

GLORY MANSIONS APPLICATION FORM

We are pleased you have taken this step to consider our program which makes Jesus Christ the focus of your life. We request that before filling out this application that you are detoxed. You must be detoxed to be considered for this program.

IDENTIFICATION DATA

NAME _____ PHONE (____) _____ DATE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 BIRTHDATE Mo ____ Day ____ Year ____ Age ____
 WHO ARE YOU PRESENTLY LIVING WITH? _____
 EDUCATION: Last Grade Completed (prior to college) _____ Other Education (List Types & Years) _____

 WHAT ARE YOUR EDUCATIONAL GOALS? _____
 OCCUPATION _____ BUS PHONE _____ CURRENTLY EMPLOYED? **Yes** _____
No _____
 REFERRED HERE BY _____ ADDRESS _____ PHONE _____

MARRIAGE AND FAMILY INFORMATON

CURRENT MARITAL STATUS: Single ____ Going Steady ____ Married ____ Separated ____ Divorced ____
 Widowed ____
 NAME OF HUSBAND/BOYFRIEND _____ ADDRESS _____
 OCCUPATION _____ HOME PHONE _____ BUSINESS PHONE _____
 YOUR HUSBAND/BOYFRIEND'S AGE _____ RELIGION _____
 HAVE YOU EVER BEEN SEPARATED OR DIVORCED? **Yes** ____ **No** ____
 EXPLAIN _____
 DATE OF MARRIAGE(S) _____ YOUR AGE WHEN MARRIED _____
 GIVE BRIEF INFORMATION ABOUT ANY PREVIOUS MARRIAGES/RELATIONSHIPS _____

CHILDREN'S NAMES	AGES	GENDER	LIVING?		EDUCATION IN YEARS	FATHER'S NAME
			Yes	No		

EXPLAIN YOUR RELATIONSHIP WITH YOUR FATHER _____
 MOTHER _____

IF YOU WERE REARED BY ANYONE OTHER THAN YOUR OWN PARENTS BRIEFLY EXPLAIN _____

BROTHERS	LIVING?	SISTERS	LIVING?

NUMBER OF OLDER
NUMBER OF YOUNGER

EXPLAIN POSITIVE/NEGATIVE RELATIONSHIPS WITH BROTHERS OR SISTERS

RELIGIOUS BACKGROUND

CHURCH PREFERENCE _____

WHAT CHURCH DO YOU CURRENTLY ATTEND? _____

CHURCH ADDRESS _____ PHONE _____

PASTOR'S NAME _____

MAY WE CONTACT YOUR PASTOR FOR INFORMATION AND HELP? Yes ~~No~~ ~~Uncertain~~ _____

CHURCH ATTENDED IN CHILDHOOD _____

ARE YOU A RELIGIOUS PERSON? Yes ~~No~~ ~~Uncertain~~ ~~DO YOU BELIEVE IN GOD? Yes~~ ~~No~~ ~~Uncertain~~ _____

DO YOU READ THE BIBLE? Never ~~Occasionally~~ ~~Often~~ ~~DO YOU PRAY TO GOD? Never~~ ~~Occasionally~~ ~~Often~~ _____

IF YOU WERE TO STAND BEFORE GOD AND HE WERE TO ASK YOU "WHY SHOULD I LET YOU INTO MY HEAVEN? WHAT WOULD YOUR ANSWER BE?"

WHAT IS YOUR BASIS FOR ANSWERING THE ABOVE QUESTION AS YOU DID? _____

HAVE YOU RECEIVED JESUS CHRIST PERSONALLY AS YOUR SAVIOR? Yes ~~No~~ ~~I don't know what you mean~~ _____

HOW DO YOU KNOW THAT JESUS CHRIST IS YOUR SAVIOR? _____

IF YOU HAVE RECEIVED CHRIST AS SAVIOR, WHAT CHANGES TOOK PLACE IN YOU LIFE WHEN YOU BECAME SAVED?

BASIC PROBLEM IDENTIFICATION

LIST ANY PREVIOUS PROGRAMS (REHABS, HALFWAY HOUSES, DETOX, A.A, ETC) YOU HAVE ATTENDED, WHEN, FOR HOW LONG AND DID YOU COMPLETE THE PROGRAM:

EXPLAIN ANY RECENT CHANGES IN YOUR SPIRITUAL LIFE _____

WHAT IS THE PROBLEM THAT BRINGS YOU TO CONSIDER GLORY MANSIONS?

