



WATERED GARDENS™
Gospel Rescue Mission

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



**Where Becoming and Doing Merge
Application for Admission**

Your Name _____
Last First Middle

The Forge Center for Virtue and Work is a Christian-centered 13-15 month men’s program consisting of 5 distinct phases. The Service Phase is dedicated to developing relationships with our staff and completing community service. Phase 1 is focused on education, Phase 2 work readiness, Phase 3 transition into the work force, and Phase 4 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, healthy living, stewardship, life skills, and preparation for GED/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 a month long work ready clinic followed by a practicum. Upon successful completion of practicum, 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 meet with a personal trainer to establish physical wellness goals and to monitor progress.

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 Watered Gardens, 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:
 Watered Gardens
 531 S. Kentucky Ave.
 Joplin, Missouri 64801
- 2. ATTEND ALL INTERVIEWS.**
 Be prompt and comply with all requests including **DRUG TESTING.**
- This process may take several days, and the interviews several hours.
A Criminal History Check will be obtained by Watered Gardens.

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

No

If no, why? _____

If yes, which state? _____

Are you a veteran?

Yes

No

If yes, what branch? _____

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.): _____

Why do you want into the Program?

SUBSTANCE ABUSE INFORMATION

Drugs Used:

Length of Use:

1.	<hr/>	<hr/>
2.	<hr/>	<hr/>
3.	<hr/>	<hr/>
4.	<hr/>	<hr/>
5.	<hr/>	<hr/>

Do you use tobacco?	Yes	No
If yes, do you want to quit?	Yes	No

TREATMENT HISTORY

List Rehabilitation Programs you've been in most recently, the dates you were there, whether you completed the program and, if not, why?

Date:	Program/City:	Completed?		Why?
1. _____ Month/Year	_____	Yes	No	_____
2. _____ Month/Year	_____	Yes	No	_____
3. _____ Month/Year	_____	Yes	No	_____

Have you been in any other programs? (circle one) Yes No

How many? _____

MEDICAL HISTORY

List all current diagnoses and previous surgeries:

Heart: _____ Brain/Mental: _____

Muscle/Skeletal: _____ Other: _____

PHYSICIANS CARE

Do you have medical insurance (including Medicare/Medicaid)? Yes No

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

If so, list physician: Name: _____

Phone: _____

Address: _____

Are you being treated for a current condition? _____

If yes, what is the condition? _____

Note: Watered Gardens 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.

MEDICATIONS OR PRESCRIPTIONS

Are you taking or have you taken any form of medication or prescription within the last 3

months? Yes No

If yes, list the medication or prescription:

What: _____ Dosage: _____ Reason: _____

What: _____ Dosage: _____ Reason: _____

What: _____ Dosage: _____ Reason: _____

What: _____ Dosage: _____ Reason: _____

PHYSICAL CONDITION

Are you currently detoxing? Yes No

If yes, from what? _____

Do you have any allergies? Yes No

What is the allergy? _____

Explain details of the allergy: _____

PSYCHIATRIC CARE

Are you currently or have you ever been under the care of a psychiatrist/psychologist?

Yes No

If yes, list caregiver: Name: _____

Phone: _____

Address: _____

List condition(s) treated: _____

CRIMINAL HISTORY

List the most recent arrests by date and the reason for the arrest.

	Date:	Reason:	County:	State:
1.	_____	_____	_____	_____
	Month/Year			
2.	_____	_____	_____	_____
	Month/Year			
3.	_____	_____	_____	_____
	Month/Year			

Do you have other arrests on your record? Yes No

If yes, how many? _____

List most recent convictions by date and sentence given.

	Date:	Crime Convicted Of:	Sentence Received:	State:
1.	_____	_____	_____	_____
	Month/Year			
2.	_____	_____	_____	_____
	Month/Year			
3.	_____	_____	_____	_____
	Month/Year			

Do you have other convictions? Yes No

If yes, how many? _____

List most recent jail or prison time by date and institution.

