



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 \$4,000.00 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:12/1/15



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