PERSONALITY and HEALTH INFORMATION

HAVE YOU HAD ANY INPATIENT OR OUTPATIENT PSYCHOTHERAPY OR COUNSELING BEFORE? Yes _____ No _____

COUNSELOR / OR THERAPIST NAMES	DATES FROM TO	OUTCOME AND DIAGNOSIS

LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING, DOSAGE AND FOR HOW LONG?

MEDICATION AND FOR WHAT REASON	DOSAGE	HOW LONG TAKING?

CIRCLE ANY OF THE FOLLOWING WORDS THAT YOU BELIEVE BEST DESCRIBE YOU?

Active

Ambitious Self-
 Confident Persistent Nervous Hardworking Impatient Impulsive Moody
 Often-Blue Excitable Imaginative Calm Serious Easy Going Shy Good-Natured Introvert
 Extrovert Likeable Leader Quiet Hard-Boiled Submissive Sensitive Self-
 Conscious Lonely
 Other _____

PLEASE CHECK THE APPROPRIATE RESPONSE:	YES	NO	WHEN
HAVE YOU EVER FELT PEOPLE WERE WATCHING YOU? DO PEOPLE'S FACES EVER SEEM DISTORTED?			
DO YOU EVER HAVE DIFFICULTY DISTINGUISHING FACES?			
ARE YOU SOMETIMES UNABLE TO JUDGE DISTANCE?			
HAVE YOU EVER HAD HALLUCINATIONS?			
ARE YOU AFRAID OF BEING IN A VEHICLE?			
IS YOUR HEARING EXCEPTIONALLY GOOD?			

APPROXIMATELY HOW MANY HOURS OF SLEEP DO YOU GET EACH NIGHT?
 EACH NIGHT, WHEN DO YOU: Go to bed? _____ Fall asleep? _____ ~~Wake up?~~ _____ ~~Get out~~
 of bed?

DESCRIBE RECENT CHANGES IN SLEEP HABITS: _____

HAVE YOU EVER HAD A SEVERE EMOTIONAL UPSET? Yes _____ No _____ IF YES, DESCRIBE _____

RATE YOUR HEALTH: Very good _____ Good _____ Average _____ Declining _____ Other _____

YOUR APPROXIMATE WEIGHT _____ lbs. RECENT WEIGHT CHANGES? _____ HEIGHT _____

LIST ALL-IMPORTANT PRESENT OR PAST ILLNESSES, INJURIES OR HANDICAPS _____

DO THE ABOVE LIMIT YOU IN ANY WAY? Yes _____ No _____ PLEASE DESCRIBE: _____

DATE OF LAST MEDICAL EXAMINATION _____ REPORT _____

YOUR PHYSICIAN _____ ADDRESS _____

DO YOU DRINK ALCOHOLIC BEVERAGES? DESCRIBE _____

HAVE YOU USED DRUGS FOR OTHER THAN MEDICAL PURPOSES? DESCRIBE _____

HAVE YOU EVER BEEN ARRESTED? Yes _____ No _____ OUTCOME _____

IF YOU HAVE ANY LEGAL ISSUES (PROBATION, COURT DATES, ETC) PLEASE PROVIDE COPIES OF ALL PERTINENT LEGAL INFORMATION WE SHOULD KNOW ABOUT WITH THIS APPLICATION.

FINANCIAL INFORMATION

WHAT IS YOUR CURRENT FINANCIAL SITUATION? _____

DO YOU HAVE ANY OUTSTANDING DEBTS AND/OR COURT MANDATED RESTITUTION? _____

EXPLAIN _____

ARE YOU CURRENTLY RECEIVING ANY FEDERAL AID OR PUBLIC ASSISTANCE (i.e.AFDC, Section 8, Food Stamps)? _____

DO YOU HAVE A CHECKING/SAVINGS ACCOUNT? _____
 ARE THEY IN YOUR NAME ONLY? Yes _____ No _____ WHO ELSE CAN SIGN ON THEM? _____
 HAVE YOU EVER HAD A BUDGET? _____

FINANCIAL RESPONSIBILITY

THE COST TO PROVIDE FOOD, HOUSING, TRANSPORTATION AND OTHER LIVING EXPENSES FOR YOU WHILE YOU ARE AT GLORY MANSIONS IS \$500.00 PER MONTH. GLORY MANSION IS PRIMARILY FUNDED BY THE CONTRIBUTIONS OF CHRISTIAN PEOPLE WHO LOVE THE LORD AND WHO DESIRE TO HELP PEOPLE IN ADDICTION. THIS PROGRAM IS ALSO BLESSED WITH UNPAID VOLUNTEERS AND VOLUNTEER PROFESSIONALS WHO INVEST THEIR TIME AND TALENTS TO HELP YOU WHILE YOU ARE HERE. WE PREFER PAYMENT BE MADE WHILE YOU ARE GOING THROUGH THE PROGRAM BUT IF THIS IS NOT POSSIBLE, ARRANGEMENTS SHOULD BE MADE WITH THE DIRECTOR.

