persons or entities to release and receive information to the administrative offices of Forge Center for Virtue and Work, Joplin, Missouri, concerning any of my personal information, substance abuse history, treatment history, criminal history, medical history, work history, educational records or family background.

**Applicant’s Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**APPLICATION PROCESS**

1. **FILL OUT THIS APPLICATION COMPLETELY** and return it to:

Forge  
705 E 15th  
Joplin, Missouri 64804

2. **ATTEND ALL INTERVIEWS.**

Be prompt and comply with all requests including **DRUG TESTING.**

3. This process may take several days, and the interviews several hours.

**A Criminal History Check** will be obtained by Forge.

**PERSONAL INFORMATION – Please Print**

**Full Name** \_\_\_\_\_  
Last Name First Middle

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date Available to Start Program:** \_\_\_\_\_

**Emergency Contact: Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

**What type of ID do you currently possess? (circle all that apply)**

SS Card Birth Certificate State ID None

**Do you have a valid driver’s license? (circle one)**

Yes If yes, which state? \_\_\_\_\_

No If no, why not? \_\_\_\_\_

**Are you a veteran?**

Yes                  No                  If yes, what branch? \_\_\_\_\_

**Romantic relationship status:**    Married    Divorced    Separated    Engaged    Dating    Single

**Any biological child(ren) / Names / Age(s)?** \_\_\_\_\_

\_\_\_\_\_

**Child Support?**    Yes    No    If yes, amount owed/monthly payment? \_\_\_\_\_

**SPIRITUAL BACKGROUND**

**Did your family attend church in your childhood?**                  Yes                  No

**Do you currently attend a weekly church service?**                  Yes                  No

If yes, where? \_\_\_\_\_

**Have you ever asked Jesus Christ to forgive you of your sins and to come into your life?**

Yes                  No

If yes, describe the circumstances (When? Where? etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUBSTANCE ABUSE**

Describe your history of alcohol and other drug abuse (illegal or prescription).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your history of alcohol and other drug abuse treatment.  
(Please include in or outpatient classes/programs, sober living programs, and DOC)

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Do you use tobacco? \_\_\_\_\_ If yes, do you want to quit? \_\_\_\_\_

**MEDICAL HISTORY**

Health insurance? Medicare Medicaid Other \_\_\_\_\_

Have you ever had a mental health diagnosis or treatments? Yes No

If yes, when? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Are you currently under the care of a psychiatrist/psychologist? Yes No

If yes, for what condition/diagnosis? \_\_\_\_\_

Are you currently taking any medications? Yes No

If yes, list medication/dosage/reason:

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Are you currently under the care of a physician? Yes No

If yes, who? \_\_\_\_\_

If yes, what is the condition? \_\_\_\_\_

Are you currently detoxing? Yes No If yes, from what? \_\_\_\_\_

Do you have any allergies? Yes No If yes, to what? \_\_\_\_\_

**Note: Forge is not responsible for any medical expense incurred while in the program. If you do not have medical insurance, you may qualify for Assistance at the Community Clinic.**

**LEGAL**

Are you currently on probation/parole? Yes No County \_\_\_\_\_

PO Name \_\_\_\_\_ PO Phone \_\_\_\_\_

Active Court Case? Yes No Explain \_\_\_\_\_

Pending Charges? Yes No Explain \_\_\_\_\_

Convicted and/or registered sex offender? Yes No

Violent offenses and/or convictions? Yes No Explain \_\_\_\_\_

Please share any other legal issues that currently involve you.  
(restitution, pending charges, probation/parole, restraining orders, custody, DUI, warrants, fines, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOCATIONAL**

Are you physically/mentally able to work now? Yes No

If no, why not? \_\_\_\_\_

List 2 most recent jobs, how long you were there, and why you left:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

List any job skills or trade experience \_\_\_\_\_

**ACTIVE JOB-RELATED CLAIMS**

While in Forge, you will not be allowed to file any new claims or to pursue any current claim.  
You must designate Forge trustee as your payee.  
You must place in trust all claims paid until you graduate.

