

Hearland Men's Recovery Center

12599 255th Street, LaBelle, MO 63447 • Admissions Phone 660-213-4553 • Fax 660-213-5170

Please read and follow these important guidelines:

1. Complete the 5-page application. Mail or fax it back to us at the address or number above, along with copies of identification types 1 & 2 (see below).
2. After sending the application, the man who wants to enroll must call the Admissions Department. Office hours are Monday through Friday, 1pm-3pm to schedule an interview.
3. If the pre-program criteria is met, the man enrolling must have the following work done:
 - A. HIV Blood Test B. TB Test C. Hepatitis C Test D. Well-Check (Physical)

After we receive the test results, we can discuss an entry date.

Upon entry, please bring these two types of valid identification:

1. Photo ID (driver's license, passport, or state photo id)
2. Social Security Card
3. Birth Certificate with embossed seal

ADULT APPLICATION FORM

Name _____ Date _____

Address _____

Daytime Phone _____

Have you ever applied before? yes no Who referred you to HMRC? _____

Social Security # _____ Phone # _____

Driver's License # _____ Valid? yes no

Age _____ Birthdate _____ Height _____ Weight _____

High School Graduate? yes no

Occupation or Trade _____

Special Skills _____

Physical Problems _____

Special Medical Needs _____

Upcoming Court Dates _____

Emergency Contact

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

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THE PROBLEM

What is your main problem, as you see it? _____

What is your main problem, as others see it? _____

What would improve your situation? _____

Is change something you look forward to? _____

Have you ever gone to an in-house treatment facility? yes no If yes, how many? _____

Were they spiritual in any way? yes no other _____

Have you ever "honestly" considered the direction your life is headed? yes no

Which do you like the most? alcohol drugs both

Do you smoke or use tobacco? yes no If yes, would you like to stop? yes no not really

Have you ever received any form of mental health treatment? yes no If yes, please list:

DATE	CLINIC	REASON FOR TREATMENT	OUTCOME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any special psychiatric needs? yes no

What prescription drugs are you currently taking? _____

Have you ever considered suicide as a possible solution for all your problems? yes no

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FAMILY MATTERS

Parents:

Name _____

Address _____

Phone _____

Would you say that you have a strong Christian background? _____

Is there anyone in your family that has experienced any of the problems that stem from alcohol or drug abuse?

Have you ever been married? yes no

Wife's Name _____

Children's Names _____

Would you say that your marriage is/was based on Christian principles? _____

Do you think that God can and will repair any damaged or strained relationships? yes no

How is your prayer life? great fair poor

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LEGALITIES

Are you currently incarcerated? yes no

Have you been arrested recently? yes no If yes:

Date _____

Arrested for _____

Are any of the following pending against you? Check all that apply:

- Arrest Warrant
- Court Appearance
- Criminal Charges
- Sentencing
- Other

Briefly explain: _____

Do you have any upcoming court dates? yes no If yes, please list: _____

Are you now, or will you be under legal supervision? yes no If yes, complete the following:

Probation How long? _____ Parole How long? _____

Method of Reporting _____ How often? _____

List probation/parole officers:

Name _____

Address _____

Phone _____

If you are currently incarcerated, please provide a contact person in your jail:

Name _____

Phone _____

Are you legally mandated to participate in a recovery program? yes no If yes, list by whom:

Would it be possible for you to have your probation transferred to this state/county? yes no

A local probation officer comes to Heartland once per month.

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Request for Release of Confidential Information

Date _____

To _____

Address _____

Phone..... _____

Fax..... _____

From

*Heartland Men's Recovery Center
12599 255th Street
LaBelle, MO 63447

Phone (660) 213-4553
Fax (660) 213-5170*

Re: _____

Heartland Men's Recovery Center (HMRC) is requesting the disclosure of information pertinent to the placement of the above person to the Recovery Center's Recovery Program. The following information is requested:

- Medical Reports Psychological Reports Counseling Reports
- Diagnostic Reports Academic Reports Education/Transcripts
- Social History Family History IEP's
- Other _____

It is understood that the information forwarded will be used only by HMRC and is confidential and may be protected by federal and state law. Any further disclosure of the forwarded information without specific consent is prohibited. The signature on this request for information document has been freely and voluntarily given.

Signature of Applicant

Date

Signature of HMRC Representative

Date