

Dear Student Applicant:

We are delighted that you are interested in this application. The Way Training Center is a Christian discipleship-training program. We help individuals who struggle with addictions.

Our program is designed to help adults whose pattern of inappropriate or harmful substance use has impeded their ability to function in social, family, school, and/or work settings. Our goal is to help you overcome these struggles by establishing a sober and substance free lifestyle, enhancing your social skills, building supportive relationships, and developing a personal relationship with Jesus Christ. Studies have shown that faith-based programs like The Way Training Center have the highest rates of recovery in the nation.

As you complete the application, it is important to answer all the questions on the application truthfully. This is the only way we can accurately determine how best to serve you. Some things in your past may be difficult or painful to share, but they are essential to your healing and **complete recovery**.

Please return the completed application via mail to:

The Way Training Center – Men’s Program

The Way Training Center
1828 N Ave G
Crowley, LA 70526

You may also apply in person at any of our thrift stores. Refer to The Way2Thrift page on our website for store locations.

Or Email completed application to thewaycelsey@gmail.com Note subject line Attention: Admissions Department

Upon receipt of your application, one of our admission representatives will immediately contact you and begin processing the application. Our admission office is open Monday through Friday. When applications are received on weekends or holidays, our admissions staff will contact you and begin processing the application on the next business day.

If you have any questions regarding our program or the status of your application, please contact the admissions department at **(337-250-4551)**.

A large number of our graduates have experienced **complete recovery** from drug and alcohol addiction. They have told us that the key to their success was developing a personal relationship with God and putting into practice all that they learned while in our program. We are here to help you do the same. We believe that God has a great purpose for your life. We are thankful for every opportunity to help you and others discover that purpose and live it to the very fullest.

Sincerely,

The Way Training Center Staff



Student Application

Date of Application: ___/___/___

Birth Certificate

Entry Date: ___/___/___

Social Security Card

Intake ETP ___/___/___

Physical Exam incl. Blood work
(HIV, Hep B, TB, VD)

Driver's License

1. Have you ever been accused of a sexual offense? If yes, please explain. _____

2. Have you ever attempted suicide? Yes No If yes, when? Explain _____

3. What are your views on Homosexuality? Explain _____

4. You must be willing to be transferred to a different Faith Based Rehabilitation facility if we see it necessary.
 Yes No

5. Do you have your birth certificate, social security card, and driver's license with you? Yes No

6. Do you have any work skills? _____

7. Do you have any special training? _____ What kind? _____

8. What was your last occupation? _____

For Interviewer:

Did the applicant refuse to divulge any information? _____

If so, what type of information?

Please give your impression concerning the attitude and overall personality and desires of this applicant

Staff Name: _____

Date: ___/___/___

General Information:

First Name: _____ **SSN:** _____ - _____ - _____ **Sex:**
Middle Name: _____ Male
Last Name: _____ **DOB:** ____/____/____ **Age:** _____ Female

Current Address: _____ **Place of Birth** _____ **Height:** _____ **Weight:** _____
 Street: _____ **Eye Clr.** _____ **Hair Clr** _____
 City: _____ **Legal Resident Of:**
 State: _____ Zip: _____ State: _____
 Phone: _____ Email: _____ County: _____

Prior Military Service: Yes No **Branch:** _____ **# Years:** _____ **Discharge Date:** ____/____/____

Have You Ever Been Adopted? Yes No **Referred by:** _____

Have You Ever Been in Foster Care? Yes No

How Many Children Do You Have? _____

Do You Have Any Relatives or Friends Currently in Our Program? Yes No

Have You Previously Been in Our Program? Yes No **How Many Years Ago?** _____

| | | | | |
|---|---|--|--|--|
| Education: <input type="checkbox"/> 4 + Years of college <input type="checkbox"/> 1-3 Years of College <input type="checkbox"/> 1 + Years of Trade School <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> GED <input type="checkbox"/> Dropped out of H.S. <input type="checkbox"/> Still Attending School <input type="checkbox"/> Current Grade _____ | Housing Situation: <input type="checkbox"/> Live with Spouse <input type="checkbox"/> Live with Parents <input type="checkbox"/> Live with Relatives <input type="checkbox"/> Live with Friends <input type="checkbox"/> Incarcerated <input type="checkbox"/> Homeless <input type="checkbox"/> Live Alone <input type="checkbox"/> Other | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other | Citizenship: <input type="checkbox"/> United States <input type="checkbox"/> Other English Skills: <input type="checkbox"/> I Read English <input type="checkbox"/> I Write English <input type="checkbox"/> I Speak English | Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other |
|---|---|--|--|--|

| | |
|--|---|
| Religion: <input type="checkbox"/> Protestant <input type="checkbox"/> Catholic <input type="checkbox"/> Other | Denominational Preference: (If Religion is Protestant) <input type="checkbox"/> Assemblies of God <input type="checkbox"/> Baptist <input type="checkbox"/> Church of God <input type="checkbox"/> Evangelical Covenant <input type="checkbox"/> Evangelical Free <input type="checkbox"/> Lutheran <input type="checkbox"/> Inter-Denominational <input type="checkbox"/> Methodist <input type="checkbox"/> Missionary Alliance <input type="checkbox"/> Non-Denominational <input type="checkbox"/> Presbyterian <input type="checkbox"/> Other |
|--|---|

