

Maranatha Women'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 year-long 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 has helped dozens 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.

Once accepted into the program, residents 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, set up payment plans for any fines, complete medical evaluations, DCS casework, attend recovery meetings throughout, and work volunteer hours.

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

As a resident progresses through each phase of the program, they are taught more responsibilities to build upon the previous lessons learned. These lessons include: obtaining a job, developing a financial budget, obtaining a driver's license, obtaining a car, purchasing vehicle insurance, developing independent living skills under strict supervision, moving into 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 ongoing court cases.

Life at Maranatha can be tough, but life is always tough in the real world. This is why it is essential for any resident at Maranatha to **MANAGE** their lives and 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 move out 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 to your recovery process, please continue to fill out the attached application with a cover letter from you and a picture of yourself. 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.



Intake Application

A faith-based residential discipleship program, for women wanting to recover from a self-destructive lifestyle.

P.O. Box 457
Gainesboro, TN 38562

931-704-7766

maranathawomensministry2010@gmail.com

kenl42@yahoo.com

This application MUST be completed in black ink.

This application must be mailed to the above address to ensure undelayed response. THIS APPLICATION MUST ALSO BE SUBMITTED WITH A 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. ***Please include a cover photo or mugshot of yourself.***

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

Maranatha cannot accept applicants with sex charges or who are registered as a sex offender.

****Parole applicants; Maranatha is not a state approved halfway house. Your acceptance will depend on your parole board's approval.***

Please make sure you answer all the following questions in dark colored ink. PLEASE DO NOT USE PENCIL.

Date _____ Who gave you this application: _____

General:

Full Name_____

If Applicable:

Maiden Name(s):_____ Nickname(s):_____

Any Other Alias':_____

Social Security Number: _____

Date of Birth:_____ Age:_____

(Please Circle)

U.S. Citizen: Yes No

Veteran: Yes No

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

Best way to contact you:

Phone: _____

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:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Education:

Highest level of Education completed?_____

Do you have any difficulty reading or writing?_____

Sexual History:

Sexual orientation? (Please circle)

Heterosexual

Bisexual

Transsexual

Homosexual

Are you a registered sex offender?:_____ If so, what state:_____

Spiritual:

Religious Affiliation?_____

Do you believe there is a God? _____

How would you describe your relationship with God now?

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

_____ Not sure.

Driving History:

Do you have a valid driver's license?(Please circle): Yes No If so, what state?:_____

If no License, why not?_____

How long have you been without a driver's license?_____

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

Have you ever been married? _____ If so how many times _____ For How long?: _____

Where do they currently reside? _____

How is your relationship with them now?

Would you say they currently have, or once had a drug/alcohol problem? Yes No

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

***Note: personal relationships, fraternization or contact with spouses are not permitted, except as defined in the rules, while enrolled at Maranatha.**

Do you have children? Yes No If yes please list all names, first/last, and birthdates.

Who currently has custody of your children? List names, address', and phone numbers.

What is the caregivers' relationship to you? (Father, mother,etc.)

What type of placement is it? (Temporary, permanent guardianship, emergency placement, etc)

How is your relationship with the caregivers to your children?

How many times have you been pregnant?_____

Is there any possibility that you may be pregnant now? Yes No Are you on birth control? Yes No

Have you had any miscarriages? _____ Any abortions?_____

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

Please list their names and explain your relationship with them:

Are you close to anyone in your family? How is your relationship with them, and what is their contact information?

Criminal:

Have you ever been charged or convicted with a Misdemeanor(s)? If yes, please explain and give dates:

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

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

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

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

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

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

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

Are you now or ever been on County/Misdemeanor probation? If yes, where and when?

Who is your county/misdemeanor probation officer and their contact information:

Date probation began and will expire:

Are you now or ever been on state probation? _____

Who is your state probation officer and their contact information?

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

Date State Probation began and will expire: _____

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

Who is your Parole Officer and their contact information:

Please explain in detail the terms of your parole release:

Date your parole began and will expire:_____

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

What are your expectations at your next court date?

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

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:

What is your drug of choice and method of use:

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

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

What have been the consequences of using drugs in your life?

List your longest sobriety from drugs and alcohol. Please explain why you relapsed. (If applicable)

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

Have you ever been in rehab, recovery program or halfway house? Yes No

If yes, please list where, when, and reason for leaving each place.

