



INTAKE APPLICATION

Please complete and bring or email: UturnForChristNewMcxico@gmail.com

PERSONAL INFORMATION:

Name of Prospective Attendee: _____

Date of Birth: _____

Address: _____

Email: _____

Phone Number: Cell: _____ Home: _____

Marital Status: _____ Single
_____ Married If married, how long? _____
_____ Divorced

Children's Names & Ages: _____

List all substance addictions: _____

When was the last time you used? _____

Date available to enter program: _____

Emergency Contact Information: *(NOTE: Contact must be a relative)*

Contact Name: _____

Address: _____

Email: _____

Phone Number: Cell: _____ Home: _____

Relationship: (i.e. wife, mother, etc.): _____

MEDICAL INFORMATION

Are you currently under the care of any physician or health care practitioner for any reason?

___ Y ___ N

If yes, please state reason(s):

Are there any other psychological or emotional challenges that we should know about?

___ Y ___ N

If yes, please give provide more details

Are you currently taking any prescription or over-the-counter medications for any reason?

___ Y ___ N

If yes, please list them here and for what purpose they are taken:

Any allergies ___ Y ___ N

If yes, please list allergies: _____

All necessary medications (such as for blood pressure, diabetes) must have your name imprinted from the pharmacy and include a doctor's note as to the prescription and need. No narcotics will be allowed including Suboxone! Initials_____

Any other medications such as anti-depressants, mood stabilizers, etc... will be weaned off 25% per week_____Initials.

There are no other medications/drugs/substances that I am taking that I have not listed on this application_____Initials

Insurance information:

Do you currently have medical insurance? _____Y_____N

If so please provide the following information:

Name of Insurance Provider:_____

Policy# : _____

Do you have Dental Insurance? _____Y_____ N

Dental Insurance

Provider:_____

Policy# :_____

PLEASE BRING YOUR INSURANCE CARD WITH YOU IF ACCEPTED

I understand that I must participate in all Bible studies, attend all required church services and complete all other assignments given to me by my overseers. I further understand that U-turn for Christ New Mexico (UTFCNM) is a working ministry. UTFCNM provides a comprehensive Christian Discipleship Program, teaching employment ethics and disciplines in conjunction with godly principles of the Word of God and Christian living skills in a ranch atmosphere and environment. _____Initials

I am expected to find suitable employment after 2 months, and the Ranch will help me in this pursuit. But the Ranch will not be held responsible to maintain my employment in any way, or subsidize me financially in between jobs. _____Initials

My residence at the Ranch is contingent upon my compliance to these requirements as outlined above. This contract constitutes a day-to-day basis and I agree that I will remove myself from the premises if I do not comply with the before stated requirements, at a moment's notice. _____Initials

If I am living in a Phase Two home, before I depart from the program, I will not hold the Ranch liable for any expenses I may incur before or after my departure. The Ranch will be held free and clear. _____Initials

If I leave the program and return, or if time is started over for discipline reasons, I will be responsible to pay additional funds in the amount of \$100.00 per week. _____Initials

I understand that UTFCNM cannot and will not be held responsible for any personal property (Ipod, clothing, or any other items) that are damaged, left, lost, stolen from, on or away from the premises of the Ranch, homes and property. Any valuable articles kept in my possession are done at my own risk and are my sole responsibility. _____Initials

I understand that I may not bring a cell phone or any electronic device to include but not limited to IPod, tablets, computers) to the program during 1st Phase, and that any such electronics will be donated to the ministry of UTFCNM_____Initials

Any money I bring into the program, or receive from working, or from family or friends while in the program will be kept in my possession. _____Initials

No outside books or media are allowed during first phase. The only allowed book is the Bible. Commentary Bibles must be approved by Director/Pastor of UTF CNM ____Initials

I understand that if I should leave the program or be dismissed for any reason, my clothes and other personal effects will be taken with me. If I leave any personal items at UTF CNM, they will be donated to the needy after 72 hours. ____Initials

I understand that UTF CNM is here to teach me to be independent, self-supporting and stable under the Lordship of Jesus Christ. Also, the Ranch encourages me to leave with the long-term goal of stabilizing myself within a one-year period, deciding firmly that I will allow the Lord to lead me and control my life, and to become a blessing to my family, church, friends, employer, school and society. Thus becoming a wise steward over everything God has and will entrust to me to love and care for. ____Initials

I further understand that the Ranch holds any information confidential that they may obtain, or keep on file about me. But, if the law is broken or I become a threat to myself and/or others in this ministry or outside of it, any information will be released without my consent or prior knowledge. This applies also if any records or information are requested by the parole or probation departments that I have been ordered by the court to report to. This is not a negotiable item. ____Initials

