INTAKE APPLICATION

Thank you for taking this important step towards your future and the life God has planned for you. We are honored to have the opportunity to serve you. Atlanta Mission, established in 1938, is a program-based ministry committed to transforming, through Christ, the lives of those facing homelessness. Atlanta Mission programs and facilities are designed to create environments that nurture healthy relationships with God, self and others.

The Potter's House is a long-term, Christ-centered, 180-bed residential discipleship program for chemically addicted men who truly desire to change. The Potter’s House provides a full continuum of care for residents and leadership training opportunities for graduates. The focus is on applied Christianity for the healing of the total person, recovery from life controlling problems, and preparation for successful living. In order to assist you in the admissions process, we have provided the steps to take to be considered, the requirements for admission, a list of what you can bring, and some information about what to expect when you get here.

Steps to take: Candidates for admission are responsible for:

- Thoroughly completing this application and then mailing/faxing it to the Intake Counselor.
- Contacting the Intake Counselor with questions regarding their intake status.
- Resolving any issues which may interrupt their one year commitment.
- Signing and dating this application in the space provided on the back of the application.
- Arranging a time to meet with the Intake Counselor for a face-to-face interview.

Requirements for Admission: Candidates for admission must:

- Be male between ages 25-55 requesting admission themselves, admitting their addiction problem, and sincerely willing to change.
- Agree to abide by all guidelines, fully participate in all aspects of the Christian program, and refrain from any activity staff deems contrary to recovery or Christian growth. Violation of the guidelines may result in disciplinary measures and possible dismissal.
- Be fully detoxified and 72 hours away from their last use of drugs or alcohol of any kind.
- Be willing and able to commit to an uninterrupted one-year residential program followed by mandatory six-month Aftercare participation. Those with child support or legal issues must provide written releases from appropriate parties assuring unhindered one-year program.
- Be physically able to perform work assignments such as shop, recycling, landscaping, farm, housekeeping, kitchen, or warehouse.
- Be medically able to fully participate in a program that does not provide medical care, dental care, or assistance with medications. All candidates must arrange for outside sponsorship before they arrive. Residents will take TB and HIV tests at admission and furnish results to the Medical Coordinator.
- Be mentally stable and capable of functioning in a therapeutic community environment with classroom and group activities. The program is not equipped to care for the dual diagnosed individual or those on anti-depressant, mood stabilizing, or anti-psychotic medications.
- Be willing to refrain from the pursuit of romantic relationships other than with a legally married spouse while in the program.
- Pay a program fee of $100.00 per week if he is receiving income of any type. Those with no personal income of any kind will not be charged unless income status changes.
What Clients May Have:  Clients are only allowed to have items staff deems conducive to recovery and to Christian growth. They are not allowed to have more than $20.00 in their possession and should make arrangements for off premise safe storage of cash and valuables before arrival. Clients may arrange for supporters to send money orders (not cash) periodically for amounts not to exceed $20.00 for miscellaneous items, snacks, etc. Money orders exceeding $20.00 will not be cashed. Staff may monitor spending or other stewardship concerns when deemed appropriate. Clients are not allowed to have radios, CD or MP3 players, phones, paging devices, facial jewelry, or non-approved medications.

Clients are allowed to have but may not exceed the following: 16 pair of pants, 18 shirts, 5 pair of shoes, 3 coats/jackets, 2 sweaters, 8 underpants, 2 pair long underwear, 8 pair of socks, 2 suits, 4 ties, 3 hats, 1 laundry bag, 1 alarm clock, Bible, pens, pencils, paper, notebooks, personal hygiene items that do not contain alcohol, laundry detergent, 1 sealable storage container with a 5-gallon maximum capacity for non-perishable food items and drinks, 1 small pocket knife, and miscellaneous personal effects or recreational items that are conducive to recovery and Christian growth. Candidates should bring as many of these items as possible but not exceed limits. Excess items will not be stored.

What to Expect:  At Atlanta Mission, you can expect to find a safe environment in which your relationship with God can grow. In order to accomplish this, we’ve developed these basic guidelines:

- There is no possession or use of tobacco products allowed by program residents.
- Visitors are not permitted during the Foundations portion of the program. Once completed, only legally married spouses and immediate family members may visit.
- You will not receive phone calls and outgoing calls will be limited to those of an emergency or clinical nature.
- You may not work an outside job until completion of Re-Entry Preparation (generally 8 months).

We believe that the deepest need of anyone is a relationship with Christ, and we celebrate your step of courageous faith. Please print your name and sign below once you have read and understand this application.