Have you applied to any other programs? If so, which ones?

Trauma History:

Have you ever been a victim of any act of violence?

Sexual:

Physical:

Emotional:

Have you received any counseling for these issues?

Mental Health Assessment:

Depression/Suicidal thoughts or Attempts? ANY past and recent:

Dissociative symptoms or flashbacks, etc?

(Do you believe that you move yourself away either physically, mentally or emotionally from stressors?

Do you "shut down", or do you experience flashbacks, memories, pictures or body symptoms?):

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

Are you/have you been a danger to self, others and/or Property?

(Have you ever broken/destroyed things, or have you ever driven under the influence of drugs and/or alcohol? Current or Past):

Medical/Physical Problems:

Do you now or have you ever tested positive for any contagious diseases? (TB, COVID, HIV/AIDS HEP C STD's)

Please list any and all concerns: Note: We do not discriminate.

List any ongoing medical problems.

Have you ever been diagnosed with ADD/ADHD? _____

Medication currently being taken (Prescriptions, over the counter, or any vitamins):

****NOTE: MARANATHA DOES NOT PERMIT THE USE OF SUBOXONE, METHADONE, ANTIDEPRESSANTS, OR MOOD STABILIZERS.***

Is there verification from a physician for these meds? Yes No

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? Yes No How? _____ When? _____

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

What brought you to Maranatha?

How did you hear about Maranatha?_____

Need for treatment:

Why do you need our help?

Reason for seeking help NOW (today)?

Family History of Addiction:

Goals:

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

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

Emergency Contacts:

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

Name:_____	Phone:_____	Address:_____
Name:_____	Phone:_____	Address:_____
Name:_____	Phone:_____	Address:_____

List possible visitors and their relationship to you:

Name:_____	Relationship:_____
Name:_____	Relationship:_____
Name:_____	Relationship:_____
Name:_____	Relationship:_____

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

Is there anything that you might want to say that has not been covered? Please use space below:

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 Signature

Date

If forms were physically completed by anyone other than the 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.

Maranatha complies with title IV of the civil rights act of 1964 and does not discriminate based on race, creed, gender or religion.

Finding Your ACE Score

Please complete the following;

1. Did a parent or any other adult in the household often or very often swear at you, insult you, put you down, 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 or very often push, grab, slap, 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 any person at least 5 years older than you ever touch or fondle you, have you touch their body in a sexual way, or actually have oral, anal, or vaginal intercourse with you?

Yes No If yes enter 1 _____

4. Did you often or very often feel that no one in your family loved you or thought you were important or special or that 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 or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you, or that 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 or very often pushed, grabbed, slapped, or had something thrown at her? Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard, or ever repeatedly hit at least a few times 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.

Maranatha Intake Summary Letter

Use the following pages to tell us why you think you would benefit from the Maranatha program.

Tell us about your life that brought you to where you are today. ***This letter is MANDATORY.***

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If more space is needed, please use the back side of this page.

If accepted to Maranatha:

Please bring the following.

If you do not have any of these things, Maranatha will help you acquire them.

- Your Bible
- List of Emergency contacts and their numbers
- Business Cards for any lawyer(s), DCS Caseworkers, and/or probation Officers
- Birth Certificate
- Driver's License/I.D., social security card
- TennCare card/medical insurance card
- EBT Card
- Copies of any DCS paperwork
- Copies of any Court Orders
- Copies of any ongoing criminal/civil Cases,
- Copies of Latest Health Records
- Clothing- about two weeks supply, including shoes, and coat

If you would like, you may also bring:

- Photos of your family- especially your children
- Personal Pillow, or blanket
- Personal towel/washcloth
- Toiletries, or any make-up
- Blow dryer, curling iron, straightener, etc
- Laundry basket, laundry detergent
- Envelopes, stamps, pens, or highlighters

Do NOT bring:

- Books, DVD's, CD's, etc
- Electronic items
- Furniture items, or linens/bedsheets
- Cleaning Supplies
- Your Vehicle (Unless prior approval is given)
- Any medication, *including* prescription medication and vitamins (Unless prior approval is given)

If you have any questions concerning items to bring/not to bring, please call 931-704-7766.