U-Turn for Christ New Mexico (UTF CNM) is a non-smoking ranch. It is understood that this may be an additional addiction that needs to be recovered from. I acknowledge that I will not be smoking or using any kind of nicotine replacement, to include but not limited to, patches, gum, etc., while in the ministry and will not bring any tobacco/nicotine containing products onto the Ranch at any time. ____Initials

The U-Turn for Christ ministry involves possible construction jobs, community service, and other physical activity. Do you have any physical impairment that would keep you from working in any activities? If so, please list here:

By not listing anything above, I am acknowledging that I have no physical impairments at the time of my entry into the program of U-Turn for Christ New Mexico. ____Initials

I, understand that many of the people who enter UTFCNM have histories including, but not in all cases, drug and alcohol abuse, or mental, or emotional problems. I also understand that UTFCNM is not licensed by the State of New Mexico as a drug treatment program, or a mental health facility. I hereby release UTFCNM and its residents from any and all liability, legal or otherwise. _____Initials

Meal Preparation Release

During my stay at U-Turn for Christ New Mexico, I understand that I will be issued a certain amount of food. I ask that UTFCNM cook(s) would prepare my meals for me. I also hereby release UTFCNM from any and all liability due to this decision. I thank you for preparing and cooking my food.

_____	_____
Resident's Signature	Date
_____	_____
Witness Signature	Date

Statement of Use

My signature below is my agreement that I have not used or abused any form of narcotics, alcohol, or any other illegal substance within the past twenty-four hours. I am stating this by my own free will and am aware that falsification of this statement is grounds for dismissal.

_____	_____
Resident's Signature	Date
_____	_____
Witness Signature	Date

Medications Consent Form

I, _____ of my free-will, consent to allowing U-Turn for Christ New Mexico to wean me off my medication or medications prescribed to me by my doctor. Dr. _____ does or does not consent to me eliminating these medications from my life. However, I no longer wish to have the following medication, or medications, as a part of my life.

List Medications to be weaned from:

I wish to have them eliminated at a twenty-five percent reduction in the prescribed amount each week, over a thirty-day period, beginning upon my entry into UTFCNM. I also release U-Tum for Christ New Mexico, their staff and directors, and affiliates, from any and all liability for any sickness or injury acquired as a result of my decision.

Resident's Signature

Date

Witness Signature

Date

LEGAL INFORMATION:

Do you have any outstanding tickets, warrants or other legal issues? ___Y___N

If yes, please explain:

Do you have any upcoming court dates? ___Y___N

If yes, please list dates/courts, etc.:

Parole Officer Name (if any): _____

Phone #: _____

Please Read and Sign in the Presence of a Witness:

- If resident is asked to leave or decides to leave for any reason, they must leave the premises immediately and are responsible to obtain their own transportation home
- I understand that I may only have visits from immediate family members during the allowed times, and that all visitors must attend Sunday morning service on the day of the visit.
- I have read and understand The Statement of Faith for U-Turn for Christ Ministry
- I have read and understand all the house and ministry rules and agree to submit to them while I am in UTFCNM.

U-Turn for Christ NM reserves the right to refuse any applicant acceptance into the program who does not demonstrate a willingness to change, or is actively using drugs at the time of intake. We reserve the right to remove anyone from the program who has been found with drugs or any banned substance in their possession while in residence, or who refuses to submit to the rules and directions of the Director and Overseers while in U-Turn for Christ NM. If a resident is non-compliant and/or decides not to follow the input or guidance of the program, they will be asked to leave the premises immediately and **no refund will be given regardless of the time they have spent in the program.**

Prospective Attendee Signature: _____

Print Name: _____ Date: _____

Witness Signature: _____

Print Name: _____ Date: _____

FINANCIAL RESPONSIBILITY:

List the name and address of the person (if other than yourself) who is going to be financially responsible for paying the initial \$1,000 **non-refundable** donation upon entry into the program, and for any and all needs (medical or personal) that arise while attendee is in the program of U-Turn for Christ NM. Also, financially responsible person agrees to obtain suitable transportation home if the attendee is asked to leave or decides to leave UTFCNM for any reason.

Name: (if other than self): _____

Relationship: _____

The responsible person must complete and sign the following pledge:

I, (payee name) _____ take full financial responsibility for the needs of (attendee name) _____ while in the program of U-Turn for Christ NM.

Signature: _____ Date: _____

Office Use Only:

____ The rules and expectations have been explained to the above candidate and he has been accepted into the program.

____ The rules and expectations have been explained to the above candidate and he has been accepted and referred to: _____

____ The rules and expectations have been explained to the above candidate and he has **NOT** been accepted into the program. Explain: _____

Name of Intake Counselor: _____

Signature: _____ Date: _____

Method of payment of donation:

Cash: ____ Check: ____ # _____

Credit Card: ____ Confirmation #: _____

Amount Received: _____ Date: _____