I Need Help with the Following: (Check All That Apply)

| | | | |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> Alcohol Addiction | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Aggression | <input type="checkbox"/> Self Mutilation |
| <input type="checkbox"/> Drug Addiction | <input type="checkbox"/> Anger | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Terminal Illness |
| <input type="checkbox"/> Tobacco Addiction | <input type="checkbox"/> Depression | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Suicidal Thoughts |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Grief | <input type="checkbox"/> Forgiveness | <input type="checkbox"/> Death of a Loved One |
| <input type="checkbox"/> Pornography | <input type="checkbox"/> Fear | <input type="checkbox"/> Emotional Stress | <input type="checkbox"/> Family Relationships |
| <input type="checkbox"/> Guilt | <input type="checkbox"/> Self Esteem | <input type="checkbox"/> Parenting | |

Applicant's Signature: _____

Date: ____/____/____

Medical Information:

Medical History: (Check all that apply to your current and past conditions)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Physical Abuse |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> HIV Virus | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Homicidal Tendencies | <input type="checkbox"/> Respiratory Problems |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Flashbacks | <input type="checkbox"/> Homicidal Thoughts | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Head Trauma | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Bipolar | <input type="checkbox"/> Hearing Voices | <input type="checkbox"/> Multiple Personalities | <input type="checkbox"/> Suicide Attempts |
| <input type="checkbox"/> Bulimia | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Nervous Condition | <input type="checkbox"/> Suicide Thoughts |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Paranoia | <input type="checkbox"/> Tuberculosis |
| | | | <input type="checkbox"/> Venereal Disease |

Substance Abuse: (Check all that you have used)

- | | | | |
|---|-----------------------------------|---|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Crack | <input type="checkbox"/> Huffing/Sniffing | <input type="checkbox"/> Mushrooms |
| <input type="checkbox"/> Amphetamines (uppers) | <input type="checkbox"/> Ecstasy | <input type="checkbox"/> LSD | <input type="checkbox"/> PCP |
| <input type="checkbox"/> Barbiturates (downers) | <input type="checkbox"/> GHB/MDMA | <input type="checkbox"/> Marijuana | <input type="checkbox"/> Over the Counter Drugs |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Heroin | <input type="checkbox"/> Meth | <input type="checkbox"/> Prescription Drugs |
| | | | <input type="checkbox"/> Other: _____ |

What was the date you last used **any** of the above substances? _____

Drug of Choice: _____ Method of Use: Inject Snort Smoke Oral Other

When first used: _____ Frequency: _____ Dosage: _____

Do you use tobacco? Yes No If yes, check all that apply: Cigarettes/Cigars Chew/Snuff

Treatment History:

- Have you ever been treated for chemical dependency? Yes No How Many tx? _____
- Are you being treated for any medical conditions? Yes No Condition(s)? _____
- Are you being treated with prescribed narcotics? Yes No
- **Applicants on prescribed narcotics will need to complete the regimen prior to entry or switch to non-narcotic pain med.*
- Have you ever been treated for mental disorders? Yes No
- Have you ever been treated for eating disorders? Yes No
- Have you ever been treated for sleep disorders? Yes No
- Have you ever been treated by a psychiatrist? Yes No Last Visit: ____/____/____
- Have you ever been treated by a psychologist? Yes No Last Visit: ____/____/____

Medications: Psychotropic and anti-depressant medications are limited at this facility and will be reviewed on a case by case basis. All other applicants MUST be weaned off before entering TWTC.

List all current medications:

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

List any additional medications taken in the past 5 years:

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

Special Needs:

- Do you have any type of disability? Yes No Type: _____
- Do you require a special diet? Yes No Type: _____
- Do you have any medical restrictions? Yes No Type: _____
- Do you have any allergies? Yes No Type: _____
- Do you have any chronic conditions? Yes No Type: _____
- Do you have any other type of special needs? Yes No Type: _____

Applicant's Signature: _____

Date: ____/____/____

Medical Information:

Insurance Provider:

ID Number: _____

Name: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Prior Treatment Facilities: (list the 2 most recent treatment programs you have been in)

Name of Facility: _____

City: _____ State: _____

Dates of Treatment: ____/____/____ to ____/____/____

Reason for Treatment: _____

Did you complete the program? Yes No

For Admission Use only:

Name of Facility: _____

City: _____ State: _____

Dates of Treatment: ____/____/____ to ____/____/____

Reason for Treatment: _____

Did you complete the program? Yes No

For Admission Use only:

Doctor Information:

Name of Doctor: _____

City: _____ State: _____

Phone: _____ Fax: _____

Dates of Treatment: ____/____/____ to ____/____/____

Reason for Treatment: _____

For Admission Use Only:

Name of Psychiatrist: _____

City: _____ State: _____

Phone: _____ Fax: _____

Dates of Treatment: ____/____/____ to ____/____/____

Reason for Treatment: _____

For Admission Use Only:

Name of Psychologist: _____

City: _____ State: _____

Phone: _____ Fax: _____

Dates of Treatment: ____/____/____ to ____/____/____

Reason for Treatment: _____

For Admission Use Only:

Applicant's Signature: _____

Date: ____/____/____

Legal Information:

Current Legal Status:

- | | | | |
|--|------------------------------|-----------------------------|---------------------|
| Are you currently on probation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | State/County: _____ |
| Are you currently on parole? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | State/County: _____ |
| Do you currently have any court cases pending? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | State/County: _____ |
| Are you currently under investigation for anything? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | State/County: _____ |
| Do you currently have any outstanding warrants? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | State/County: _____ |
| Are you currently involved in any type of lawsuit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | State/County: _____ |
| Do you currently have any unpaid fines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | State/County: _____ |
| Are you currently required to pay any restitution? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | State/County: _____ |
| Are you currently ordered to do any community service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | State/County: _____ |
| Are you currently required to pay child support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | State/County: _____ |
| Are you currently behind in child support payments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | State/County: _____ |

Past Legal Status:

- | | | | |
|--|------------------------------|-----------------------------|---------------------|
| Have you ever been arrested? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | State/County: _____ |
| Have you ever been in a juvenile detention center? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | State/County: _____ |
| Have you ever been sentenced to jail? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | State/County: _____ |
| Have you ever been in prison? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | State/County: _____ |
| Have you ever been on probation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | State/County: _____ |

Criminal Activity: (Check all that you have been involved with)

- | | | |
|--|--|---|
| <input type="checkbox"/> Aiding & Abetting | <input type="checkbox"/> Driving Without a License | <input type="checkbox"/> Probation Violation |
| <input type="checkbox"/> Armed Robbery | <input type="checkbox"/> Drug Manufacturing | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Drug Possession | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Assault | <input type="checkbox"/> DUI | <input type="checkbox"/> Restraining Order |
| <input type="checkbox"/> Attempted Assault | <input type="checkbox"/> DWI | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Attempted Burglary | <input type="checkbox"/> Embezzlement | <input type="checkbox"/> Sex with a Minor |
| <input type="checkbox"/> Attempted Rape | <input type="checkbox"/> Escape from Custody | <input type="checkbox"/> Shoplifting |
| <input type="checkbox"/> Attempted Robbery | <input type="checkbox"/> Felony Conviction | <input type="checkbox"/> Solicitation of Prostitution |
| <input type="checkbox"/> Attempted Murder | <input type="checkbox"/> Fleeing or Eluding Police | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Attempted Theft | <input type="checkbox"/> Fraud | <input type="checkbox"/> Terroristic Threats |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Harassment | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Incest | <input type="checkbox"/> Truancy |
| <input type="checkbox"/> Car Jacking | <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Underage Drinking |
| <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> Larceny | <input type="checkbox"/> Use of Firearm in a crime |
| <input type="checkbox"/> Child Molestation | <input type="checkbox"/> Leaving Scene of Accident | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Child Endangerment | <input type="checkbox"/> Manslaughter | <input type="checkbox"/> Vehicular Homicide |
| <input type="checkbox"/> Child Pornography | <input type="checkbox"/> Murder | <input type="checkbox"/> Violation of No Contact Order |
| <input type="checkbox"/> Concealed Weapon | <input type="checkbox"/> No Contact Order | <input type="checkbox"/> Violation of Order of Protection |
| <input type="checkbox"/> Criminal Sexual Conduct | <input type="checkbox"/> Order of Protection | <input type="checkbox"/> Violation of Restraining Order |
| <input type="checkbox"/> Disorderly Conduct | <input type="checkbox"/> Parole Violation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Possession of Stolen Property | <input type="checkbox"/> Other: _____ |

Applicant's Signature: _____

Date: ____/____/____

Legal Information: (Continued)

Probation Information:

Probation Officer's Name: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

For Admission Use Only:

Attorney Information:

Attorney's Name: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

For Admission Use Only:

Case Worker:

Case Worker's Name: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

For Admission Use Only:

For Admission Use Only: If the applicant is court ordered to our program, provide the following information:

Program:

- Life Care
- Extended Care
- Outpatient

Court Information:

Name of Court: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 County: _____
 Judge's Name: _____

- Copy of Court Order Received
- Copy of Probation Requirements Received
- Copy of Rule 25 Assessment Received

Referral Information: (If entering Ext. Care Program)

Referral's Name: _____
 Agency Name: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 County: _____
 Phone: _____ Fax: _____

Applicant's Signature: _____

Date: ____/____/____



Student Application

Family Information:

Primary Emergency Contact:

Name: _____
 Relationship: _____
 Street: _____
 City: _____
 State: _____ Zip Code: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____

Secondary Emergency Contact:

Name: _____
 Relationship: _____
 Street: _____
 City: _____
 State: _____ Zip Code: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____

Mother's Information:

Name: _____
 Street: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: _____

Father's Information:

Name: _____
 Street: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: _____

Spouse's Information:

Name: _____
 Street: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: _____

Legal Guardian's Information:

Name: _____
 Street: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: _____

Children's Information:

| | | | |
|-------------|------------|------------|---------------------|
| Name: _____ | Sex: _____ | Age: _____ | DOB: ____/____/____ |
| Name: _____ | Sex: _____ | Age: _____ | DOB: ____/____/____ |
| Name: _____ | Sex: _____ | Age: _____ | DOB: ____/____/____ |
| Name: _____ | Sex: _____ | Age: _____ | DOB: ____/____/____ |
| Name: _____ | Sex: _____ | Age: _____ | DOB: ____/____/____ |
| Name: _____ | Sex: _____ | Age: _____ | DOB: ____/____/____ |
| Name: _____ | Sex: _____ | Age: _____ | DOB: ____/____/____ |
| Name: _____ | Sex: _____ | Age: _____ | DOB: ____/____/____ |
| Name: _____ | Sex: _____ | Age: _____ | DOB: ____/____/____ |
| Name: _____ | Sex: _____ | Age: _____ | DOB: ____/____/____ |

