



Ark Refuge Ministries

504 E. Depot St. * PO Box 1423 * La Grange, GA 30241 * (706) 845-0335 * www.arkrefuge.net * Fax (706) 407-6877

PERSONAL INFORMATION: Please answer all questions

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

AGE:

RACE:

DATE OF BIRTH:

MARTIAL STATUS:

NO. of CHILDREN:

MILITARY
VETERAN?:

ARREARS?:

HIGHEST LEVEL OF
EDUCATION:

ARE YOU
ABLE TO
WORK?:

DO YOU RECEIVE
FOOD STAMPS:

LIST SKILL SET(s),
JOB SKILLS and
EXPERIENCES:

HOW DID YOU HEAR
ABOUT US:

REASON FOR COMING
TO THE MINISTRY:

ARE YOU CURRENTLY
HAVING ANY
ADDICTIONS

IF SO, WHAT?

HOW LONG HAVE YOU
BEEN CLEANED:

HAVE YOU EVER
BEEN UNDER A
DOCTOR'S CARE IN
THE PAST YEAR

IF YES, PLEASE
GIVE REASON,
AND DOCTOR'S
NAME

HAVE YOU EVER BEEN TREATED FOR MENTAL HEALTH PROBLEMS

IF SO, DOCTOR NAME OR FACILITY

ARE YOU HIV POSITIVE

DO YOU WANT TO BE TESTED FOR HIV

HAVE YOU EVER BEEN TESTED FOR TUBERCULOSIS

LOCATION

DATE

HAVE YOU EVER BEEN TREATED FOR:

HEART DISEASE

HIGH CHOLESTEROL

DIABETES/SUGAR

HIGH BLOOD PRESSURE

PAIN

EPILEPSY

ALLERGIES

ASTHMA

BRONCHITIS

EMPHYSEMA

INSOMNIA

BREATHING PROBLEMS

HEADACHES

STOMACH PROBLEMS

BOWL PROBLEMS

URINATION PROBLEMS

CANCER

BRAIN INJURY

OTHER

ARE YOU TAKING ANY MEDICATIONS

IF SO, PLEASE LIST ALL MEDICATIONS

REASON FOR MEDICATION/s

HAVE YOU HAD ANY PROLONGED ILLNESS

IF SO, WHAT

ARE YOU WILLING TO COMMIT TO A 1-YEAR PROGRAM

ARE YOU WILLING TO FOLLOW ALL PROGRAM POLICIES, PROCEDURES AND PROGRAM RULES

ARE YOU CURRENTLY ON PROBATION OR PAROLE

IF SO, PROBATION
OFFICER NAME,
PHONE#, & GDC#

CASE #

DO YOU HAVE A
CRIMINAL RECORD

WHAT WAS THE
OFFENSE

PRIORITIZE YOUR NEEDS (CHECK ALL YOUR NEEDS)

HOUSING/HOUSING
AUTHORITY

LEGAL SERVICES

OTHER

INCOME

COORDINATION
OF SERVICES

SPIRITUAL

JOB AND FAMILY
SERVICES

MEDICAL NEEDS

PARENTING
SUPPORT

EDUCATIONAL
ASSISTANCE

SCHOOL

EMPLOYMENT
ASSISTANCE

MENTAL HEALTH
SERVICES

FINANCIAL/
BUDGETING
ASSISTANCE

ALCOHOL &
DRUG
ABUSE
SERVICES

DO YOU HAVE ANY QUESTIONS REGARDING THE PROGRAM REQUIREMENTS?

CONSENT FORM

I CERTIFY THAT I HAVE READ THIS FORM, OR IT WAS READ TOME, AND THAT THE INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ARK REFUGE MINISTRIES PROVIDES SERVICES TO PERSONS REGARDLESS OF RACE, RELIGION, SEXUAL ORIENTATION, GENDER, ETHNICITY, NATIONAL ORIGIN, DISABILITY, AND/ OR AGE.

I ALSO UNDERSTAND THAT ARK REFUGE MINISTRIES IS NOT A MEDICAL/ MENTAL HEALTH TREATMENT FACILITY, BUT A FAITH BASED FACILITY THAT IS COMMITTED TO IMPROVE THE "QUALITY OF LIFE" BY PROVIDING SERVICES TO THE HOMELESS, SUBSTANCES AND ALCOHOL ABUSE, PAROLEES AND OTHERS FOR THE PURPOSE OF REHABILITATION AND RE-INSTALLLING HOPE AND LIFE SKILLS NEEDED TO REENGAGE IN SOCIETY AND LIVE A HEALTHY AND PRODUCTIVE LIFE. WITH THIS UNDERSTADING, I HEREBY GRANT PERMISSION TO ARK REFUGE MINISTRIES TO TAKE THE NECESSARY STEPS NEEDED FOR ME TO NORMAL DAILY LIFE.

DATE:

SIGNATURE:

ADMINISTRATION
SIGNATURE

BENEFITS

PLEASE LIST AT LEAST SEVEN BENEFITS THAT YOU WOULD RECEIVE BY MAKING THE CHANGES THAT YOU HAVE COME HERE TO WORK OUT.

1

2

3

4

5

6

7

8

9

10

ARK REFUGE MINISTRIES CONSENT FORM

I _____, GIVE CONSENT TO

ARK REFUGE MINISTRIES REPRESENTATIVE THE RIGHT TO OBTAIN INFORMATION CONCERNING MYSELF OR GUARDIANSHIP WHETHER IT BE PUBLIC OR PRIVATE AGENCIES. I ALSO WILL NOT HOLD ARK REFUGE MINISTRIES AT FAULT FOR ANY RETALIATION FOR ANY OR ALL INQUIRES MADE.

CLIENT'S SIGNATURE

DATE

ASST. OPERATIONS
DIRECTOR

DATE

ANSWER THE FOLLOWING QUESTIONS :

DO YOU HAVE ISSUES
WITH SUBSTANCE OR
ALCOHOL ABUSE?

DO YOU NEED
MENTAL OR
SUBSTANCE ABUSE
COUNSELING

DO YOU RECEIVE ANY
TYPE OF FINANCIAL
RESOURCES?
(SOCIAL SECURITY,
DISABILITY,
UNEMPLOYMENT,
FOOD STAMPS)

GETTING ORGANIZED

DO YOU HAVE A
SOCIAL SECURITY
CARD

DO YOU HAVE A BIRTH
CERTIFICATE?

DO YOU HAVE A FORM
OF IDENTIFICATION?

DO YOU HAVE A
WORK RESUME?

DO YOU HAVE A
DIPLOMA OR GED?