



1020 9th St. Greeley, CO 80631
970-978-4016

Dear Interested Party,

I would first like to thank you for your interest in the services we offer here at LAM Ministries and congratulate you on taking that first step toward a life free of the bondage of addiction.

I have enclosed information about our services and programs, Who We Are and What We Do; along with the business card of our House of Rest Director/Case Manager, whom I would encourage you to contact right away to set up an assessment appointment.

House of Rest Recovery home – contact _____ to set an appointment. Fill out the Resident Application, the Authorization for Release of Information (Background Check) turn them into the main office. The Background Check can take 3-5 business days, so it is important to get the process going as soon as possible. Once the background check comes back okay, The House of Rest Director/Case Manager will contact you for an interview time/date, to be done At this point, if accepted into the program, an intake date is set and the Case Manager will guide you through the rest of the process.

Thank you for your application to LAM Ministries and we hope we can help you in your new life in recovery. Thank you for choosing us in helping you.

LAM Ministries Sober Living Center
1020 9th Street Greeley, CO 80631
Phone: 970-978-4016
Fax: 970-515-5091



LAM MINISTRIES APPLICATION

- House of Rest – 6-12 Month Residential Program (10 days sober)
- Sober Living Apartments (90 days sober) NO EXCEPTIONS
- Non-Residential Program

CONTACT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY	STATE
ZIP CODE	PHONE NUMBER	CELL NUMBER
DOB	SOCIAL SECURITY #	DRIVERS/IDENTIFICATION #
STATE	EXPIRATION	

LEGAL INFORMATION

ARE YOU CURRENTLY ON PAROLE/PROBATION?	Y	/	N
PAROLE/PROBATION OFFICER INFO: _____			
NAME	NUMBER	COUNTY	
LIST ALL CHARGES YOU ARE ON PAROLE/PROBATION FOR:			

DO YOU HAVE ANY USEFUL PUBLIC SERVICE TO COMPLETE? Y/N IF SO, HOW MANY HOURS? _____			
DO YOU HAVE AN OPEN DHS CASE? Y / N EXPLAIN: _____			

SUBSTANCE ABUSE HISTORY

WHAT IS YOUR DRUG(S) OF CHOICE? _____

WHAT IS YOUR FREQUENCY OF USE? _____

WHEN DID YOU LAST USE? _____ LONGEST LENGTH OF SOBRIETY? _____

WHAT ADDITIONAL RECOVERY PROGRAMS HAVE YOU COMPLETED, IF ANY? _____

HAVE YOU EVER BEEN DISCHARGED FROM A TREATMENT PROGRAM FOR NON-COMPLIANCE? Y / N

IF YES, EXPLAIN: _____

PERSONAL INFORMATION

WHAT IS YOUR MARITAL STATUS: (circle one) SINGLE -- MARRIED -- SEPERATED -- DIVORCED

DO YOU HAVE ANY CHILDREN? Y / N IF SO HOW MANY? _____ DO YOU HAVE CUSTODY? Y / N

DO HAVE ANY MEDICAL CONDITIONS, AND WHAT MEDICATIONS ARE PERSCRIBED IF ANY? Y / N EXPLAIN:

ARE YOU CURRENTLY RECIEVING MENTAL HEALTHTREATMENT? Y / N

IF YES, WHAT ARE YOU BEING TREATED FOR AND WHAT MEDICATIONS ARE YOU PERSCRIBED IF ANY?

DO YOU HAVE ANY DISABILITIES? Y / N EXPLAIN: _____

DO YOU RECEIVE ANY SSI OR SSDI BENEFITS FOR YOUR DISABILITY? Y / N HOW MUCH? _____

EMPLOYMENT HISTORY

ARE YOU EMPLOYED? Y / N

EMPLOYER NAME: _____ PHONE #: _____

PAY RATE: _____ NUMBER OF HOURS PER WEEK? _____ MONTHLY INCOME? _____

HOW LONG HAVE YOU BEEN WITH YOUR CURRENT EMPLOYER? _____

MAY WE CONTACT THIS EMPLOYERTOVERIFY? Y / N

EDUCATION

DO YOU HAVE A DIPLOMA/GED?	Y	/	N
DO YOU HAVE ANY COLLEGE BACKGROUND OR DEGREES? _____	Y	/	N
ARE YOU INTERESTED IN CONTINUING YOUR EDUCATION?	Y	/	N
LIST SPECIAL SKILLS OR TRAINING: _____			

GOALS

LIST GOALS YOU ARE HOPING TO ACOMPLISH WITH THE HELP OF LAM MINISTRIES?

1. _____
2. _____
3. _____
4. _____
5. _____

WHAT DO YOU HOPE TO CONTRIBUTE TO LAM MINISTRIES?

SPIRITUAL HISTORY

HAVE YOU ACCEPTED JESUS CHRIST AS LORD AND SAVIOR? Y / N

DO YOU HAVE A CHURCH? Y / N WHERE: _____

HAVE YOU BEEN BAPTIZED? Y / N DO YOU HAVE AN INTEREST IN BEING BAPTIZED? Y / N

REFERENCES

Name: _____ #: _____ Relationship: _____

Name: _____ #: _____ Relationship: _____

Name: _____ #: _____ Relationship: _____

I HAVE ENCLOSED A \$10.00 APPLICATION/BACKGROUD CHECK FEE

Applicant Signature: _____ **Date:** _____

Applicant Authorization and Release Form

This is an important legal document. Please read it carefully!

We are unable to rent to any individual who has been convicted of a sexual offense and/or violent offender. If a background check shows that you have been convicted of any such offense, you will not be permitted to reside at L.A.M. Ministries Sober Center/HOR. Furthermore, if we find at a later time that you have been convicted of a sex crime, you will be asked to leave the premises immediately and any monies you have paid will NOT be refunded.

I, _____, do hereby authorize L.A.M. Ministries Inc. and any other agents or representatives, to obtain any and all information on a check of my criminal background, if any; and identification of any information regarding any civil actions and/or judgments against me.

I give permission for L.A.M. Ministries to contact any family members, counselors, probation/parole authorities, legal authorities, or instructors of classes I may be taking while residing at the Sober Center. I also waive any further authorization requirements and agree to release and hold harmless L.A.M. Ministries from any claims, liability, losses, or damages that may arise from the request and use of such information.

In furtherance of this Authorization, I knowingly and voluntarily provide the following:

Full Legal Name _____

Name, Address, & Phone of current corrections officer:

Current Correction Status (Parole/Probation, etc.)

Date of Birth ___/___/___ **City and State of Birth** _____

Social Security Number ___ - ___ - ___ **Driver's License Number** _____

Date of Issuing of License _____ **exp date** _____

Previous address or correctional facility.

List all States that I may have a current legal matter or record of such, including but not limited to: traffic, civil, and criminal records. Please list below all description and action taken. (Please include date, county, state, and offence)

I, _____, the undersigned, expressly acknowledge and agree that the foregoing authorization and release is intended to be used as broad and inclusive as is permitted by law, and if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. All of the above information is true and accurate to the best of my knowledge and belief.

check if applicable- **NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING ADDICTION RECORDS.** This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the disclosure of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use information to criminally investigate or prosecute any alcohol or drug abuse patient.

Signature

Date

Printed Name