Siblings:

| | | |
|-------------|------------|--------------|
| Name: _____ | Sex: _____ | Phone: _____ |
| Name: _____ | Sex: _____ | Phone: _____ |
| Name: _____ | Sex: _____ | Phone: _____ |
| Name: _____ | Sex: _____ | Phone: _____ |

Applicant's Signature: _____

Date: ____/____/____

Spiritual Information:

Occult Activity: (Please check all that you have been involved with)

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Animal Sacrifices | <input type="checkbox"/> Fortune Tellers | <input type="checkbox"/> Psychics | <input type="checkbox"/> Witchcraft |
| <input type="checkbox"/> Astrology | <input type="checkbox"/> Ouija Boards | <input type="checkbox"/> Satan Worship | <input type="checkbox"/> Voodoo |
| <input type="checkbox"/> Black Magic | <input type="checkbox"/> Palm Reading | <input type="checkbox"/> Séances | <input type="checkbox"/> Other: _____ |

Church Activity:

- | | | | | |
|----------------------------------|--------------------------------|---------------------------------------|---------------------------------|--------------------------------|
| How often do you attend church? | <input type="checkbox"/> Often | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| How often do you read the Bible? | <input type="checkbox"/> Often | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |
| How often do you pray? | <input type="checkbox"/> Often | <input type="checkbox"/> Occasionally | <input type="checkbox"/> Seldom | <input type="checkbox"/> Never |

- | | | | |
|--|------------------------------|-----------------------------|----------------------|
| Have you ever accepted Jesus Christ as your Lord and Savior? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: ____/____/____ |
| Have you ever been baptized in water? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: ____/____/____ |
| Have you ever experienced being filled with the Holy Spirit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: ____/____/____ |

If you attend church, please provide as much of the following information as possible:

Name of the Pastor: _____
 Name of the Church: _____
 Street Address: _____
 City: _____ State: _____
 Phone: _____

- | | | |
|--|------------------------------|-----------------------------|
| Have you talked with your Pastor about entering The Way Training Center program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your Pastor support you coming into our program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you want to live a happier, healthier life? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you want to be free of the burdens of your past? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you want a better relationship with your family? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you like a brand-new start in life? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you believe that God wants to help you straighten out your life? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you <u>want</u> God to help you straighten out your life? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Acknowledgements: (Please read each item and check YES if you are willing to come into the program based on that statement and NO if you are not)

1. The Way Training Center is a Faith Based Christian program. Yes No
2. Residents must participate in daily devotions and Bible reading Yes No
3. Residents must participate in choir, chapel services, and prayer. Yes No
4. Residents must attend all scheduled choir events including church each Sunday & Wednesday. Yes No
5. Residents will be offered communion periodically but are not required to partake. Yes No
6. Residents desiring to be baptized in water will be given the opportunity if eligible. Yes No
7. Applicants not desiring a Christian program should seek other treatment facilities. Yes No
8. Residence must participate in counseling, Start Right Training maps, and mentoring sessions. Yes No

Applicant's Signature: _____

Date: ____/____/____

Voluntary Compliance with Faith-Based Activities

The Way Training Center is a faith-based program that is based upon Christian principles and practices. As such, The Way Training Center is only an appropriate option for people desiring such a program and who are willing to commit to fully participate in it. If you do not want to participate in this program and follow the requirements listed below, please contact our admissions department and we will provide a referral list of other programs that may better meet your needs.

Please read each item carefully and initial your acceptance to each program requirement.

Upon admittance to The Way Training Center, I agree to the following:

- I will participate in daily devotions, Bible reading, and prayer.
- I will participate in the choir which performs Christian songs at weekly church services and special events.
- I will participate in lecture classes, individualized study courses, group counseling, individual counseling, and other program components that are based on Christian principles.
- I understand I'm subject to Mental Health Individual or Group Counseling, which is a service that is provided to me as part of the program for my recovery. If I chose to decline, I will forfeit my stay here and be transferred or dismissed.
- I will attend church services when scheduled.
- If offered the opportunity to partake in communion or water baptism my participation is voluntary.
- If I object to the religious nature of this program and its requirements, I will notify the Dean of Students and receive a referral to another program of my choosing.
- I release all my rights of my Personal Story (testimony) and allow The Way Training Center the ability to use their photographs, videotapes, audiotapes, Facebook, twitter, social media, website, and testimonies, etc. in a promotional manner.

My signature below indicates that I have carefully considered the Christian nature of the program as well as the Counseling Component that is part of my recovery to my success. I have made a free and independent choice to participate in The Way Training Center program. I also acknowledge that I have been given the opportunity to ask for a referral list of other faith-based and secular programs.

