



## Resident Application Form

Miracle Center Transitional Home is a Christian organization that exists for the purpose of providing a clean and peaceful transitional environment for individuals who are determined to maintain a clean and sober lifestyle and make positive changes in their lives. It is a structured program with minimum requirements as follows;

- There is a probationary period of 60 days from your move-in date.
- Remain drug and alcohol free.
- Attend weekly Bible study, counseling, recovery groups, church, and any other mandatory meetings or activities.
- Complete weekly community chores.
- Observe nightly house curfew of 5:30pm.
- Refrain from relationships that would distract from recovery program.
- Violation of program rules is subject to disciplinary action or dismissal.

We thank you for inquiring about the Miracle Center program. Our procedure for entry is as follows:

- Upon receiving the applicant, the applicants name is placed at the bottom of the waiting list. Please send the application back as soon as possible.
- Once we receive the application, the applicant will be notified of bed availability. If there are no beds available, the applicant must continue to call or write us in order to stay on the list. If we have not heard from you in 45 days, we will remove you from the list.
- When a bed comes available the applicant will be contacted to come in for an interview. Getting an interview does not mean that the applicant has been accepted into the program. It is the next step on our screening process.
- Once an applicant has been interviewed, we will discuss and pray over the request and a decision will be made within a few days. The applicant will then be notified as to acceptance.
- If the applicant has been accepted into the program, an intake date will be set.

If this sounds like a program you could comply with and be helped by, please fill out the following application and mail it to:

Miracle Center  
PO Box 30308  
Tucson, AZ 85751-0308

# FACE SHEET

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Ethnic Identity: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_

Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ # Children: \_\_\_\_\_

Referred by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Location: \_\_\_\_\_

Address (if known): \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact (not optional)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if known): \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Office Use Only:

Initial Contact Via: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Presenting Problem(s): \_\_\_\_\_

Screening Approved: \_\_\_\_\_ Application Approved: \_\_\_\_\_

Intake Date and Time: \_\_\_\_\_

Previous Resident Y N When: \_\_\_\_\_

Initial Tx Plan: \_\_\_\_\_

Special Considerations: \_\_\_\_\_

Referral Notified of Acceptance: \_\_\_\_\_

**History: Answer each question as honestly and thoroughly as you can. If the question is not applicable, check the N/A box.**

1. Are you currently pregnant? Yes \_\_\_ No \_\_\_ N/A \_\_\_ If yes, how many weeks? \_\_\_\_\_

2. Are you taking any psychiatric or medical medications? Yes \_\_\_ No \_\_\_\_\_. If so please list all medications you are taking including doses and frequency.

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3. Are you currently or have you ever been under any psychiatric care (i.e. for depression, anxiety, trauma, bi-polar, etc.) Yes \_\_\_ No \_\_\_ If yes, please give diagnosis, and treatment \_\_\_\_\_

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4. Have you suffered from any childhood abuses or trauma, physical, sexual or emotional in nature? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes please describe: \_\_\_\_\_

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5. Are you married? Yes \_\_\_ No \_\_\_ If yes please describe your relationship with your spouse and your willingness to work on yourself rather than on your relationship while in the program.

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6. If you are not married, are you in a significant relationship now? Yes \_\_\_ No \_\_\_ If yes, how willing are you to work on yourself instead of the relationship while in the program?

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7. While we do allow occasional visits from spouses and occasional phone contact from significant others, daily and continual contact is discouraged to keep the person focused on their recovery. Please note that outside distractions are discouraged in the program. We have found that when a person engages in constant contact with a significant other, the benefits of the program are greatly reduced. Concentration and focus are essential to successful recovery. If you know you will be unwilling or unable to temporarily not have continual contact with significant others while in the program, please reconsider your application now. Record any questions you may have about this policy below.

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8. Do you have any children? Yes \_\_\_ No\_\_\_ If yes, please give the ages, names and whereabouts (custody status\_ of all your minor children. If you have adult children, please give their ages. \_\_\_\_\_

9. Are you involved with any legal issues at this time? Yes \_\_\_ No \_\_\_ If yes, please give brief details of your legal involvement, i.e. what is your charge/conviction, if you are on pre-trial, probation, parole, IPS, bureau of prisons, in jail, in prison, work release etc. If you have a probation officer, please give name and phone number below. \_\_\_\_\_

10. Do you currently have any orders of protection against you or against someone else? Yes \_\_\_ No \_\_\_ If yes, give details. \_\_\_\_\_

11. Have you ever been involved with or have been a victim of satanic rituals or worship, occult practices, Ouija board use, new age practices such as channeling, use of inner guides or any other practices that would be considered occultism? Yes \_\_\_ No \_\_\_ If yes, please give brief details and you willingness to not engage in any occult practices while at Miracle Center. \_\_\_\_\_

12. Do you now or have you ever engaged in any self-mutilation or self harm activities such as cutting, burning, pulling your hair, or other self harming activities? Yes \_\_\_ No \_\_\_ If yes give details \_\_\_\_\_

13. Are you currently or have you ever been suicidal? Yes \_\_\_ No \_\_\_ If yes, please explain. Also have you had any treatment for suicidal attempts or been hospitalized for self harm? \_\_\_\_\_

14. Do you have any major physical illnesses or restrictions that would prevent you from working? Yes\_\_\_ No\_\_\_ If yes, please explain, i.e. if you are in a wheel chair or use a walker you have any special dietary restrictions, if you have any communicable diseases, cancer or heart or diabetes problems. Etc. \_\_\_\_\_