	From:	To:	Institution:	Address/County:
1.	_____	_____	_____	_____
	Month/Year	Month/Year		
2.	_____	_____	_____	_____
	Month/Year	Month/Year		
3.	_____	_____	_____	_____
	Month/Year	Month/Year		

Do you have time served on your record? Yes No

If yes, how much time? _____

Are you currently on parole or probation?

Yes No

If yes, Bench/PO:

What Court/Office:

Name of Judge/PO/County:

1. _____

2. _____

If yes, list any specific conditions of your probation? _____

Do you have any outstanding warrants?

Yes

No

If so, how many? _____ Where? _____

WORK HISTORY

List your **three most recent jobs** by date, employer and why you left.

From: To: Employer: Address:

1. _____

Month/Year Month/Year

Reason for Leaving: _____

2. _____

Month/Year Month/Year

Reason for Leaving: _____

3. _____

Month/Year Month/Year

Reason for Leaving: _____

ACTIVE JOB RELATED CLAIMS

While in the [Program](#) you will not be allowed to file any new claims or to pursue any current claim.

You must designate Watered Gardens 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 Insurance 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 Compensation Unemployment

Insurance or Disability? Yes No

If yes, how many have you made? _____ When? _____

What type of claims were they (Insurance, Disability, or both)? _____

What was the amount of each settlement? _____

EDUCATIONAL HISTORY**HIGH SCHOOL**

Have you graduated from high school? Yes No

If yes, what year? _____ Name of School: _____

City: _____ State: _____

If no, what grade did you complete? _____

Have you taken the GED? Yes No

Did you pass? Yes No

If yes, where and when? _____

OTHER SCHOOLS

Have you completed any trade or vocational school? Yes No

If yes, what school? Name of School: _____

City: _____ State: _____

Title of certificate earned: _____

Have you completed any others? Yes No

If yes, what school? Name of School: _____

City: _____ State: _____

Have you ever enrolled in any other schools without completing? Yes No

If yes, what school? Name of School: _____

City: _____ State: _____

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

The Rescue Mission allows you to bring NO Personal Property into the community apart from what you can fit in your assigned locker. All other personal property must be stored off site. **The Rescue Mission** allows you to bring NO MONEY, assets or valuables into the community. **The Rescue Mission** 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 that are on your inventory sheet in your file.

Do you have money/assets to place in trust if you enter **The 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 Program?**

Yes No

If yes, what is the source of the monies? _____

What is the amount you expect to receive? _____

FAMILY HISTORY**FAMILY CONNECTIONS****The relative that knows you best:**

Name _____ Phone _____

Address _____ Relationship _____

The relative living closest to the [Program](#):

Name _____ Phone _____

Address _____ Relationship _____

Parents: Mother: _____ Phone: _____
 Address: _____
 Father: _____ Phone: _____
 Address: _____

MARRIAGE/CHILDREN**Are you currently married?** Yes No

If yes: Name of Spouse: _____

Address: _____

If separated, how long? _____

Do you have living children? Yes No

If yes: Name of Child: _____ Age: _____

Custodian of Child: _____ Phone _____

Address of Child: _____

Name of Child: _____ Age: _____

Custodian of Child: _____ Phone _____

Address of Child: _____

Name of Child: _____ Age: _____

Custodian of Child: _____ Phone _____

Address of Child: _____

Name of Child: _____ Age: _____

Custodian of Child: _____ Phone _____

Address of Child: _____

Name of Child: _____ Age: _____

Custodian of Child: _____ Phone _____

Address of Child: _____

Have you been court ordered to pay child support? Yes No

If yes, where? _____
Court County State

Amount? _____

REMINDER

Each resident's right of confidentiality is respected at The Mission. 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 Program.

Your signature

Date

Phone number where you can be reached

OFFICE USE ONLY

Signature of receiver

Date received