



ATLANTA MISSION
Ending Homelessness.

THE SHEPHERD'S INN

Attention Intake Coordinator

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PDP 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 Shepherd's Inn Personal Development Program (PDP) is a long-term, Christ-centered, 92-bed residential recovery program for chemically addicted men who truly desire to change. The Shepherd's Inn 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 your 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 25-65 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 at least 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 all work assignments.
- Be medically able to fully participate in a program that does not provide medical care, dental care, or assistance with medications. 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.
- 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 tape players, phones, paging devices, facial jewelry, or non-approved medications.

Clients are allowed to have but may not exceed the following: 7 pair of pants, 7 shirts, 2 pair of shoes, 1 coat/jacket, 2 sweaters, 7 underpants, 7 pair of socks, 2 suits, 4 ties, 2 hats, 1 laundry bag, 1 book bag, Bible, pens, pencils, paper, notebooks, personal hygiene items that do not contain alcohol, laundry detergent, 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 use or possession of tobacco products allowed by program residents.
- Visitors are not permitted during the first 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 while participating in the first portion of the program.

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 _____



ATLANTA MISSION

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:

Name of Child	Age/Birth Date	Relation	Will he/she live with you here?

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? _____

Criminal Convictions

Sentence Requirements

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 _____