



NAPA

APPLICATION FOR ADMITTANCE

Date: _____

Name: _____, _____, _____
Last First Middle/Initial

Address _____

City _____ State _____ Zip _____

Phone: _____

FOR OFFICE USE ONLY:

Application Reviewed By _____ Registration Status _____

Medication Status _____ Interviewed By _____

Accepted Y/N Accepted By _____ Program Start Date _____

Are you registered in any jurisdiction as a sex offender? Y N If yes, give details, including where you have registered.

Do you have any medical conditions for which you are seeing a physician, or are taking prescriptive medication? Y N

If so, give details, including the specific medications you are taking:

Do you have any medical conditions that would preclude you from working in an environment that required repetitive lifting of at least 50 lbs? Y N

LMP Date (Women): _____

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Birth Date _____ / _____ / _____ Age _____ Male _____ Female _____

Hair: _____ Eyes: _____ Height: _____ Weight: _____

Marital Status _____ Children Y N Ages _____

SS# _____ / _____ / _____

Driver's License # _____ State Issued _____

Expiration Date _____

If none: ___ Suspended ___ Revoked ___ Expired ___ Never applied

Other (explain) _____

Do you have any DUIs in the past 12 years: Y/N

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Have you applied with us before? Y N When? _____

Have you previously been in our program? Y N When? _____

Have you been in any other program? Y N Which one(s): _____

Have you ever been convicted of a felony? Y N If yes, give details (when, where, for what):

Have you ever been in custody with the CDCR or in another state? Y N If yes, give details (when, where, for what):

Are you (or will you be) on parole or probation? Y N If yes, for how long, and who is your parole/probation officer (including telephone number)?

MEDICAL INFORMATION:

Do you have a substance-abuse problem? Y N What substance(s)?

Do you have problems sleeping? Y N

Have you ever had hallucinations? Y N

Have you ever felt that people are watching you? Y N

How would you rate your health? Good / Fair / Poor

Allergic to any medications: Y N

If yes, what medications? _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name _____ Relation _____ Phone _____

Address _____ City _____ State _____

Zip Code _____ Email _____

EDUCATION:

Highest Grade Completed: _____ GED? Y N Date: _____

Years of college: _____ Major: _____ Degree(s): _____

Special Training or Skills: _____

FINANCIAL and INSURANCE INFORMATION:

Are you receiving financial assistance? Y N

If yes, how often?

How much do you receive per month? \$ _____

What is the source? (SSI, other insurance, General Assistance, retirement annuity)

Do you receive Food Stamps? Y N

Do you have health insurance? Y N

Insurance company: _____

FAITH BACKGROUND:

Denomination preference: _____

Church Affiliation: _____

Are you saved/born again? Y N If yes, when? _____

Where? _____

How often do you read the Bible? _____

How often do you pray? _____

Do you believe that JESUS died for your sins and rose again? Y N

Who is JESUS CHRIST to you? _____

If you died today, do you believe that you would go to heaven? Y N

If yes, why do you believe that? _____

What do you expect our program to do for you? _____

What would you like us to know about you?

.....

If you are currently incarcerated and are applying for Bridge residency please fill out the following section:

Time in Custody: _____

Estimated Release Date: _____

Parole Board Hearing Date: _____

ID #: _____

Institution: _____

Housing Location: _____

City: _____ State: _____ Zip: _____

Any false, incomplete or misleading information provided above, or subsequently, may result in termination from The Bridge discipleship / rehabilitation program.

MEMORANDUM OF UNDERSTANDING

I understand that The Bridge Restoration Ministry (TBRM) is a charitable Christian organization, dedicated solely to the spiritual regeneration of persons such as myself, who are in need of assistance in their spiritual, social and physical rehabilitation. I recognize my need for assistance, and hereby apply for admission to TBRM.

I understand that, upon entry into the program, I am responsible for the payment to TBRM of a **one-time program administration fee of \$500.00**. Thereafter, upon entering the **Workers Phase** of the program, in which I gain employment and income, I agree to pay TBRM a program fee of **\$500.00** for each month that I remain in the program with employment, until the **total program fee of \$1,000** is satisfied. The total financial obligation I am agreeing to satisfy is, therefore, **\$1,500 for the entire 12-month program**.

I understand that this is a **twelve-month (minimum) program**, and I agree to commit myself to the 12 months required. At the end of 12 months, I will be evaluated by the Executive Director to determine if more Discipleship Training is needed. During the course of the 12 months, if I should leave the program and then return, my program may start over, as determined by the Executive Director.

I authorize **investigation of all statements** contained in this application as may be necessary for the Executive Director to make a decision concerning my acceptance into the program. In the event I am accepted, I understand that should any false or

misleading information given in my application, or in my interview, come to light, my discharge from the program may result.

I acknowledge and agree that while at TBRM I am **not an employee** and, therefore, not entitled to any form of wages, benefits or compensation. I also understand that, as a part of TBRM recovery program, there is a vocational training stage, the purpose of which is to teach basic skills which will be of benefit to me in obtaining and maintaining a job. There are no wages, benefits or compensation paid to me by TBRM in this vocational training.

I agree to allow TBRM to use **photographs of me** in any of its publications.

As a condition of my admission, I agree to regularly **attend services and Bible classes** as arranged for or conducted by the ministry.

I further agree to abide by all of the program's **rules, regulations and guidelines** and any such that may be adopted during my residence at TBRM.

I agree that if the Social Security Administration finds me eligible for disability benefits I will pay TBRM a program fee of **\$400.00** for every month I reside there within the disability period.

Upon entering the **Workers Phase** of the program, in which I gain employment and income, I agree to pay TBRM a program fee of **\$500.00** for each month that I remain in the program with employment.

The information I have furnished above is true and correct. I further acknowledge and agree that, if I am on parole or probation, all aspects of my participation at The Bridge may be disclosed to my parole/probation officer. I have read the Memorandum of Understanding and understand the rules and regulations of The Bridge Restoration Ministry, and agree to abide by them.

Print Name: _____

Signature: _____ Date: _____

Witness: _____

(By The Bridge Administrator)

The first 30 days of The Bridge program is a probationary period, after which the Director evaluates the needs of the resident, and whether or not our program meets those needs. If the judgment is that it will not, The Bridge has the right to terminate the individual's participation at that time.

Probation begins: _____

Probation ends: _____

Applicant's Signature: _____ Date: _____