Applicants Signature

____/____/____
Date

General Information:

- A. The Way Training Center program is a Christian residential discipleship-training program and not a medical, psychiatric, or psychological program. If an applicant has been treated with psychotropic medication prior to entry, they will be evaluated by a medical professional. If accepted into the program, some psychotropic medications will be administered on a limited and **CASE-BY-CASE** basis as prescribed. We will not accept individuals with severe mental illness but will refer them to a treatment center that can better address their needs. We help individuals who struggle with addictions. Our program is a voluntary program, and the student may leave at anytime. The Way Training Center is not liable for any claims that may occur after the student leaves. The program results are dependent upon the student's response to the established methods.
- B. Possession and/or use of drugs, alcohol and tobacco are prohibited while enrolled in our program.
- C. Students may be given drug and/or alcohol tests at any time without prior notice or approval. Students who test positive for drugs and/or alcohol use while in our program will face disciplinary action and possible expulsion from our program. The Way Training Center is committed to providing a safe, efficient, and productive environment for all students. In keeping this commitment, students and applicants may be asked to provide body substance samples (e.g. blood, urine) to determine the illicit use of drugs or any nicotine products. The Way Training Center will attempt to protect confidentiality of drug test results.
- D. As part of their training, students are required to perform daily chores and participate in work-study assignments. Work-study is designed to teach basic work skills such as teamwork, discipline, pride in work, and the development of a strong work ethic.
- E. As part of their training, students are required to perform work assignments, and fundraising in helping to build Biblical values of a good work ethic and the character of a responsible, upright individual. Compensation or in-kind benefits for the performance of any work assignment is not to be expected by the students.
- F. Students while here at The Way Training Center may become eligible for Public Assistance from the Department of Social Services in lieu of financial support for their time at The Way Training Center. The student understands that they willingly surrender these benefits to help underwrite the costs of their care. When becoming eligible, students may also receive Medical Assistance (obtain a Medicaid card).
- G. Students must be able to read, write, speak, and comprehend the English language.
- H. Students may not buy or sell personal property to or from other students.
- I. The Way Training Center will not be responsible for any personal property that becomes lost, stolen, or damaged while on our premises.
- J. The Way Training Center will not be responsible for any injury occurring to anyone while in our program.
- K. Students, their rooms, and their personal property may be searched at any time without prior notice or approval.

- L. Students are required to obtain a summary of each medical and dental visit prior to leaving the place of treatment and must provide the information to their charge staff immediately upon return to The Way Training Center.
- M. Applicants must commit to complete the entire program in order to be approved for admission. Students who do not keep up with their daily assignments and those who fail to demonstrate satisfactory growth may require additional time.
- N. Students should bring **enough non-psychotic/non-narcotic prescription** medication to last at least 30 days and bring it in their original containers bearing appropriate labels. Students must also take prescribed medications (**NON-NARCOTIC/NON-PSYCHOTROPICS**) according to directions. If the student has been approved for a Psychotropic or anti-depressant drug, it must be taken as prescribed.

Applicant's Signature: _____

Date: ____/____/____

Admission Information:

- A. I understand that The Way Training Center does not discriminate on the basis of race, color, creed, religion, sex, national and ethnic origin, marital status, public assistance status, family status, or disability in the administration of its educational, admission, or program policies or procedures.
- B. No applicant will be admitted without picture identification, social security card, and a completed application.
- C. Applicants requiring medical detoxification must do so prior to entry.**
- D. A physical examination is required. Some applicants may be approved for admission prior to having a physical examination provided they agree to obtain a physical immediately upon entering our program. Tests for the HIV Virus, Venereal Disease, Tuberculosis, and Hepatitis are required as part of the physical examination.
- E. In the case of applicants who were previously enrolled in our program, the Admissions Director will review the application and submit his recommendation and the completed application to the Program Director for review. For these applicants, re-admittance into the program requires the approval of the Program Director.
- F. I release The Way Training Center from all financial or legal responsibilities in case of accident, injury, illness, or other misfortune.

Applicant's Signature: _____

Date: ____/____/____

Orientation Information:

- A. The first three weeks (21 days) are considered the orientation period. During this period, it is crucial that the student become familiar with the program unhindered by outside distractions.
- B. After the orientation period, correspondence will be limited to immediate family members and others who have been approved by the Program Leaders. A student correspondence form will be completed by the student during admission. Once approved by the Program Leaders, the student will be able to correspond with those authorized. Mail from those who have not been approved will be returned to the sender. We encourage family members to talk with us about the correspondence list during the admission process and anytime they have a question or concern. Students who are caught manipulating the system can expect to temporarily lose phone, mail, or visitor privileges.
- C. Although many staff members will be substantially contributing to the student's personal and spiritual growth, the Program Leaders are the **most significant** in the life of the student. He spends considerable time reviewing the records of each student, determining the need for counseling, prayer, encouragement, motivation, and discipline. The Program Leaders are responsible to the Program Director for the overall growth and development of each student. Family members who have any questions concerning their loved one's progress should contact the Program Leaders. The Program Leaders have several staff members working directly under them to ensure each student gets what is required to bring about a change in attitude, behavior, and lifestyle. The Program Leaders directly supervise their staff and ensure quality leadership is provided.
- D. Each student will have access to our "Student Manual" which covers the policies of the program. We reserve the right to make changes in policy whenever necessary. Changes in policy are subject to change. These changes will be communicated to students and staff by the Program Director or the Program Leaders.

Applicant's Signature: _____

Date: ____/____/____

Documents for Admission:

- Driver's License or Other Picture ID - **Required**
- Social Security Card – **Required**
- Birth Certificate (Original or Certified Copy) – If Available
- DD 214 Form (Applicants with Prior Military Service) – If Available

Other Items You May Bring:

You should bring the following items if you have them. If you do not have them and do not have the means to purchase them, do not worry. We have the ability to provide many of these items at no cost to you.

