UNION GOSPEL MISSION PROGRAM APPLICATION

STOP

Do not fill out this application unless you have first read and signed the appropriate handbook!

GENERAL:	Today's	Date	
Name:			
First	Middle		Last
Present Address:			
Street Phone ()	City S.S. Nun		te Zij
Driver's License Number:	St	ate:Exp. 1	Date:
Referred to the G.R.A.C.E. Progr	am by:		
	Name		Phone
Address	City	State	Zip
Relationship (Friend, Relative, etc.	c.)		
In case of Emergency, notify:	Name	Phone #	Relationship
PERSONAL:			
Birth date:// Age	Sex	Weight	_ Height
Place of birth			
Race: WhiteBlackA			nic
American IndianOther	<u></u>		
Are you an American citizen? Ye	sNo		
Are you living on your own? Yes	No		
Reason for leaving home			
What kind of problems did you ha	ave while living at h	ome?	

6.	Last grade completedH.S. Diploma?GED?	
7.	Served in any branch of the military? Yes NoBranch	
	Term of serviceType of discharge	
	MOS or Duties performed?	_
8.	Do you have any Reserve or Military obligations at this time?	_
	If so, explain	_
9.	What are your present living conditions?	
	With whom? Where?	_
	How are you supported?	
10.	What significant changes have occurred in your life recently? (Behavior, employment, activities)	
11. <i>III</i> .	List any special skill or trade: MARITAL STATUS	
	Are you currently: SingleCommon lawMarriedSeparated	
	DivorcedWidowedRemarried How many times?	
	Spouse or Ex's (full name)	
	Address City State Zip Phone ()	
	If separated or divorced please give date	
	Reason for breakup:	
	What is the relationship like now?	
	List other previous marriages: Name Duration of Marriage	_
	Do you have a girlfriend / fiancée? YesNo	
	If yes, what is the relationship like?	

	Do you have a	ny dependent	s or ch	ildren? Y	es	_No			
Depo	endent's Name	Birthdate	Age	Other I Name	Parent's	Child support	Cus Me	tody	Custody Other
IV.	DRUG HIS	TORY:							
1.	Have you ever	experimented	d with	drugs or a	alcohol?	YesN	No	_	
2.	Why did you e	experiment wi	th or b	ecome in	volved w	rith drugs?			
	vinj dia you e	mperiment wi	01 0		, 01, 04 , 1				
FILL	OUT CHART	Us	age			How of	ten used		
	RUGS USED	DATE OF 1 ST USE		ATE OF ST USE	ONCE	SEVERAL	OFTEN	REC	GULARLY
Alcoho									
	rates (downers)								
	tamines (uppers)								
Heroin					1				
Cocaine					1				
	nogenics				1				
Opium	Gasoline / Paint								
Tobacc									
Marijua Othor (specify)								
3.	Do you consid Explain:	•							
	<u> </u>								
4.	I depend on drTo cForTo e	ope with life	_	To Ot	be "in" v her) with the crov			
5.	Longest period	l clean?			Whe	en was that?			

V. LEGAL STATUS:

		you ever been arrested? Yes		How many times?	
Pleas	e list the	details of the three most recent	t arrests:		T
D	ate	Charges	Convicted Yes or No	Sentence	Time Served
2.	What o	charges are pending?			
	When	is your court date?			
3.	Are you Time r How d How o	you ever been on probation / parole? You now on probation / parole? Yemaining? In person In person of probation / parole officer:	YesNo_ _By mail	How long?	
	Addres	ss:			
4.		you ever been in prison? Yes ?Where?			
5.	Name	of lawyer:		Phone:	
	Addres	ss:			
VI.	SPIR	RITUAL:			
1.	Do you	u believe in God? YesN	NoUnce	rtain	
2.	Do you	u have a personal relationship v	with Jesus Chris	st? YesNo	
	A.	What were the circumstances	that led to this?		

	B. Describe when and how you trusted Jesus Christ as your personal Saviour
3.	How often do you attend church? NeverSometimesRegularly Denominational preference:
4.	Are you a member of any church or religion? YesNo
5.	Which one? What recent changes have you had in your religious life (if any)?
6.	Have you ever been involved in the occult? YesNo
7.	Explain your need of Jesus Christ, what your standing with Him now is (i.e.; good or relationship, no relationship at all, etc.):
VII.	FINANCIAL STATUS:
1.	Are you receiving: welfare, unemployment compensation, disability payments, workman's compensation, alimony, or other income? YesNo(if yes indicabelow the amount received)
	Explain:

VIII. PRESENTING THE PROBLEM: 1. What is the main problem in your life, as you see it? (Why do you want to come here 2. What have you done about it?		Please list outstanding				
 What is the main problem in your life, as you see it? (Why do you want to come here.) What have you done about it? What are your greatest needs, in order of priority? 		Owed to	Amount	Address	Phone	Payme
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What have you done about it?3. What are your greatest needs, in order of priority?	VIII.	PRESENTING THE	E PROBLEN	1 :		
2. What have you done about it?3. What are your greatest needs, in order of priority?						
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	2.	What have you done abo	out it?			
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		What are your greatest n	needs, in order	of priority?		
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		What are your greatest n	needs, in order	of priority?		
4. Have you ever been involved in this Program before? YesNo	3.	What are your greatest n	needs, in order	of priority?		
4. Have you ever been involved in this Program before? YesNo Can't remember If so, when?	3.	What are your greatest n	needs, in order	of priority?	No	_