**Do you currently have an active claim for Workers Comp., Unemployment Ins., or Disability?**

Yes                      No

If yes, list: Name of Agency: \_\_\_\_\_

Claim #: \_\_\_\_\_

Address: \_\_\_\_\_

**What is the status of the claim?** \_\_\_\_\_

**Do you have any other active claims pending?**                      Yes                      No

### **INACTIVE JOB-RELATED CLAIMS**

**Have you ever made a claim (now closed) for Workers Comp. Unemployment Ins. or Disability?**

Yes    No    If yes, how many? \_\_\_\_\_ When? \_\_\_\_\_

**What type of claims were they (Insurance, Disability, or both)?** \_\_\_\_\_

\_\_\_\_\_

**What was the amount of each settlement?** \_\_\_\_\_

### **EDUCATION**

Have you graduated from high school?

Yes    If yes, when? \_\_\_\_\_ Name of school \_\_\_\_\_

No    If no, what was the last grade you completed? \_\_\_\_\_

If no, have you taken the GED/HiSET? \_\_\_\_\_

Did you pass? If so, when and where? \_\_\_\_\_

Have you completed any trade or vocational schools? \_\_\_\_\_

Have you ever enrolled in any other schools without completing? \_\_\_\_\_

## PROPERTY ASSETS

**Do you have a current checking/savings account?**      Yes      No

If yes, what bank and where? \_\_\_\_\_

**Do you have any outstanding debts?**      Yes      No

If yes, explain: \_\_\_\_\_

**Do you have a vehicle?**      Yes      No

If yes, is it legally tagged?      Yes      No      Is it insured?      Yes      No

Forge allows you to bring NO Personal Property into the program apart from what you can fit in your assigned space. All other personal property must be stored off site. Forge allows you to bring NO MONEY, assets or valuables into the program. Forge will provide you, if needed, a trustee to protect your money and assets from dissipation while you are in the Program. Any person receiving passive income or entitlements must designate the trustee as payee of those benefits (to be placed in trust). If you leave before graduating, then you have thirty days to claim your personal belongings.

**Do you have money/assets to place in trust if you enter the Forge Program?**      Yes      No

**Are you receiving any entitlements (SSI, Disability, etc.)?**      Yes      No

If yes, list entitlement and monthly amount: \_\_\_\_\_

**Are you receiving food stamps?**      Yes      No

If yes, how much are you receiving monthly? \_\_\_\_\_

**Are you willing to designate the trustee as your payee?**      Yes      No

**Do you expect to receive any monies, settlements or assets while you are in the Forge Program?**

Yes      No

If yes, what is the source of the monies? \_\_\_\_\_

What is the amount you expect to receive? \_\_\_\_\_



**SOCIAL**

Share four words that best describe your experience growing up.

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Briefly describe your relationship with your mom and dad.  
*(If no relationship with birth parents, then step-parents, and/or primary caregivers)*

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Briefly describe the earliest life-altering event you can remember that had a profound impact on you.

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Have you ever been gang affiliated? Yes No Explain \_\_\_\_\_

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**Tell us why you think you need this program.**

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**REMINDER**

Each resident’s right of confidentiality is respected at Forge Center for Virtue and Work. All information pertinent to each resident is treated in a confidential manner. All written material is kept in a locked area and is accessible only to authorized staff. All discussions regarding a student are treated as confidential and limited to authorized personnel.

I certify that the information given on this application is correct to the best of my knowledge. I understand that falsification of information may result in dismissal and loss of services from the Forge Program.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

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**OFFICE USE ONLY**

\_\_\_\_\_  
Signature of receiver

\_\_\_\_\_  
Date received

Interview Date: \_\_\_\_\_

Accepted:      YES      NO

Notes: \_\_\_\_\_  
\_\_\_\_\_  
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