



Dear Friend,

Thank you for your interest in joining F.O.M. Ministries. We are a Christ-centered program focused on restoring men's lives through the principles that we have learned from Jesus Christ and the Bible. This packet includes a copy of our program handbook and an application. By signing this application you are agreeing to follow all the guidelines laid out in this handbook upon acceptance into the ministry.

Please take your time and read the handbook carefully. If you have any questions or do not understand something please ask.

Thank You and God Bless!

Your brothers in Christ,

Jon Krausee & Billy Cole, Directors

Jason Bauerly, Founder

Derek Price, President of the Board

"Follow me and I will make you Fishers of Men." - Matthew 4:19

"Therefore, if anyone is in Christ, the new creation has come: The old has gone, the new is here!" - 2 Corinthians 5:17

Admission Criteria

We believe we are all created equal, no matter social status, money, or race. All residents will be treated the same, however with individual attention and care. Our residents **must be at least 18 years of age** and **cannot be on parole**. They must be teachable, willing to allow Jesus Christ to change your life, and be ready to submit to the authority and the rules placed in front of them.

Personal Information

Date: _____

Full Name: _____

Current or Most Recent Mailing Address,

Street: _____

City: _____

State: _____ ZIP: _____

SS# _____ - _____ - _____

Age: _____

Date of Birth: _____

Race: _____

Height: _____

Weight: _____

Eye Color: _____

Phone: _____ Cell: _____

Email if No Phone: _____

Please list any allergies you have:

Are you a U.S. citizen? Yes _____ No _____

Do you own a vehicle? Yes _____ No _____

Do you have:

Valid driver's license? Yes _____ No _____

Active auto insurance? Yes _____ No _____

Are you currently employed? Yes _____ No _____

If so, Where? _____

Do you like your job? Yes _____ No _____

Why or why not? _____

Do you have a payee? Yes _____ No _____

Name: _____ Phone: _____

Who referred you to F.O.M.? (Name and Phone #) _____

Please list one other reference (Name and Phone#) _____

List an emergency contact (Name and Phone#) _____

When you are ready to leave F.O.M., what, if anything, would you like to be different in your life? _____

With whom have you been staying? _____

Reason for leaving? _____

Education

Highest grade in school completed? _____

Where did you attend High School? _____

Describe other training, certificates, diplomas, ect.:

Describe any learning disabilities / difficulties you have:

Work Experience

Describe your skills, or employment history. (What type of work have you done in the past?) _____

Are you able to work while in our ministry? Yes _____ No _____

Are you currently on or have applied for SSI/SSD? Yes _____ No _____

Which one? _____ Currently _____ Applied _____

Are you currently receiving unemployment? Yes _____ No _____

Health Information

Rate your physical health: Very good _____ Good _____ Fair _____ In decline _____

List all present and past:

1. Physical illnesses, handicaps, and hospitalizations:

2. Mental illnesses and hospitalizations:

Doctor's name: _____ Doctor's phone #: _____

Date of last medical exam: _____

Problems noted by the doctor at that time: _____

List medical conditions that require regular visits to the doctor:

How often are these visits necessary? _____

Have you ever had or have an STD? Yes _____ No _____

List all medications being taken (name, milligrams, and number of times per day).

Medications prescribed by; Name: _____ Phone: _____

Have you ever used drugs for non-medical purposes? Yes _____ No _____

If "Yes" list all drugs ever used and the approximate dates and lengths of use:

_____	_____
_____	_____
_____	_____

Have you ever been to a residential treatment facility? Yes _____ No _____

Where? _____ How many Times? _____

Are you currently attending outpatient groups? Yes ___ No ___ Where? _____

Are you currently using drugs/alcohol? Yes _____ No _____ Which? _____

When was the last time you used? _____

How often did you use? _____

What is your drug of choice? _____

Where is your normal hangout place? City: _____

Area: _____ State: _____

Are you clean and sober? Yes _____ No _____ If "Yes", how long? _____

Alcohol of choice? _____

Tobacco use? _____

Have you ever prostituted yourself? Yes _____ No _____

Have you used drugs through an I.V.? Yes _____ No _____

Have you ever had any therapy or counseling? Yes _____ No _____

Have you ever been hospitalized for a severe emotional breakdown? Yes _____ No _____

If so, when? _____

Current Counselor/Therapist: _____ Date last met: _____

Have you ever attempted suicide? Yes _____ No _____

If "Yes", please explain the circumstances:

Circle all of the health problems you have now or have had in the past:

Tuberculosis.	Blackouts.	Lukemia.
Hearing loss.	Poor eyesight.	Toothache.
Hypoglycemia.	Backache.	Depression.
Anemia.	Ulcers. Epilepsy.	Glaucoma.
Hepatitis A or B.	Pneumonia.	Kidney.
Colitis. STD.	Bronchitis.	Cancer.

