L.I.F.E. Ministries Application

A 501c3 nonprofit

Winterville, N.C. 28590

252-756-5955 Winterville Baptist Church Office

252-560-5091 Pastor/Therapist Michael Dixon, Executive Director

www.lifeaddictionrecovery.com

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

|  |
| --- |
| Name: |
| Address: |
| City: State: Zip: |
| Home Phone: Cell Phone: |
| Emergency Contact: Phone: |
|  |
| DOB: last 4 of SS#: License/ID #: State: |
| Age: Gender: M/F/T Race: Relationship Status(married, single): |
| Substance Abuse Information-List drugs you have used or are currently using with dates beside each as to last time used: |
| Substance abuse treatment. Please list any detoxes, residential programs, etc. that you have been in: |
| Are you currently under a doctor’s care? If yes, provide doctor’s name:  |
| Legal History: (please list any charges past or present) |
| Are you currently be required to attend meetings? If yes, by whom? |
|  **No illegal drugs or weapons are allowed in the meetings!** |
| Legal History: (Please list all charges past and present) |
| In your own words, tell us why you are coming to the LIFE meeting: |
| What do you feel is your greatest challenge today?Describe your support network (i.e. family, friends, partner, etc.) |
| How has substance abuse affected the following areas?Social:Family:Work:Education:Spiritual: |

*By signing this application, you are stating that you understand and agree that this is not a guarantee for services. All applicants must complete this paperwork prior to admission into the meeting.*

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter’s Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_