

## Maranatha Woman's Ministry Application

Thank you for considering this application to Maranatha! Before filling out this application, we at Maranatha wanted to address you, the applicant, about this program. This program is a yearlong faith based, residential, recovery program for women that seriously want to change their lives. Most of our residents have struggled with drug addiction, abusive relationships. And incarceration. Almost all have had their children removed. Some come to us very sick and all have been emotionally traumatized in some way.

Since its inception many years ago, Maranatha House has helped scores of women break the chains of addiction and abuse to become productive members of society. Potential residents complete an extensive application. Every effort is made to get all applicants the kind of help they need.

If accepted in the program, a resident will begin to learn who they are "in Christ" while developing life skills that are essential for their future success. Each resident attends classes on a variety of subjects ranging from Domestic Violence to grocery shopping on a well-managed budget. They WILL face their legal issues, setup payment plans for any fines, undergo dental work, medical evaluations, DCS casework, attend recovery meetings and work countless volunteer hours; giving back to their community.

If residents are allowed, subject to court stipulations, visitation with children in state custody or relative placement is permitted in order to begin the some times, long process of healing. A special apartment is set-aside for this purpose to provide a home environment while their children visit. Additionally, Christian counselors provide each resident professional one-on-one counseling.

As each resident progresses through each phase of the program, a resident learns and is given more responsibilities to build upon the previous lessons learned. These lessons include: obtaining a job, developing a financial budget, obtaining a drivers license, obtaining a car, purchasing vehicle insurance, developing independent living skills under strict supervision, moving in to an on-site apartment, as well as keeping up with phase work and volunteer hours. Additionally, residents will have to work in their scheduled appointments with their children and keep up with any on going court cases. When your attention is drawn to multiple things, all at one time, it can get stressful. Life at Maranatha can get tough, but life is always tough in the real world. This is why it is essential for a resident at Maranatha to use the lessons they have learned and MANAGE their lives; not return to their previous ways of burying their stress and emotions inside their addiction. Women at Maranatha will find for the first time in their lives that, with God's help, they can do it.

By the time they graduate from Maranatha, women will be ready to live in the real world as clean, sober, God loving members of society. Many will have custody of their children back or will be well into the process. Are you one of these women? **Are you ready?**

If you are still considering Maranatha as the next step in your recovery process, please fill out the attached application with a cover letter from you and a picture of yourself if possible. This application is our first contact with you, so please be as honest as can be and very open in

relaying your heart to us through the answers you fill out. Once the application is completed, please mail the application to the mailing address provided in the application packet.

# Maranatha



*A Faith-based Residential Discipleship Program, for women wanting to recover from a self-destructive lifestyle.*

P.O. Box 457 Gainesboro, TN 38562

931-268-5673

[Maranatha134@yahoo.com](mailto:Maranatha134@yahoo.com)

## Intake Application

Rv: 12-18

### **MUST BE FILLED** **OUT IN BLACK PEN**

Date \_\_\_\_\_ Who gave you this application: \_\_\_\_\_

This application must be mailed to the above address to ensure undelayed response. Applications not sent through the mail may not be opened or considered. **THIS APPLICATION MUST ALSO BE SUBMITTED WITH A PICTURE AND COVER LETTER FROM YOU**, the applicant, telling why you feel you need to be in this 12 month, residential, faith based, discipleship program. Your acceptance will be based just as much on the letter as on this application.

**Maranatha, at this time, does not have the resources at this time to accept pregnant women.**

Please make sure you answer all the following questions.

### **General:**

Full Name \_\_\_\_\_

**If currently in Jail; please list what jail you are in, its phone number, and address for mail.**

Best way to contact you: Land Line - \_\_\_\_\_ Cell - \_\_\_\_\_

Address where we can send information to you:

Street, City, State, Zip - \_\_\_\_\_

If being released soon, list 3 people and phone numbers you will best be reached at:

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Maiden name/Nicknames/Aliases?

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Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye/Hair Color: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth City, State?

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Gender:    Male        Female            Veteran:    Yes    No        U.S. Citizen:    Yes    No

Birth and/or distinguishing marks, scars or tattoos?

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What are your hobbies? Do you have any special skills? Is there anything you would like to learn to do?

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## **Job History:**

Are you currently working?    Yes    No    If so where? \_\_\_\_\_

Current Monthly Income \$ \_\_\_\_\_

If not how are you supported?

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Do you have any trained job skills?

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What kinds of jobs have you held in the past?

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Where and for how long?

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Which did you like best? \_\_\_\_\_

## Daily Routine:

Describe your average day: (times you wake/eat/sleep/activities)

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## Education:

Highest level of Education completed? \_\_\_\_\_

Are you currently a student? Yes No If yes where? How long to graduating? Part or full time?