How many	(circle)	Religious / Non-relig	pious
now many	(chele)	rengious / Ivon Teng	510 u 3
Program Name	Date	City and State	Reason for Leavi
	<u> </u>		
How do you expect	this Program to he	lp you?	
What are you expec	ting (believing) Go	od to do in your life w	hile you are in this prog
December what would			
	a villina ta da an	ryhat ryay thinly is many	rimed of years for years lif
be different in the fu	_	-	uired of you for your lif
•	_	-	uired of you for your lif
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<u> </u>	iture, from what it	-	uired of you for your lif
be different in the fu	uture, from what it US:	-	
HEALTH STAT Rate your general he	US: ealth: Excellent_	is now.	Poor
HEALTH STAT Rate your general he Do you have any co	US: ealth: Excellent	GoodFairses? YesNo	Poor
HEALTH STAT Rate your general he Do you have any co	US: ealth: Excellent mmunicable diseases, seizures or diab	GoodFainses? YesNo	Poor
HEALTH STAT Rate your general he Do you have any co Do you have epileps List any medical pro	US: ealth: Excellent_ mmunicable diseases, seizures or diab	GoodFair ses? YesNo eetes?	Poor
HEALTH STAT Rate your general he Do you have any co Do you have epileps List any medical pro	US: ealth: Excellent_ mmunicable diseases, seizures or diaboblems or handicap	GoodFair ses? YesNo petes?	Poor
HEALTH STAT Rate your general he Do you have any co Do you have epileps List any medical pro How would this inh	US: ealth: Excellent_ mmunicable diseases, seizures or diaboblems or handicap	GoodFainses? YesNo Detes?	Poor

6.	Have you been hospitalized within the past 12 months? - If yes, explain:
7.	List all allergies:
8.	List all medications that you are taking::
9.	Have you ever had psychiatric care?If yes, explain:
10.	Have you attempted suicide?If yes, how?
11.	If so, was this drug or alcohol related? Do have any STD'sIf yes, what

UGM PROGRAM MEMBER AGREEMENT

- 1. I have read the rules in the Program handbook and consent to abide by all of them, whether I agree with them or not. I also understand that any and all Program Fees paid are non-refundable.
- 2. I hereby state that I am committing myself to the Lord Jesus Christ and to The Union Gospel Mission for six months of Bible study and training. I understand that there will be a two-week evaluation period at the outset of my entering the Program.
- 3. I release to UGM the right to do a room search without warning.
- 4. I release the right to UGM to make a thorough search of my person and belongings on the day of my admission.
- 5. I understand that withdrawal from drugs and alcohol will be done "cold turkey" aided only by prayer. If this is not agreeable, withdrawal should be done prior to entrance.
- 6. I understand that UGM will not be held responsible for any of my personal property left, lost, or stolen while I am in the Program. I realize that if I leave before my five months are up, I forfeit the right to take any items given to me during my stay at UGM.
- 7. I hereby give UGM the absolute right and permission to use any picture or representation of myself for any lawful purpose. I also release UGM from any liability resulting from the use of said images.
- 8. I release UGM from all financial or legal responsibilities in case of accident, injury, illness, or other misfortune.

- 9. I understand that I will not receive payment for the work I do while in the Program. I also understand that the purpose of this work is to aid in my character development.
- 10. I realize that my stay at UGM is dependent upon my compliance with all policies and rules. The administrative staff will have the FINAL word on all judgment calls concerning my stay. Failure to abide by the rules will also be a contributing factor in the length of my stay.
- 11. I hereby agree and consent to random drug and alcohol testing whether administered by UGM or any other agency, for the use of UGM. Drug and alcohol testing is done to protect the people, property and programs of the Mission. I understand that if at any time I test positive for drugs or alcohol, I face expulsion from the Program and may be barred from UGM.
- 12. NOTE* If barred from UGM, criminal trespassing charges may be brought against me for returning to the property.

I realize that the Chattanooga Outreach d/b/a Union Gospel Mission – Chattanooga, TN; to which I am applying for residency has been established in compliance with the conditions of §2036 of the Federal Anti-Drug Abuse Act of 1988, P.L. 100-690, as amended, which provides that grant money to start the house requires the clients to (A) prohibit all residents from using any alcohol or illegal drugs, (B) expel any resident who violates such prohibition, (C) equally share household expenses including the monthly lease payment, among all residents, and (D) utilize democratic decision making within the group including inclusion in and expulsion from the group. In accepting these terms, the applicant understands that §2036 conditions are different than the normal due process afforded by some local landlord-tenant laws. (Revised 09-20-2019)

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A WITNESS

Date	Applicant's Signature
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Data	Witness Cioneture
Date	Witness Signature