CLOTHING:

- Gloves
- Black or dark blue suit jacket (male)
- Black or dark blue dress pants (male)
- White dress shirts (long or short sleeve) (male)
- Black or dark blue socks (male)
- Underwear
- Belt (male)
- Neckties (male)
- Black skirt (female)
- White Blouses (female)
- Nylons (female)
- Slips (female)
- Dress shoes (male & female)
- Jeans or casual slacks
- Collared shirts or blouses
- T-shirts (no obscene or inappropriate logos)
- Shorts (must cover ¾ of thigh)
- Coat (during winter) – Raincoat - Umbrella
- Dresses or skirts
- Sweatshirt
- Sweat pants
- White socks

Shoes:

- Shower shoes
- Slippers
- Tennis shoes
- Casual shoes
- Boots (during winter)
- Dress Shoes

SCHOOL SUPPLIES: (if in High School)

- Spiral Notebooks
- Black or blue ink pens – Pencils #2
- Ruler, Calculator

TOILETRIES:

- Soap - Shampoo
- Comb - Brush
- Toothbrush - Toothpaste
- Towel - Washcloth
- Deodorant
- Disposable or electric razor – shaving cream
- Makeup
- Blow Dryer
- Foot Powder or spray
- Sanitary items

LINENS:

- Blanket, Pillow, Pillow Case
- Twin Sheets

MISC:

- Bible
- Envelopes - Stamps
- Small Clock Radio
- Family Picture (8"x10" maximum)
- Camera - Film
- Jewelry (leave expensive jewelry at home)

MEDICAL:

- Immunization Records (if in High School)
- Health Insurance Data
- Prescription Medications (30 day supply)
- Non-prescription Medications (if desired)

Note: It is strongly recommended that you make yourself a copy of this page for future reference **before** returning this application to our admission office.

Applicant's Signature: _____

Date: ____/____/____

Clothing List

(These are the maximum allowable items per student)

- 2 suits
- 2 pairs of dress shoes/1 pair of work boots/2 pairs of sneakers
- 4 pairs of dress slacks
- 3 pairs of jeans
- 5 dress shirts
- 2 sweat suits
- 5 tee shirts with pockets
- 5 polo shirts
- 10 pairs of underwear and white tee shirts
- 2 belts
- 1 coat
- 1 jacket

Applicant's Signature: _____

Date: ____/____/____

CIVIL RIGHTS WAIVER ACKNOWLEDGEMENT

I, _____ understand that I have civil rights guaranteeing confidential communication by phone and mail as well as exercising the religion of my choice.

The Way Training Center is an evangelical Christian Discipleship Ministry for people with life controlling problems. As such, I realize and submit to the ministry's expectations to attend Christian religious activities coordinated by the ministry. Further, for the reasons of assisting me in dealing with my life-controlling problems, I understand staff will regulate and monitor my communications for a period of time determined by the staff.

I voluntarily give my consent allowing staff to exercise these procedures.

I fully understand my rights and what I am waiving.

Signature of Student

Date

Signature of Witness

Date

Items You May Not Bring:

You **may not** bring any of the following items with you when being admitted. If you do, you will be required to immediately dispose of them or mail them home at your own expense.

- More than two suitcases of items
- Expensive Jewelry
- Expensive Clothing or other valuable items
- Items of Sentimental Value (except family photo - 8"x10" maximum)
- VCRs – VHS Tapes
- DVD Players – DVDs
- Video Games
- Radios – (except as part of an alarm clock)
- Televisions
- Computers
- Cell Phones
- Musical Instruments
- Books (other than a Bible and one devotional book)
- Magazines, newspapers, or other printed articles
- Weapons of any kind
- Tools of any kind
- Recreation Equipment
- Playing Cards
- Games
- Dice
- Illegal Drugs
- Drug Paraphernalia
- Alcohol
- Tobacco Products
- Personal Vehicle

We recognize the importance of music, games, recreation, entertainment, and other activities in the proper growth and development of our students. We will provide the necessary equipment and opportunity for these activities.

Note: It is strongly recommended that you make yourself a copy of this page for future reference **before** returning this application to our admission office.

Applicant's Signature: _____

Date: ____/____/____

RELEASE OF RESPONSIBILITY FROM LIABILITY

I _____, On _____, 20____ understand and agree that upon entering the program, I am subject to search of my person and baggage for contraband. Should any be found, it will be confiscated. Additionally, there will be periodic searches for contraband as defined in the student manual.

It is understood that The Way Training Center cannot and will not be held responsible for any injury occurring to anyone while in our program.

I understand and agree that if I should leave the program or be dismissed, my clothes and my personal articles will be taken with me upon my departure. Anything that I leave behind will become the property of The Way Training Center.

It is further understood that The Way Training Center cannot and will not be held responsible for any personal property left, lost, or stolen from the premises of the Center.

I also acknowledge that this is a Christian discipleship program and not a medical, psychiatric, or psychological program. The Way Training Center is a spiritual program, and I realize that I may leave at anytime. The Way Training Center is not liable for any claims I may make after leaving. I understand that the program results are dependent upon my response to the program's established methods.