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Do you have any difficulty reading or writing?

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Do you have a valid driver's license? Yes No What state? \_\_\_\_\_

If no why not? \_\_\_\_\_

Have you ever been CHARGED with a DUI? If so when? \_\_\_\_\_

How long have you been without a driver's licenses? \_\_\_\_\_

Do you owe money to get it back? Yes No How much? \_\_\_\_\_

Do you own a vehicle? Yes No Make/model/year? \_\_\_\_\_

Where is it now? \_\_\_\_\_

Is it registered and insured? \_\_\_\_\_

## Family:

Marital status? (please circle) Single Married Divorce Widowed Live-in Separated

Where does he/she currently reside? When did you last live together? (or last relationship)

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How is your relationship with your significant other now?

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Would you say he/she has or once had a drug/alcohol problem? \_\_\_\_\_

Their drug of choice: \_\_\_\_\_

Have they been arrested or charged with any crime, if so, When and what charges?

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Note: personal relationships, fraternization, or contact are not permitted, except as defined in the rules, will be permitted while enrolled at Maranatha

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Do you have children? Yes No (if yes please list all names (first/last) and birthdates)

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Who currently has custody of your children, list names, address, contact information. What is their relationship to you? What type of placement is it (Temporary, Permanent Guardianship, Emergency Placement, Etc)?

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How is your relationship with the caregivers to your children?

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How many times have you been pregnant? \_\_\_\_\_ How many live births? \_\_\_\_\_

Have you had any miscarriages? \_\_\_\_\_ Any abortions? \_\_\_\_\_

Is there any possibility that you may be pregnant now? And are you on birth control?

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Which method of discipline do you or did you use concerning your children?

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How were you disciplined as a child:

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Are your parents still living? Yes No                      Still together? Yes No

Please explain your relationship with them:

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Their full names and addresses

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Who are you close to in your family, how is your relationship with them and what is their contact information?

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Do you have knowledge of anyone that would want to know your whereabouts and/or want to harm you in any way? If yes, PLEASE explain.

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## **Living Conditions:**

Current/Latest residential address?

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How long have/how long did you live there? Who did you live with?

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Did you most often: Rent? House/Apt/Room? Own? Co-Habitat? W/ Parents or Others?  
Please explain:

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Do you still own that residence or still have a current contract with any rental property?

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## **Criminal:**

Have you ever been CHARGED or CONVICTED with a Misdemeanor(s)? If yes please explain/give dates:

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Have you even been CHARGED or CONVICTED with a felony(s) If yes, explain and give dates:

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Are you currently serving out a sentence? If so, what for, how long was your sentence, how much time do you have left. Please explain in detail all information related to this question.

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Do you have any pending charges? If yes, what county, what are the charges and when is your next court date? Which judge is over your case(s)?

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To the best of your knowledge, do you have ANY outstanding wants, warrants, indictments or holds for court? If yes, where and what charges?

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Do you have any sexual charges, past or present? Yes No If yes please explain:

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Have you ever been charged or arrested for any act of Domestic Violence/Abuse? Explain.

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Have you been a victim of Domestic Violence, if yes, explain:

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Have you ever filed for an Ex-Parte order of protection, Order of protection or Restraining order?  
If yes explain and include if the order(s) were granted or dropped.

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Are you now or ever been on community probation? If yes, where and when?

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Who is your Community Probation Officer and their contact information:

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Date probation began and will expire:

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Are you now or ever been on State Probation? \_\_\_\_\_

Who is your State Probation Officer and their contact information?

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What is your current probation fee balance and court cost balance?

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Date State Probation began and will expire: \_\_\_\_\_

Are you on parole or up for parole? Please explain.

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Who is your Parole Officer and their contact information:

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Please explain in detail the terms of your parole release:

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Date your parole began and will expire: \_\_\_\_\_

Do you have ANY upcoming court dates? If yes, where, when, what time, what for?

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What are your expectations at your next court date?

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If you are expecting to be released soon how may we contact you?

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## **Legal Representation:**

List ALL legal cases you are currently involved in (Civil, Criminal, DCS etc.) and your legal representative(s) (Attorney, public defender, Court appointed attorney) and their contact information.

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## **History of substance abuse:**

How old were you when you first started using alcohol/drugs? \_\_\_\_\_

Please explain each: Substance, Frequency, Quantity, Last Used, and Method of use:

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What is your drug of choice and method of use:

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Have you ever used more than the intended amount? Yes no

Have you ever used something you didn't intend to use? Yes no

Consequences of use/abuse of mind-altering chemicals:

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List your longest sobriety from drugs and alcohol. What happened?

