



The Christian Family Center

21 Outreach Lane, Soperton, GA 30457

p: 912.529.6712 f: 912.529.5655

thechristianfamilycenter.org

"If man is willing, God is able"

Basic Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security: _____

Birthdate: _____ Age: _____

Emergency Contacts

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Other Information

Marital Status: Single Married Separated Divorced Widowed

If divorced or separated, give date(s): _____

(Ex) Spouse's name: _____

How long together: _____

Name and age of dependents: _____

Church Affiliation: _____

Pastor's Name: _____ Phone: _____

Education Level: Drop-Out GED High School College



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Health Information

Please list any physical conditions. Make note of any that would hinder you from participating in our daily work schedule. (Please recognize that we are not a medical facility and any pre-existing conditions need to be addressed before entering.)

List any medications that you must take on a regular basis and the dosages prescribed.

Are you allergic to any medications? Yes No

If yes, list: _____



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The Christian Family Center is not a medical facility and is unable to administer or provide medical care for students. Make sure that you have any non-narcotic medication that is necessary for your medical health. Although we recommend that all medical needs are addressed before entering, we understand emergencies occur. Please list the person that will be responsible for any medical fees that are incurred while you are here. These will include doctor visits, hospital visits, and transportation fees, etc.

Medical Insurance Company: _____

Name of Cardholder: _____

Policy Number: _____

If you do not have insurance, provide information of the person responsible for your medical expenses:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____



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Drug and/or alcohol use information

Do you consider yourself to be a drug addict? Yes No Alcoholic? Yes No

What types of drugs/alcohol have you been using and how long have you been using them?

How often do you use drugs and/or alcohol? Be accurate in how much you use of each drug listed.

Name of drug	Frequency

Is there a history of substance abuse in your family? Yes No

If so, what is the relationship(s) of the family member(s) addicted and what are they using? You do not have to provide their names.



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What are some of the consequences that have come as a result of your drug and/or alcohol use?

(Family, relationships, finances, employment, health, etc.)

Has your drug/alcohol problem been noticed by others? Yes No

If yes, what did they notice and why did they think it was a problem?

What is the longest period you have been sober since first using drugs/alcohol?



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List any treatment facilities or programs that you have been involved with in the past and when you were there. Also state how long you were clean after leaving that facility or program.

Why do you think you were unable to stay clean after treatment? _____

Do you think it will be different this time and if so why? _____

Under what circumstances do you find yourself abusing drugs/alcohol? (Example: Alone, with friends, happy times, sad time, all the time, etc.) _____

What is your greatest regret, if any, about your drug/alcohol use? _____



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IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN.

Are there things you enjoyed before addiction that you no longer do or that you no longer find enjoyable? _____

Are there people that you used to enjoy before addiction that you no longer enjoy being around?

How would you describe your emotional state of mind at this time? (Happy, sad, lonely, angry, etc.)
Explain your answer. _____

Is it difficult for you to express your feelings to others? If so, why? _____

Do you worry about what other people think about you or how they react to your emotions? Explain.



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Do you find it difficult to trust other people? If yes, why? _____

Do you find it difficult to form and/or maintain close relationships? Explain. _____

Do other people's actions and attitudes affect the way you respond to them? Explain. _____

Do you feel rejected, misused, or hurt by others? Explain. _____

Do you put the wants and needs of other people ahead of your own? If so, explain. _____

Do you have problems setting and achieving goals for yourself? _____

Do you have difficulty making decisions? _____

Is it hard for you to acknowledge good things about yourself? _____ Bad things? _____

Explain. _____



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Do you ever feel that your life has been a failure? If yes, explain. _____

Do you feel like there is hope for you to have a happy and successful life? Please explain your answer.

Do you believe that God is real? Explain your answer. _____

If you do not believe in God, why did you choose our facility for treatment? _____

Are you willing to maintain an open mind and give God a chance to work in your life? Yes No

Describe briefly your past involvement, if any, with God, churches, or religious organizations.

Do you now or have you ever had a personal relationship with God? If yes, explain your salvation experience. _____



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Student Identification

Name: _____

Birthdate: ____/____/____

Social Security: _____ - _____ - _____

Height: _____ Weight: _____ Race: _____

Hair Color: _____ Eye Color: _____ Glasses: Yes No

Describe any tattoos or identifying marks: _____

Do you have any visible body piercings? Yes No If yes, please describe: _____

Do you have a valid driver's license? Yes No If yes, please provide a copy



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Work Skills

Please rate the skills that apply to you on a scale of 1 to 5, with 5 being the highest skill level.

- _____ Appliance Repair
- _____ Automotive Mechanic
- _____ Carpentry
- _____ Chain Saw Operator
- _____ Clerical or Office Skills
- _____ Computer
- _____ Cooking
- _____ Electrical
- _____ Farm Worker
- _____ Gardening
- _____ Heavy Equipment Operator
- _____ Landscaping
- _____ Logging
- _____ Masonry
- _____ Plumbing
- _____ Roofing
- _____ Small Engine Repair
- _____ Tractor Operator
- _____ Welding
- _____ Wood or Cabinet Work

Please describe any other skills you have. _____



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Agreement

Needs to be signed and placed in your file after you have read the rules and policies of The Christian Family Center.

I, _____, have read or had the rules and regulation read to me. I agree to follow all the rules and regulations while enrolled as a student at The Christian Family Center. I also understand that I am subject to random drug and alcohol screens as well as room and personal searches. I understand that any positive drug/alcohol screen or gross violation of the rules may result in my immediate dismissal or suspension without refund of fees paid.

I, _____, understand that any and all entry fees and maintenance fees must be paid in full in order to successfully complete the New Life Program for Men. If fees are not paid in full, I will not receive a completion certificate. This applies to mandated students as well as volunteer students.

I, _____, understand that The Christian Family Center is not responsible for any accidents that occur on CFC property. I assume and accept the responsibility for any medical expenses, including doctors' visits, medication, and trip fees incurred while here. I also understand that unless it is an emergency, I must have the money on my account to cover all medical and trip fees prior to being transported.