****A \$100.00 NON-REFUNDABLE EMERGENCY FUND FEE IS REQUIRED UPON ENTRY TO THE PROGRAM.**

ADDITIONAL INFORMATION

PERSON(S) TO CONTACT IN CASE OF AN EMERGENCY

NAME	ADDRESS	PHONE	RELATIONSHIP
			(Include Area Code)
		()	
		()	
		()	

ARE YOU WILLING TO IMPLEMENT AND COMMIT TO A STUDY AND PERSONAL APPLICATION OF GOD'S WORD? Yes ___ No ___
 IF NO, EXPLAIN _____

ARE YOU WILLING TO SIGN A RELEASE OF INFORMATION FOR SOCIAL, PSYCHIATRIC, OR MEDICAL REPORTS? Yes ___ No ___
 IF NO, EXPLAIN? _____

If accepted to Glory Mansions a one year commitment to the discipleship program is required.

If accepted to Glory Mansions, the applicant acknowledges financial responsibility must be addressed and arrangements made with the Director.

Signature *Date*

Return To:
Glory Mansions / Intake Coordinator
P.O. Box 320735
Cocoa Beach, FL 32932

FOR OFFICE USE ONLY

Date Received _____ Date of Screening _____
 Screening Committee _____

Revised 08/03

NAME _____

Check-In Process Guidelines

Procedure to be followed **ONLY** upon admittance to the Glory Mansion Program (this is for review only and does not need to be mailed in with application)

PROCEDURE:

- \$100.00 Non-refundable emergency fund monies collected
- A drug test will be administered
- All medications will be collected for verification and stored in the locked medicine cabinet – including those pre-approved by the Program Director.
- Suitcase contents are examined
- Handbag/purse is examined
- Any items which deviate from the approved items list are collected.

Special needs items or any items not listed must be discussed with Director prior to admittance to the program.

GLORY MANSIONS – APPROVED ITEMS INTAKE CHECKLIST

One purse

One suitcase containing

Clothing items:

Bathing suit

Dress

Jacket

Pajamas

Pants

Shirts

Shoes/socks

Shorts

Skirts

Sun visor / head cover

Sweater

Underwear

Personal Grooming items:

Hairbrush & comb

Hair bands, scrunchies, barrettes

Toothbrush

Make-up items – packed in a contained no larger than 11”x7.5”x5”.

Eyebrow tweezers, nail file, nail clippers, products, lipstick, floss, makeup,

nail polish, lotions, make-up brushes and tools

Small portable mirror

Other

Bible

Prescription eyeglasses / sunglasses

Jewelry

Watch

Earrings
Travel size clock
Framed photographs (3)
Note paper, envelopes
File folder containing important documents
Contact list (safe people)
Driver License
Social Security Card
Birth Certificate copy

UNPERMITTED ITEMS

Electronics

- Cell phones / phone cards
- IPODS, cameras
- Tape recorders, CD/DVD players, radios

Money

- Credit cards / debit cards
- Gift cards
- Checks / money orders
- Postage stamps
- Cash
- Valuables

Other

- Books
- CD's
- Tapes

NOTE TO APPLICANTS

In preparation for entering the program you should take care of all your routine health care needs – both medical and dental. There are no financial provisions available for such work.

A responsible party should be appointed to attend to any obligations you are responsible for, i.e. money owed, unpaid bills, etc.

Luggage and purse are examined by a member of Staff upon arrival. Unpermitted items may be put away for safekeeping, or you may be required to ship them “home” at your own expense, or dispose of them. This includes extra suitcases and items on the UNPERMITTED list.

All of your belongings must fit into the one suitcase. Please do not bring any more items than will fit into your one suitcase. The purse you carry with you is the one single purse referred to on the approved items list.

**IF IT'S NOT ON THE LIST – IT'S
UNPERMITTED.**