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Attempts to stop/cut down use of alcohol/drugs (estimate-couple of times, every day):

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Have you ever been in Rehab? Yes No If yes please list all (where/when/reason for leaving):

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## Trauma History:

Have you ever been a victim of any act of violence? (Who what where when and how)

Sexual:

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Physical:

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Emotional:

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Have you received any counseling for these issues?

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## Sexual History:

Sexual orientation? (Please circle)

Heterosexual      Bisexual      Transsexual      Homosexual

How recently involved? \_\_\_\_\_

Have you ever engaged in homosexuality? Drug related or otherwise? \_\_\_\_\_

How frequently? \_\_\_\_\_

Have you ever been involved W/ prostitution? Drug related or otherwise Yes No When?

\_\_\_\_\_

How long were you involved? \_\_\_\_\_

Estimate how many partners have you had in your lifetime \_\_\_\_\_

Have you ever been convicted of a sexual act? \_\_\_\_\_

Are you on Sexual Offenders list? \_\_\_\_\_ If so, what state \_\_\_\_\_

## **Mental Health Assessment:**

A. Depression/Suicidal thoughts or Attempts (distant past and recent):

\_\_\_\_\_  
\_\_\_\_\_

B. Dissociative Symptoms/Flashbacks, etc. (Do you believe that you move yourself away either physically, mentally or emotionally from stressors? Do you "shut down"? Do you experience flashbacks, memories, pictures or body symptoms?):

\_\_\_\_\_  
\_\_\_\_\_

C. Eating Disorder (What are your eating habits? Explain):

\_\_\_\_\_  
\_\_\_\_\_

D. Have you ever gone against your values and/or morals?

\_\_\_\_\_  
\_\_\_\_\_

E. Have you ever been diagnosed with a mental illness (anxiety, panic, phobias, etc.)? Is there a history of family mental illness?

\_\_\_\_\_  
\_\_\_\_\_

F. Danger to Self or Others and/or Property (Have you ever broken/destroyed things? Have you ever driven under the influence of drugs and/or alcohol? Current or Past):

\_\_\_\_\_  
\_\_\_\_\_

G. Do you do any self-mutilating/cutting?

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## Medical/Physical Problems:

Do you now or have you ever tested positive for any contagious diseases? TB HIV/AIDS  
HEP STD's Please list any and all concerns: Note: We do not discriminate.

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Problems or Complications/Needed Surgeries:

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Have you ever had a blood transfusion? \_\_\_\_\_ When? \_\_\_\_\_

Do you sleep walk? Yes No

Have you ever been diagnosed ADD/ADHD?

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Medication currently being taken (prescriptions/over the counter/vitamins):

Note: Maranatha does not permit the use of Suboxone, Methadone, anti-depressants or mood stabilizers.

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(Medication & Exact Dosage, Dates, Taken, Reason for Med, Prescribed By, Date Prescribed)

Verification from physician for these meds? \_\_\_\_\_

Physician's name? \_\_\_\_\_

Last seen? \_\_\_\_\_ Reason? \_\_\_\_\_

Do you have Health insurance? Yes No If yes, with whom? \_\_\_\_\_

Hospitalizations? \_\_\_\_\_

Surgeries? \_\_\_\_\_

Have you ever been declared disabled? Yes No If yes, When? \_\_\_\_\_

Have you ever applied for Social Security disability? \_\_\_\_\_ When? \_\_\_\_\_

Do you have a disability case still pending? \_\_\_\_\_

Recent injuries? \_\_\_\_\_ How? \_\_\_\_\_ When? \_\_\_\_\_

Do you have any known allergies? Yes No If yes please explain:

\_\_\_\_\_  
\_\_\_\_\_

## **Spiritual:**

Religious Affiliation? \_\_\_\_\_

Do you believe there is a God? \_\_\_\_\_

What is the last church you attended? \_\_\_\_\_

For how long? \_\_\_\_\_

How often attended? \_\_\_\_\_

Pastor's name/number? \_\_\_\_\_

How would you describe your relationship with God now?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever participated in occult practices (Wicken, witchcraft, voodoo etc.)?

\_\_\_\_\_ Not sure \_\_\_\_\_

## **What brought you to Maranatha?**

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Maranatha? \_\_\_\_\_

## **Need for treatment?**

A. Why do you need our help?:

\_\_\_\_\_  
\_\_\_\_\_

B. Reason for seeking help NOW (today)?

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C. Is a relationship the cause?

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D. Employment Problems?

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E. Family History of Addictions:

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## **Goals:**

What were your life plans before the “hard” times?

