

**THE SALVATION ARMY ADULT REHABILITATION PROGRAM  
BENEFICIARY APPLICATION FOR ADMISSION**

**Application Date:** \_\_\_\_\_

NAME \_\_\_\_\_  
First Middle Last

Homeless  Current Address \_\_\_\_\_  
Street City/State Zip

SOCIAL SECURITY NO. \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_

ETHNICITY:  White  African-American  Hispanic.  Asian.  Pacific Islander  Other \_\_\_\_\_

**IDENTIFICATION PROVIDED**

Type: \_\_\_\_\_ No.: \_\_\_\_\_ Expiration: \_\_\_\_\_  
 Type: \_\_\_\_\_ No.: \_\_\_\_\_ Expiration: \_\_\_\_\_

**SALVATION ARMY CENTES TO WHICH YOU HAVE BEEN ADMITTED**

1 Center \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Reason \_\_\_\_\_  
 2 Center \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Reason \_\_\_\_\_

**OTHER PROGRAMS AND/OR REAHABILITATION FACILITIES**

1 Program \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Reason \_\_\_\_\_  
 2 Program \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Reason \_\_\_\_\_

**HEALTH INFORMATION**

Describe your health compared to others your age:  Excellent  Good  Fair  Poor  
 Significant health issues: \_\_\_\_\_  
 Do you have insurance?  Yes  No Provider: \_\_\_\_\_  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ Smoke:  Yes  No How much per day? \_\_\_\_\_ Want to quit?  Yes  No  
 History of Diagnosed Mental Health?  Yes  No Specify: \_\_\_\_\_  
 Able to work 40 hours per week, mostly on your feet?  Yes  No Limitations? \_\_\_\_\_

List all medications presently taking:

Name	Reason	Name	Reason
Name	Reason	Name	Reason
Name	Reason	Name	Reason

English language:  ok to read  ok to write  ok to speak..... Primary language if not English: \_\_\_\_\_

**FAMILY INFORMATION**

Next of kin Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Marital Status:  Married  Divorced  Single  Separated  Widowed Last contact: \_\_\_\_\_  
 Children:  Yes  No How many? \_\_\_\_\_ Last contact: \_\_\_\_\_  
 Were you abused?  Yes  No Substance abuse in Family?:  Father  Mother  Other guardian  Siblings  
 General description of home environment as a child:  Excellent  Good  Poor  
 Diagnosed mental health problems in immediate family members:  Yes  No  
 Is your family supporting you in your recovery?  Yes  No Who? \_\_\_\_\_

**EDUCATION**

Highest Grade Completed: 6 7 8 9 10 11 12  High School Diploma  GED  
 College Degree? AA AS BA BS MA Field: \_\_\_\_\_ Other training: \_\_\_\_\_  
 (turn over)

**MILITARY SERVICE**

Served in military?  Yes  No Branch? \_\_\_\_\_ Honorably discharged?  Yes  No Date: \_\_\_\_\_  
Total time served: \_\_\_\_\_ Attempted Veteran treatment programs?  Yes  No

**COURT-PROBATION-PAROLE**

Coming from Jail/Prison?  Been in Prison – length: \_\_\_\_\_  Been in Jail – length: \_\_\_\_\_  
 Court ordered – Judge or Officer \_\_\_\_\_

Pending court dates

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Court: \_\_\_\_\_ Judge: \_\_\_\_\_  
 Current Probation/Parole? Begin date: \_\_\_\_\_ End date: \_\_\_\_\_ Officer? \_\_\_\_\_

Convictions: (List only offenses related to your current case)

Offense	Jail Time? Length?	Offense	Jail Time? Length?
1.		3.	
2.		4.	

**ADDICTION HISTORY**

Primary: \_\_\_\_\_ Others used regularly: \_\_\_\_\_

Drug	Year of 1 <sup>st</sup> Use	Date of Last Use	How Often	How Much
Alcohol				
Marijuana				
Cocaine				
Methamphetamine				
Opiates				
Prescriptions				
Tobacco				
Gambling				
Other: _____				

Longest period of abstinence: \_\_\_\_\_  Incarcerated for this?