List any other conditions: _____

Do you have a medical card or insurance? Yes _____ No _____

Insurance company's name: _____

Policy number: _____

Have you ever been diagnosed with a mental illness? Yes _____ No _____

Diagnosis: _____

Have you ever been hospitalized for this? Yes _____ No _____

If so, when? _____

Is there any history of mental illness in your family? Yes _____ No _____

If so, in whom? _____

Do you suffer from: Depression Anxiety Fear (Circle any that apply.)

Anything else? _____

If so, when? _____

Do you currently have suicidal thoughts? Yes _____ No _____

Do you hear voices in your head? Yes _____ No _____

Are you currently or have you ever been self-abusive? Yes _____ No _____

Do you have an order of protection against you or someone else? Yes _____ No _____

Explain: _____

Are you currently in or ever been part of a gang? Yes _____ No _____

Do you have difficulty sleeping? Yes _____ No _____

Briefly describe yourself. Please include the following:

likes: _____

dislikes: _____

best qualities: _____

hobbies: _____

goal interests: _____

List one goal for 30 days from now:

List one goal you have for one year from now:

Marriage and Relationship Information

Relationship status: Single Married Divorced Separated Widowed Dating

Name of significant other: _____

Do you feel safe in this relationship? Yes _____ No _____

Do you have any previous marriages? Yes _____ No _____

If "Yes" how many times have you been married? _____

List children: Name, Age, Sex, Grade, Marital Status: _____

Are you responsible for child support? Yes _____ No _____

If "Yes", please explain your payment arrangements: _____

Legal Information

Have you ever been arrested? Yes _____ No _____

If "Yes", please list all:

Dates: _____ Charges: _____ State and County: _____

Approximately how much of your life has been spent being incarcerated? _____

Are you on parole? _____ probation? _____

If yes, parole / probation officers information:

Name: _____

Phone: _____

Are you a convicted sex offender? Yes _____ No _____

If "Yes", are you currently registered? Yes _____ No _____

Religious / Faith Background

Are you are a member of a church? Yes _____ No _____

What denomination did you grow up in (if any)? _____

Church name: _____

How often do you pray? Often _____ Sometimes _____ Never _____

Are you going to heaven when you die? Yes _____ No _____ I don't know _____

Do you believe hell is a real place? Yes _____ No _____

How often do you read the Bible? Often _____ Sometimes _____ Never _____

Explain any recent changes in your spiritual life:

Have you ever lived in a homeless shelter? Yes ___ No ___ Where? _____

Tell us why you would like to be a part of F.O.M. Ministries:

Application Signature

I have carefully read and understood all the rules and regulations, and I accept this development method of ministry. I agree to keep all rules and regulations.

I understand that any flagrant or repetitive violation will be grounds for my dismissal from F.O.M. Ministries and I will be expected to leave without incident.

I understand that my acceptance into F.O.M. Ministries and my continued residence is dependent upon my openness to what is taught at F.O.M. Ministries. I may be asked to agree to a consent for communication with F.O.M. Ministries and any outside resource that I am actively participating with, for the purpose of integrating any Wellness Plan in my life with the staff of F.O.M. Ministries that will be serving me, for my healthy transitioning needs, and my overall good health and wellness.

My willingness to help and care for myself, including chores and duties as may be assigned to me, is important.

I agree that I will not hold F.O.M. Ministries liable in any connection therewith for any incident which might occur involving my personal injury or loss or damage to my property during my stay at F.O.M. Ministries.

I authorize all statements contained in this application to be investigated. I understand that any false or misleading information given in my application or interview may result in my termination from F.O.M. Ministries.

In the event that I quit or leave F.O.M. Ministries for unknown reasons, I understand that F.O.M. Ministries is not responsible to provide a ride to me to any location. I further understand that if I were to leave F.O.M. Ministries without notice, I must take all my belongings with me, and will have 48 hours to pick up the rest of my belongings under supervision. F.O.M. Ministries will not be responsible for shipment or storage of any of my personal belongings.

I understand that as a resident, I am advised that leadership reserves the right to have any resident in the ministry participate in random alcohol or drug testing and / or room searches. I authorize the leadership to access my personal cell phone to ensure that I am not accessing inappropriate content or conversations.

I understand that by signing this F.O.M. Ministries has the right to promote my first name and potentially pictures. F.O.M. Ministries will not make public, private information or last names.

I have read the rules and the above requirements and agree to comply upon request.

By signing below, you are certifying that the answers and statements within this application are true and accurate to the best of your knowledge, and you give continual permission to be drug or alcohol tested at any given time.

Applicant's Signature

Date

Printed Name

Approved / Not Approved By