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What are your short term personal goals? (right now)

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What are your long term personal goals? (3 years from now)

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## **Emergency Contacts:**

Please give the names/numbers/address of three contacts starting with the closest to Maranatha:

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List possible visitors:

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Is there anyone that should not be allowed to visit you?

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Do you know anyone that has been in Maranatha?

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What haven't you mentioned that might be helpful to know?

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# Adverse Childhood Experience (ACE) Questionnaire

## Finding your ACE Score ra hbr 10 24 06

**While you were growing up, during your first 18 years of life:**

1. Did a parent or other adult in the household **often** ...

Swear at you, insult you, put you down, or humiliate you?

**or**

Act in a way that made you afraid that you might be physically hurt?

Yes No If yes enter 1 \_\_\_\_\_

2. Did a parent or other adult in the household **often** ...

Push, grab, slap, or throw something at you?

**or**

**Ever** hit you so hard that you had marks or were injured?

Yes No If yes enter 1 \_\_\_\_\_

3. Did an adult or person at least 5 years older than you **ever**...

Touch or fondle you or have you touch their body in a sexual way?

**or**

Try to or actually have oral, anal, or vaginal sex with you?

Yes No If yes enter 1 \_\_\_\_\_

4. Did you **often** feel that ...

No one in your family loved you or thought you were important or special?

**or**

Your family didn't look out for each other, feel close to each other, or support each other?

Yes No If yes enter 1 \_\_\_\_\_

5. Did you **often** feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

**or**

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes No If yes enter 1 \_\_\_\_\_

6. Were your parents **ever** separated or divorced?

Yes No If yes enter 1 \_\_\_\_\_

7. Was your mother or stepmother:

**Often** pushed, grabbed, slapped, or had something thrown at her?

**or**

**Sometimes or often** kicked, bitten, hit with a fist, or hit with something hard?

**or**

**Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes No If yes enter 1 \_\_\_\_\_

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes No If yes enter 1 \_\_\_\_\_

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

Yes No If yes enter 1 \_\_\_\_\_

10. Did a household member go to prison?

Yes No If yes enter 1 \_\_\_\_\_

**Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score**

# Statement of Release

I certify that all the information here is accurate and true to the best of my knowledge. I understand that any false or incomplete information may result in the disqualification of any application for entrance. I also hereby give permission to Maranatha staff to use any means necessary to verify this application including talking to my friends, family, any employer past or present, and searching social networks sites.

\_\_\_\_\_  
\_\_\_\_\_  
*Applicant*

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\_\_\_\_\_  
*Date*

If forms were physically completed by anyone other than applicant, fill in below.

Person \_\_\_\_\_  
Relation to applicant \_\_\_\_\_  
Reason \_\_\_\_\_

Maranatha does not discriminate against those who are HIV positive in its admissions procedures. Because a large number of IV drug users have been infected by the HIV virus, at any given time there may be one or more residents in the program that are HIV positive. This center does not require students that are HIV positive to notify others in the program of their HIV status.

## Please send your completed application to:

Maranatha  
PO box 457  
Gainesboro Tn. 38562

Or you may e-mail it to  
maranatha134@yahoo.com







# If Accepted to Maranatha;

Upon your arrival at Maranatha,

**Be sure to bring the following to be presented for inspection:**

Your Bible (If you have one)

Stamps and Envelopes

Pens and Highlighters

Your Cell Phone

List of Emergency Contacts and Numbers

Business Cards for Lawyer(s), DCS Caseworker, Probation Officer

Birth Certificate

Driver's License / I.D.

Social Security Card

Tn Care Card / Medical Insurance Card

EBT Card

Copies of any DCS paperwork

Copies of any Court Orders

Copies of any on going Criminal / Civil Cases

Copies of Latest Health Records

Clothing- About two weeks supply, including shoes, coat and shower shoes.

\*\* If you do not have any of the items listed above, Maranatha will help you acquire the items. \*\*

**YOU MAY ALSO BRING:**

Photos of your family, especially your children

Personal Pillow, Blanket/Quilt (no linens)

Toiletries, including blow dryer, curling iron, straightener

Favorite foods or snacks (Up to two weeks supply)

Towel and washcloth

Laundry Basket and laundry detergent

YOU MAY NOT BRING:

Books, DVD's, CD's, Music, etc. that are of inappropriate nature

Electronic items

Furniture items

Linens

Cleaning Supplies

Your Vehicle (Unless prior approval is given)

Any medication including vitamins and prescription medication UNLESS  
PRIOR APPROVAL has been made

**If you have any questions concerning items to bring/not to bring,  
please call Maranatha Staff at 931-268-5673**

Rev. 06-03-2016