**RELIGION**

Ever been active in church?  Yes  No What church? \_\_\_\_\_ Age Most Recent? \_\_\_\_\_  
Current relationship with God?  Non-believer  Questioning  Seeker  Devoted  
 Atheist  Catholic  Muslim  Buddhist  Jewish  None  Protestant

**WORK HISTORY**

Last steady job for pay: \_\_\_\_\_ When: \_\_\_\_\_ Why leave: \_\_\_\_\_  
Other work experience for which you were paid: \_\_\_\_\_

Is there anything else we should know about you that was not asked on this application?  Yes  No Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below applicant agrees that the information answered on this form is accurate to the best of his knowledge. Applicant also acknowledges that failure to answer truthfully may result in discharge from the program if he is accepted.

\_\_\_\_\_  
Name Date

THE SALVATION ARMY – RENO ADULT REHABILITATION PROGRAM  
CONDITIONS OF ACCEPTANCE

After reading each statement, please initial in the box next to each statement indicating your understanding and acceptance. Then sign and date the bottom of this page.

- THE SALVATION ARMY'S NORTHERN NEVADA ADULT REHABILITATION PROGRAM IS A CHRISTIAN BASED 12-STEP REHABILITATION PROGRAM USING A WORK THERAPY MODEL. IT IS NOT A RESIDENTIAL DRUG AND ALCOHOL TREATMENT CENTER AS DEFINED BY NRS 449.
- Legal** Prior to entry into the program you will need to have resolved your legal issues. The first thirty (30) days in the program you are not allowed to leave the facility on pass. This includes Court, attorney, registering as a felon; parole and probation and/or any other legal issues.
- Medical** While you are on the first 30 days restriction you will have access only to emergency medical care. This means that if you need prescriptions, appliances or any other medical care you must take care of it prior to entry into the program. **If you require to go on a pass during the first 30 days of Program your program may be restarted, you may be terminated or your completion date may be revised. All medications must comply with the Talbott Recovery Campus Medication Guide – Class – C.**
- Psychiatric / Psychological** Please be advised that the program is a Work Therapy Program and you will be performing up to forty (40) hours of assigned tasks at the direction of a supervisor each week. You must be able to lift up to seventy-five pounds and be on your feet eight hours each day. Any time missed must be made up at the convenience of the program. Beneficiaries are not allowed to operate motor vehicles or hold outside employment while they are in the program.
- Christian Program** Please be advised that the program is a Christ centered program run by a Christian church and has mandatory Christian church components in the program. We hope that you will come to accept Christ as your savior, but nothing will be forced upon you. We do ask that you have respect for our Christian activities.
- Restriction** Please be advised that all incoming beneficiaries are placed on a limited restriction. While they are on the first 30 days restriction they may not make or receive telephone calls and they may not leave the Residence or Work Therapy Center for any reason. After 30 days they may request a pass. Phone calls can be made after 30 days on the beneficiary's own time.
- Program Length** Please be advised that the program is a minimum of 26 weeks in length. Programs are modeled on individual performance and may be extended at the discretion of staff on a needs basis.
- Please Note** Should you take a pass from the center for any reason during the first 30 days of Program your Program may be terminated, restarted or completion date revised. If you check out from the Program during your first 14 days of the Program you will be ineligible for readmission for a period of not less than six months.
- Personal** The Salvation Army will provide you with necessary items. You may bring underwear and socks with you, but other than these, you are strongly advised to bring only the clothes you are wearing. **All personal items that we store on your behalf ARE STORED AT YOUR OWN RISK.** Be advised, that hair length is regulated to a normal short male regular cut. This is not negotiable.
- Acceptance Letters** Letters of Acceptance are valid for no more than 90 days from the date they are written.
- If you are unable or unwilling to comply with the aforementioned or if you have misrepresented yourself to The Salvation Army in any way it is grounds for immediate termination from the program.

I have read or had read these program requirements for The Salvation Army's Northern Nevada Adult Rehabilitation Program and agree to them. If you are unable or unwilling to comply with the aforementioned or if you have misrepresented yourself to The Salvation Army in any way it is grounds for immediate termination from the program. **THIS DOCUMENT IS SUBJECT TO CHANGE WIHTOUT NOTICE.**

Applicant Signature

Date