Student Signature _____
(That I fully understand all above statements and agree to terms and conditions)

Date: _____

Staff Signature _____

Release Form

I _____, a student at The Way Training Center, understand that counseling files will be kept on me during my residency in the program. I voluntarily give my consent for these files to be viewed anytime deemed necessary, only by those who have a need to know as determined by the Leadership. I understand that once I leave or am dismissed from the program these files will remain the property of The Way Training Center.

_____/____/____
Signature of student Date

Print name of witness

_____/____/____
Signature of witness Date

Distribution of Narcotics

The Way Training Center's policy concerning the distribution of narcotics after surgery shall be as follows:

The attending physician shall be made aware that the patient is in a substance abuse program and is only allowed narcotics in extreme cases.

In the event that a narcotic is necessary to manage the pain, The Way Training Center's staff shall have a consultation with the attending physician with the objective being to make the patient comfortable without depending on the narcotics for an extended period of time.

The Director shall be made aware of and approve any pain management plan involving the use of narcotics.

_____ / ___ / ____
Student Signature Date

Benefits Release Form

I _____ understand that while here at The Way Training Center, I may become eligible for Public Assistance. This assistance may be in the form of Medical assistance depending on my status. In lieu of financial support for my time at The Way Training Center, I willingly surrender these benefits with the understanding that they will help to underwrite the costs of my care.

The Way Training Center is a facility approved by DCFS to receive SNAP benefits for its residents. The Way Training Center will apply for and receive SNAP benefits for you while you are participating in the program. The EBT card will be retained by the facility and used to buy and prepare your meals as long as you are participating in the program. The EBT card will be given to you when you leave the program. If your departure date is on or before the 15th of the month, one-half of your SNAP benefits will be provided to you on the EBT card. If your departure date is after the 15th of the month, you may receive no benefits if they have already been used. If you leave The Way Training Center unannounced, your EBT card will be destroyed and returned to DCFS. It is your responsibility to report your new address to DCFS when you leave the program

Upon leaving The Way Training Center Program, all documents obtained during application process such as birth certificates, social security cards, tax return documents, etc. remain property of The Way Training Center. If any cards or other mail comes to us after you leave, a “return to sender” stamp is placed on the mail and the mail is returned to the mailbox. ***The Way Training Center is not responsible to assist in obtaining your benefits after you leave the program.***

I have read the above conditions and understanding them, I willingly sign this agreement which will be kept in my file in my counselor’s office.

Signature

Date

Witness

Date

Release of all Rights in Personal Story

I do hereby irrevocably authorize The Way Training Center and those acting under its permission and on its authority to use for any lawful purpose whatsoever, my name and personal story which I have related to The Way TC in whole, or in part, included but not limited to any photographs or video of myself, and any form of media/social media (Facebook, twitter, mobile app, website, etc.) whether electronic, digital, paper, or oral.

All students are asked to sign the “Release of all rights in Personal Story” form which provides The Way Training Center the ability to use their photographs, videotapes, audiotapes, and testimonies, etc., in a promotional manner:

I do hereby authorize The Way Training Center and those acting under its permission and on its authority to use and publish for any lawful purpose whatsoever my/my dependent’s personal story which I have/my child has related to The Way Training Center in whole, or in part, including any individual or group photographs.

I hereby waive any right I may have to inspect or approve the finished product or copy that may be used in connection therewith or the use to which it may be applied.

I hereby release and discharge The Way Training Center, its successors, assigns, and all persons acting under its permission or authority from any liability by virtue of misprint, error or distortion that may occur unless it can be shown that they and the publication thereof were maliciously caused, produced, and published solely for the purpose of subjecting me/my dependent to conspicuous ridicule, scandal, reproach, scorn, or indignity.

I further understand that all information used in my/my dependent’s personal story must be obtained from me/my dependent and not from records subject to protection laws.

I do hereby warrant that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

Parent/Guardian’s Signature (I do hereby warrant that I am a legal guardian contracting
On behalf of the said client with full authority to release all rights named in this waiver).

Date

Client’s Signature

Date

Client’s Signature

Date

Statement of Newly Admitted Student
Regarding Work Assignments

I acknowledge that I have read The Way Training Center's statement regarding the necessity of work assignments as part of my overall recovery program at The Way Training Center and fully agree with their statement regarding the importance of my work assignments in helping to build in me the Biblical values of a good work ethic and the character of a responsible, upright individual. I understand that I will be performing my work assignments not as a Student of The Way Training Center, but solely for my benefit to further my spiritual growth and maturity, character development, recovery from controlled substances, and readiness to go back into the workplace. I do not expect any compensation or in-kind benefits, for the performance of any work assignment. My performance of a work assignment is not a condition of my receipt of room and board from The Way Training Center. If I fail to perform my work assignments, The Way Training Center may revoke my status and privileges as a student, not because the performance of work assignments is consideration for my receipt of such status and privileges, but because my participation in the Work Therapy Program is vital to my recovery and my overall participation in The Way Training Center student program.

As evidence of my understanding regarding the purpose of the work assignments, I agree that:

- 1) I will not execute any agreement with the entity that will be providing immediate supervision over my work assignment.
- 2) I will not file any claim or take any action individually or with others for recovery of wages in conjunction with my work assignment.

