



10425 FM 134 - Karnack, TX 75661
Admissions 318.220.7002
Business Office 318.210.0421

Resident Application

Date _____		
Name _____ Age _____ Gender _____		
First	Middle	Last
Social Security # _____ Date of Birth _____		
Email address _____		
Permanent Address _____ Apartment # _____		
City _____	State _____	Zip _____ Phone (____) _____
Are you an American Citizen? Yes _____ No _____		
Mother's Name _____ Address _____		
City _____	State _____	Zip _____ Email _____
Cell (____) _____	Work (____) _____	
Father's Name _____ Address _____		
City _____	State _____	Zip _____ Email _____
Cell (____) _____	Work (____) _____	
In case of emergency, notify _____		
Name		Relationship
Phone (____) _____	Email _____	
How did you hear about us? _____		

MARITAL STATUS:

1. Are you: Single_____ Engaged_____ Married_____ Separated_____ Divorced_____ Widower_____
2. If engaged, give the following information concerning your intended companion:
Name_____ Age_____
Has she had a previous marriage? Yes_____ No_____ Your proposed wedding date _____
3. If married, give the following concerning your spouse:
Name_____ Age_____
Has she personally accepted Christ? Yes_____ No_____
Is she in full favor of your being here? Yes_____ No_____
Has she had a previous marriage? Yes_____ No_____
4. Number of children?_____ Gender & Age _____

5. If separated, give location of spouse:_____

FAMILY BACKGROUND

1. If you were raised by anyone other than your own parents, briefly explain:_____
2. Are your parents still living? Mother_____ Father_____
3. Occupation of: Mother_____ Father_____
4. Are your parents still living together? Yes_____ No_____
5. What word best describes how you feel towards your parents?
Loving_____ Caring_____ Not Caring_____ Hateful_____

General Health:

1. What is the general condition of your health?_____
2. List any serious condition or disease:_____
3. Has a condition/disease left you with a disability of any sort?_____
4. Are you subject to seizures of any kind?_____
5. Physician:_____ Date of last exam:_____
6. Are you presently taking any medication? Yes_____ No_____
If yes, what?_____
Prescribed by Dr. _____ Phone (_____)_____
7. Are you a registered sex offender in any State? Yes_____ No_____

Drug and Alcohol History:

1. Have you ever used Tobacco products? Yes____ No____
Cigarettes_____ Snuff_____ Chewing Tobacco_____ Other_____

To what extent and for how long?_____

2. To what extent do you drink alcoholic beverages?

Excess_____ Moderate_____ Seldom_____ None_____

For how many years?_____

3. Have you ever used prescription drugs for other than medical purposes? Yes____ No____

What drugs, and for how long?_____

4. Have you ever used street drugs? Yes____ No____

Circle all drugs used:

Cocaine LSD Methamphetamine Opiates PCP Heroin Alcohol

IV Drugs Xanax Marijuana Ecstasy Valium GHB Steroids

Inhalants Methadone Crack Ice Oxycontin List any others:_____

5. Have you ever had any psychotherapy or counseling? Yes____ No____

By whom?_____ Address_____

City_____ State_____ Zip_____

6. Have you ever been admitted to an institution for any reason? If yes, complete next section.

Institution_____ Date entered_____

Reason for entering_____ Date left_____

Results_____

Institution_____ Date entered_____

Reason for entering_____ Date left_____

Results_____

7. Is there something not covered that you think we need to be aware of?

LEGAL

CASES PENDING

1. Charges _____
2. Disposition _____
3. Name of Judge _____
4. Courthouse _____
5. Prosecuting Attorney _____ () _____
Name Phone
6. Defense Attorney _____ () _____
Name Phone
7. Parole/Probation Officer _____ () _____
Name phone

ARREST RECORD

Number of arrests _____

<i>Date</i>	<i>Where</i>	<i>Charge</i>	<i>Were you convicted?</i>	<i>Sentence</i>

IF THERE ARE ANY MORE, LIST THEM ON A SEPARATE SHEET OF PAPER.

