



**ATLANTA MISSION**  
Ending Homelessness.

# FUQUA HALL

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## 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.

Fuqua Hall is a Christ-centered, residential transitional program designed to help clients build a healthy reentry support system and make a successful transition to independent living. The New Start Program provides affordable transitional housing for graduates of the Atlanta Union Mission's residential recovery, Job Attainment or similar programs, and men receiving disability or Social Security benefits. The focus is on applied Christian growth, recovery, and preparation for successful independent 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 Program Director.
- Contacting the Program Director with questions regarding their intake status.
- Signing and dating this application in the space provided on the back of the application.
- Arranging a time to meet for a face-to-face interview.

**Requirements for Admission:** Candidates for admission must:

- Be male, between the ages of twenty-five and sixty-five.
- Be willing and able to commit to the program for a minimum of four months.
- Have at least thirty verifiable days of sobriety before entering and a referral from the Program Director if transitioning from another recovery program. Agree to remain abstinent from drugs and alcohol.
- Be mentally and physically able to exercise proper personal hygiene and self-care, perform task assignments, and participate in all program functions within a non-medical, non-psychiatric facility that requires social interaction.
- Pay an initial fee of \$200 (\$100.00 deposit plus first week program fee of \$100.00 in advance).
- Be employed full-time or have an equivalent combination of job search, educational development, and/or volunteer hours within the ministry center.
- Be without any prior convictions or pending charges involving violent crimes, sex crimes, or criminal activity affecting children or the elderly.

**What Clients May Have:** Clients are only allowed to have items staff deems conducive to recovery and to Christian growth. Staff may monitor spending or other stewardship concerns when deemed appropriate to ensure that clients are progressing towards independent living. Clients are allowed to have radios, CD or tape players, cellular phones, computers and televisions.

**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:

- Once residents complete the Visitation Request form, they may receive visitors. However, visitors must be pre-approved immediate family members.

- Residents are not eligible for weekend or overnight passes until they have completed thirty days 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: \_\_\_\_\_

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**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? \_\_\_\_\_

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**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? \_\_\_\_\_

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**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?

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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? \_\_\_\_\_

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**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: \_\_\_\_\_

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**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? \_\_\_\_\_

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**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 \_\_\_\_\_