Signature of Applicant

Name: (print) _____

Date: ____/____/____

Signature of Witness

Witness: (print name) _____

Date: ____/____/____

Occupational Aptitude Survey

List your last two places of employment:

Employer _____ Employer _____

Position _____ Position _____

Dates _____ Dates _____

List any hobbies that you have:

Check if you have experience or knowledge in the areas listed below:

- | | | |
|----------------------|------------------|-------------------------|
| _____ Carpentry | _____ Plumbing | _____ Electrical Work |
| _____ Auto Mechanics | _____ Plastering | _____ Painting |
| _____ Masonry | _____ Sewing | _____ Computer |
| _____ Gardening | _____ Drawing | _____ Technical Drawing |
| _____ Calligraphy | _____ Typing | _____ Cooking |
| _____ Photography | _____ Other | |

The Way Training Center Bill of Rights

The Way Training Center prohibits the abuse, neglect, and exploitation of all students, any staff member or volunteer who has knowledge of an alleged incident involving acts, omissions which may constitute abuse, neglect, or exploitation shall make an immediate verbal report to the Executive Director and the Program Director. This includes situations in which a staff member receives a student complaint alleging acts or omissions, which may constitute abuse, neglect, exploitation or has some other reason to believe that such an incident may have occurred.

Any alleged incident of abuse shall be handled in accordance with state and/or local laws and includes mandatory reporting of alleged abuse. The staff member or volunteer shall submit a written incident report to the Executive Director within 24 hours. The Executive Director shall inform the Board of Directors of all alleged incidents of abuse, neglect, or exploitation.

Students shall have the following rights:

1. The right to give informed consent or to refuse treatment or medication and to be advised of the consequences of such a decision.
2. The right to a grievance procedure.
3. The right to a humane and safe environment free from abuse, neglect, and exploitation.
4. The right to dignity and personal privacy.
5. The right to know about the cost and third-party coverage of treatment, including any limitations on the duration of services.
6. The right to receive a complete explanation of student rights in clear, no technical terms in a language the students understand.
7. The right to not be detained against the legal consenters' will.
8. The right to appropriate medical or psychological/psychiatric care either through referral or direct service delivery.

If a student chooses to hold a grievance against a staff member because they think they were treated harshly, and if in the process of determining the truth the staff is found to be fair or right in the situation, the discipline will double for the student. This is to ensure that the staff is not buried in grievances.

Corporal discipline is prohibited at The Way Training Center. Students shall not be subjected to any harsh, cruel, or excessive discipline. Discipline shall not be used for the convenience of the staff. The reasons for any restrictions resulting from student behavior shall be explained to the student when the measures are imposed, and appropriate alternative behavior shall be described. This shall be documented in the student record. A student shall not be allowed to prescribe or inflict discipline on another student. All discipline shall be administered in a just and equitable manner. Circumstances that may lead to immediate discharge are clearly identified in the Student Rule Book.

Student Signature

Student Printed Name

Date

Staff Signature

Addendum B**The Way Training Center**
CHRISTIAN CONCILIATION AND
ARBITRATION AGREEMENT

The undersigned parties enter into this Agreement as an essential condition of residence in The Way Training Center.

The undersigned parties accept the Bible as the inspired Word of God. They believe that God desires that they resolve their dispute with one another within the Church and that they be reconciled in their relationships in accordance with the principles stated in 1 Corinthians 6:1-8, Matthew 5:23-24 and Matthew 18:15-20.

Accordingly, the undersigned parties hereby agree that, if any dispute or controversy that arises out of or is related to this agreement is not resolved in private meetings between the parties pursuant to Matthew 5:23-24 and 18:15, then the dispute or controversy will be settled by Biblically based meditation and, if necessary, legally binding arbitration, in accordance with the *Rules of Procedure for Christian Conciliation* (Rules) of the Association of Christian Conciliation Services (current Rules attached and incorporated by this reference). The undersigned parties agree that these methods shall be the sole remedy for any dispute or controversy between them and, to fulfill extent permitted by applicable law, expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision, or to enforce this dispute resolution agreement. Any mediated settlement agreement, or arbitrated decision hereunder shall be final and binding, and fully enforceable according to its terms in any court of competent jurisdiction.

Student_____
Date_____
Facility Director_____
Date

Witness: _____

Address: _____

Witness: _____

Address: _____

**Agreement Concerning a Student's Dismissal
or Voluntary leaving of the program**

As part of The Way Training Center's continuing effort to ensure the standard and integrity of our ministry guidelines have been issued by the Leadership regarding Students who are dismissed or chose not to honor their commitment by leaving the program prematurely. These guidelines are as follows....

Students who leave the program before completing or are dismissed for any reason are not permitted to attend any Way Training Center function for 90 days (3 Months) or for an indefinite period of time determined by leadership. If the student desires to be re-admitted into the program after he leaves, a review by the Executive Director is required for determination of terms of readmittance.

After the probation period has passed and the desire is expressed to return to Northside AG or become involved with the ministry, it is the responsibility of the "probationer" to arrange a meeting with the Program Supervisor and/or the Executive Director before he would be allowed to return.

Any former student that is seen at any event without first having met with the leadership will be asked to leave the property. Again, this is to protect the integrity and standard of our current and faithful student and staff body.

I, _____ have fully read and understand the conditions of this Agreement and pledge to abide by its requirements.

Signed _____

Date _____

Witnessed by _____

Date _____