Print Name __________________________________________________ Date ___________________

Signature __________________________________________________
APPLICATION FOR ADMISSION

Section 1:

Name: _______________________ DOB: _________ Age: ____ Social Security Number: _______________

Current Address: _______________________________________________________________________

Street

City State Zip Code

Phone #_________________ Can we leave a message for you at this number? ________________

If unable to receive phone calls, who is a contact person that we can speak with?

Name ____________________________ Phone # __________________________

Who referred you to our program: _______________ Have you ever been in an AUM program before? ______

If so, how many times? _______________ Which AUM facilities? _____________________________

Are you currently homeless? ___________ Do you need emergency shelter? __________________

Reason(s) for wanting admission at this time? ______________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Section 2:

Marital Status: Single ______ Married _____ Divorced _____ Widow______ Separated____

Are you required to pay Child Support? __________ Are your payments current? __________

For female applicants only:

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Age/Birth Date</th>
<th>Relation</th>
<th>Will he/she live with you here?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do any of your children have any physical, emotional, or behavioral problems? _____ If yes, explain:

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________
Section 3:
INCOME HISTORY
Are you currently receiving income from any of the following sources:
Welfare_____ Food Stamp _____ Governmental Aid _____ SSI _____ Child Support _____ Other _____
If yes, what is the total monthly amount? ___________________________________
Occupation ___________________ Date of last employment: ______________

Section 4:
ALCOHOL/DRUG ABUSE HISTORY
Please check all that apply:
Cocaine_____ Marijuana_____ Heroin_____ Alcohol_____ Nicotine_____ Prescription Drugs_____ Methamphetamine_____ Ecstasy_____ Other: _____________________________________________
When was the last time you used? ____________________________________________

TREATMENT HISTORY
How many treatment facilities have you attended? ______
How many treatment facilities have you completed? ______

Section 5:
MENTAL HEALTH
Have you been diagnosed with a mental health condition? _____ Were you hospitalized? ______________
If so, diagnoses: ___________________________ Were mental health medication(s) prescribed? ______
List medications: ___________________________________________________________
Have you ever attempted suicide? _____ If so, when? ________________________________

Section 6:
LEGAL HISTORY
Have you ever been arrested? ___________ If so, how many times? ______________

<table>
<thead>
<tr>
<th>Criminal Convictions</th>
<th>Sentence Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________</td>
<td>______________________</td>
</tr>
<tr>
<td>____________________</td>
<td>______________________</td>
</tr>
<tr>
<td>____________________</td>
<td>______________________</td>
</tr>
</tbody>
</table>

Are you on probation / parole / drug court / court mandated? ____________ (please circle all that apply)
If yes, what are the names, addresses, and telephone numbers of your probation/parole officers?

__________________________________________________________________________________

Are you mandated to complete a recovery program? _____________________________
Have you ever been convicted of a violent crime? ______  Are you a sex offender? ______
Have you ever been convicted of a crime involving children or the elderly? _____________
Do you have any pending charges? ___________________ Date: ___________________
If yes, what are the charges? _____________________________________________________

Section 7:
EDUCATION
Highest grade level completed: ___________ Did you graduate or do you have your G.E.D.? ________________
List colleges or vocational schools attended and degrees obtained: _____________________________________________
____________________________________________________________________________________________

Section 8:
MEDICAL HISTORY
Date of last physical: _____________ Are you currently under a physicians care? _______________________________
Physician: _________________________ Phone #: ___________________ Address: _________________________________
Will someone be financing your medical needs? ______ If yes, Name: _______________ Phone#: _____________
Have you ever had any of the following?
_______ Seizures _______ Heart Disease _______ Diabetes
_______ Vision Problems _______ Respiratory Problems _______ Venereal Disease
_______ Hepatitis _______ Hearing Problems _______ Tuberculosis
_______ Problems Standing or Lifting _______ High Blood Pressure _______ Back Injury
Have you ever been tested for HIV? _______ Tuberculosis? _______
What medications are you currently taking? ____________________________________________________________

Section 9:
Atlanta Mission is not a medical or psychiatric facility. Therefore, prospective clients and their children must be medically, as well as psychiatrically cleared prior to admission. Requested medical information is vitally important and is required before a decision can be made as to the appropriateness of our facility for prospective clients. If mental health evaluation/documentation is requested, that also must be received before a final decision can be made on placement in AUM Program Services. If, after admission, it is noted that the client is inappropriate due to medical or psychiatric reasons about which we were uninformed prior, Atlanta Mission reserves the right to refer the client to another facility or back to the referring agency.

Signature ___________________________________________  Date _________________________

TPH Intake Application 083110 – JAC - 5/5