**IF THE EAGLE CREEK RECOVERY CENTER IS PART OF THE SENTENCE,
ATTACH A COPY OF THE COURT ORDER.**

EDUCATIONAL BACKGROUND

Jr./High School: _____

College: _____

Trade School: _____

Highest grade completed and reason for quitting: _____

EMPLOYMENT BACKGROUND

<i>Employer</i>	<i>Address</i>	<i>Duties</i>	<i>Dates</i>	<i>Reason for leaving</i>

Upcoming Appointments:

Do you have any upcoming medical, dental, or court appointments? Yes____ No____

If yes please list type and date of appointment.

Faith-Based Chemical Dependency Treatment Program Admission Declaration

DECLARATION

I understand that:

1. The treatment and recovery services at Eagle Creek Recovery Center are exclusively religious in nature and are not subject to licensure or regulation by the Texas Commission on Alcohol and Drug Abuse; and
2. The Eagle Creek Recovery Center offers only nonmedical treatment and recovery methods, such as prayer, moral guidance, spiritual counseling, and scriptural study.

Signature

Date

Faith-Based Chemical Dependency Treatment Program Advertisement Statement

The treatment and recovery services at Eagle Creek Recovery Center are exclusively religious in nature and are not subject to licensure or regulation by the Texas Commission on Alcohol and Drug Abuse. This program offers only nonmedical treatment and recovery methods, such as prayer, moral guidance, spiritual counseling, and scriptural study.

TO WHOM IT MAY CONCERN:

I _____, do hereby declare that any authorized staff member at the Eagle Creek Recovery Center may open any incoming or outgoing mail to or from myself if they deem it necessary.

I will not hold them responsible for any action they may take concerning myself while I am living at the Eagle Creek Recovery Center.

I will not file any legal charges or take any legal action at any time against Eagle Creek Recovery Center or any authorized staff member.

I also release Eagle Creek Recovery Center from all responsibility, both physical and financial, in the case of accident, injury, illness, or other imponderable misfortune.

I understand that Eagle Creek Recovery Center cannot be held responsible for any personal property left, lost, or stolen while in the program.

I will not hold Eagle Creek Recovery Center responsible for forwarding any personal belongings that I do not take with me at the time of my departure.

It is further understood that I release Eagle Creek Recovery Center to make room searches.

Because of the high-risk group, I understand that it is possible that I may be housed with a person who is HIV positive; therefore, I will practice good daily hygiene.

I am familiar with the rules, medical policies, and program requirements of the Eagle Creek Recovery Center, and I agree to comply with the nature of the program.

Signature of Resident

Date

Witness

Date

Witness

Date

Resident Admission Inventory List

New residents accepted into the program should bring the following clothing and personal items when they enter.

1. 2 casual pants
2. 2 dress slacks
3. 3 collared casual shirts
4. 2 dress shirts
5. 2 ties
6. 2 pair of blue jeans
7. 1 pair of dress shoes
8. 1 pair of gym shoes
9. 2 pair warm-up pants
10. Underwear
11. Shorts
12. Shaving gear
13. Personal hygiene items
14. Toothbrush
15. Toothpaste
16. 2 towels
17. 2 washcloths
18. Shower shoes
19. Notebook/Stamps/Envelopes
20. Paper
21. Pencils and pens
22. Bible
23. Coat hangers

**** Items must be limited to the number specified.**

**** No cell phones or any other electronic devices are permitted.**

RESIDENT PAYMENT AGREEMENT

Resident: _____

Person responsible for paying the tuition:

Name (If credit or debit card is to be used, please print the full name on the card here.)

Billing Address:

Street

City _____ State _____ Zip _____

Phone: _____ Email: _____

I agree to the following payment schedule and understand that failure to do so could result in the dismissal of the resident. _____payee

I understand that in the event the resident leaves or is dismissed from the program (at any time) **I am not entitled to a refund of any portion of the payment(s) I have paid to Eagle Creek Recovery Center.**

_____payee (responsible for payment)

_____resident

Card Type: _____ Acct # _____ Exp: _____

OR

Bank routing #: _____ Checking Account #: _____

***Payment will be automatically withdrawn on the dates stated below**

Date resident entered: _____	Scholarship: <u> </u> Y <u> </u> N
Date resident completes: _____	Scholarship amount: _____
Withdrawal Date: _____	Amount: _____
deposit	deposit
1 st pmt	1 st pmt
2 nd pmt	2 nd pmt
3 rd pmt	3 rd pmt
Total amount to be paid: _____	