



Send completed application and acknowledgement to:
Transformational Living Ministries
3129 25th Street #379
Columbus, IN 47203
Or
transformationallm@gmail.com

Potential Resident Application

Today's Date: _____

First Name: _____ Last Name: _____ M.I: _____

Date of Birth: _____ Age: _____ Birth Certificate: Yes No Social Security Card Yes No

Email: _____ Phone Number: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Current Relationship Status: Married Single Divorced Engaged Separated Widowed

How many children do you have? _____ Do you have a current DCS Case? Yes No

If yes, please give a brief explanation: _____

Valid Driver's License: Yes No

Vehicle Make/Model/Year/Color: _____

Vehicle Plate Number: _____ Insurance: _____

I understand any vehicle I park on TLM property must be legally licensed, insured at all times, and in running condition. _____ (Initial)

Were you referred to TLM? Yes No Who referred you? _____

Why are you motivated to be a resident?

EDUCATION

Highest Level of Education:

Some High School High School Graduate Some College College Graduate Vocational School

Any physical or learning disabilities? Yes No

If yes, please explain: _____

WORK HISTORY

Are you currently employed? Yes No

If yes, name address, phone number of employer: _____

What type of work have you done or are you currently doing? _____

Are you receiving income other than a job? Yes No If so from where? _____

USE HISTORY

Date of Last Substance Use: _____

Drug of Choice, check all that apply:

- Alcohol Methamphetamine Benzodiazepine Opiates Marijuana Heroin Cocaine Ecstasy K2
Spice Other Stimulants

List All Other Drugs: _____

What is your drug of choice? _____ At what age did your first use? _____

Do you think your history of drug and/or alcohol use is a problem? Yes No

Have you participated in IV drug use? Yes No

Have you ever overdosed? Yes No If yes, how many times? _____

Have you been in a treatment center and/or recovery house before? Yes No

If yes, when, and where?

Do you currently owe money to any other recovery homes? Yes No

Is treatment mandated by the legal system? Yes No

Are you part of a drug court program? Yes No If so, where? _____

LEGAL HISTORY

Are you currently incarcerated? Yes No If so, which facility? _____

Have you ever been incarcerated for any of the following? (Check all that apply)

- Arson Assault Domestic Violence Sexual Assault Violent Crime

Please give a brief explanation for any of the above checked:

Felony Convictions: Yes No Felony Level: _____ State of Conviction: _____

Currently on Parole Probation County of Parole/Probation: _____

Name of Parole/Probation Officer: _____

History of DOC Incarceration: Yes No Pending Charges: Yes No

Please give a brief explanation of any pending charges/court dates:

Name: _____

Description of Legal History: _____

Upcoming Court Dates: _____ Attorney's Name: _____

Are you listed on any National, State or Local Offender List? Yes No

If so, what is the crime? _____

MEDICAL HISTORY

Please check all that apply:

Diabetes Cancer Heart Problems Stroke High Blood Pressure Other

If Other, please explain: _____

Current Presenting Problems, check all that apply:

Depression Mood Instability Relationship Issues Anxiety Sexual Assault Family Issues Trauma

Sexuality/Sexual Identity Grief/Bereavement Disordered Eating/Body Image Substance Abuse

ADHD/Learning Disorders Psychosis/Delusions Bipolar Schizophrenia Suicidal Past or Present

If any above is marked, please explain when and where diagnosed: _____

Have you ever been diagnosed with: TB Yes No Hepatitis Yes No HIV/AIDS Yes No

If yes, when _____

Are you pregnant? Yes No Approximate Due Date: _____

Has pregnancy been confirmed by a doctor? Yes No

Current Medications: _____

Any other information you would like to provide:

EMERGENCY CONTACT

Name: _____

Phone: _____

Relationship: _____

Name: _____

ACKNOWLEDGEMENTS AND SIGNATURE

- I have read all existing policies/expectations of TLM. I fully understand that I must abide by these policies/expectations for the duration of my residency. I also understand that it is my responsibility to stay abreast of any changes, additions, deletions, or special restrictions brought about by majority vote of house members. I understand I am member of the house. I understand that it is my responsibility to let the other house members know if there is a part of the policies/expectations that I do not understand, so they may be explained to me in a way that I can fully understand. **INITIALS []**
- I understand and agree that failure to comply with and abide by all policies and expectations of this house could result in being placed under a disruptive behavior contract, if deemed appropriate by a simple majority vote by the house members. It is imperative that I am aware that failure to abide could result in immediate expulsion, if the director sees fit based on any disruptive behavior displayed while I am member of this house. It is also understood that if I am caught using drugs or alcohol I will be immediately removed from the house, no exceptions. **INITIALS []**
- I understand the house members and staff will support me in my journey through recovery, but they cannot do for me what I am not willing to do for myself. **INITIALS []**
- I have read all the material on this application and have reviewed the house rules. I am aware of conditions of residency at the house, and I have answered these questions to the best of my knowledge. **INITIALS []**
- I will follow all suggestions from staff and surrender my decision making while a resident at this house. **INITIALS []**
- I have read or have had read to me read all the material on this application and have reviewed the house rules. I am aware of conditions of residency at this house. **INITIALS []**
- I have read the house rules for TLM & agree to comply fully with them. **INITIALS []**
- I will bring any concerns to the attention of the director. **INITIALS []**
- I will take ownership for my recovery and for 12 step meeting attendance. **INITIALS []**
- I will be positive role model for the other house members. **INITIALS []**
- TLM will conduct periodic drug tests/screens, and that a positive result may result in immediate discharge from the program, as well as immediate notification to my probation/parole officer as mandated by law. If one is assigned. **INITIALS []**
- TLM is a Christian based house and as a result, I will be required to work a Twelve Step program and attend weekly church services. **INITIALS []**

I, _____, acknowledge that, to the best of my knowledge, I have provided true and accurate information in completing this application. Furthermore, I authorize Transformational Living Ministries to verify validity when deemed necessary. I give Transformational Living Ministries staff permission to communicate with my support network to determine eligibility for admission. I also allow Transformational Living Ministries to speak with my representative, legal or otherwise, to assist with admission, recovery, or aftercare. I understand that any false or misleading information could result in denial for admission, or discharge from the program.

Signature: _____ **Date:** _____

Name: _____

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