



Addiction Recovery Inc.

Personal Information

Name _____
Please Print – Last Name First

Address _____ State _____ Zip _____

City _____ Other Phone # _____

Date of Birth _____ Social Security _____

Driver's License # _____

Is your right to operate a motor vehicle currently revoked or suspended? _____ Explain:

Are you in a relationship? _____ Name: _____

How long have you been together? _____ Contact Info: _____

Married? _____ Divorced? _____ Children? _____

Names and ages _____

Place of Employment _____ # of years there _____

What work skills do you possess? (i.e.- Cooking, Carpenter, Electrical, auto,etc):

What school did you go to? _____

Town _____ State _____ Highest Grade Completed _____

Write a short paragraph about your abuse of drugs, alcohol, or life controlling problems.



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Legal Information

Are you currently on probation or parole? _____

If yes, please give name of probation or parole officer _____

Phone # _____ Address _____

How often do you report? _____ Do you physically report, or email in report? _____

Do you owe fines? _____ Amount _____ Date Due _____

Are you a registered sex offender? Yes/no

Have you ever been convicted of a violent crimes offense? Yes/no If yes, explain _____

Do you have court cases pending? Yes/No

If yes, please explain when and where?

Please explain in detail any arrests that led to incarceration:

Religious Beliefs

Do you attend church? _____ If so, where? _____

Pastor's name _____ Phone # _____

Have you made a commitment to serve Jesus Christ? _____



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If so where? _____

If you know the Bible, what is your favorite verse and why?

Purpose

My purpose for making this application to attend the program is:

What are your goals?

Personal Reference

Name _____ Phone # _____

Address _____ City _____ State _____

Relationship _____ Known for _____ years

Medical Information

Are you currently under a doctor's care? If yes, for what? _____

Dr.'s Name _____ Dr.'s Phone # _____

Medications: Life sustaining medications only, for example: Heart and Blood Pressure medications. Psychotropic medications are NOT life sustaining medications. Arise does not allow any psychotropic medications in the program. Any person requesting entry into the program and currently taking psychotropic medication must have Step-down Schedule prescribed by their doctor to be submitted with this application.



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Please list all life sustaining medications:

<u>Medications</u>	<u>Mg</u>	<u>Dosage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any allergies? _____ If so, please list _____

Do you have any physical limitations that would inhibit your ability to perform manual labor? For example: A history of herniated or slipped disc in the back, hip or knee injuries, neck or shoulder injuries. If so, please list _____

A doctor’s note, on their office stationary, stating the specific physical limitation(s) is REQUIRED before admission to the program and should be submitted with this application. ARISE is staffed to transport residents to and from medical and dental appointments. Therefore, any medical and dental problems must be addressed prior to entry into the program. Medical and dental emergencies will be attended to in the appropriate manner.

Ministry Relationship

I, _____ understand that Arise is a religious, Biblically based organization, a ministry of Machias Christian Fellowship. The purpose of Arise is to process new creatures in Christ into people of honor, prepared to take their place, first of all, in the fellowship of believers (regular church attendance) and secondly, return to live and work, brush shoulders with the rest of the world while remaining clean...”Clean” means no alcohol and no use of drugs.

Signature _____ Date _____



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Drug Treatment

I understand that Arise is not licensed by the State of Maine as a drug treatment program.

Signature _____ Date _____

Note: After completely filling out this application and sending it by mail to: **11 Lincoln Street Machias, Maine 04654**, you are to call and make an appointment to speak with program director for an interview at **207-271-7060**. When you mail your application, please allow four to five days for your application to arrive before contacting us. **You must call and be approved before coming into the program!** During the interview prior to entry you will be asked if you have taken drugs or alcohol in the past 24 hours. Please note that circumstances may require you to go through a detox center before coming into the program.

IMPORTANT NOTICE

A \$5,000.00 tuition fee will be turned in prior to your program entry. A money order or cashier's check is required. No personal checks will be accepted. This fee is non-refundable. If the resident leaves the program for any reason, there will be no refund of any part of this fee. In situations of hardship a financial contract may be negotiated with program administrator.

I have read the above disclosure statement. I understand and agree to abide by these terms.

Signature _____ Date _____

Printed Name _____

Reviewed by Director _____ Date _____

FOR OFFICE ONLY

Date Faxed ___/___/___ Date Received ___/___/___ Date ___/___/___

Date entered in program ___/___/___ Approved by _____

Revised:5/30/22