



## General Information

**Full Name**

First and Last Name

---

**Current Address**

---

---

---

**Phone**

---

**Email**

---

**Date of Birth**

---

**Gender**

- Male
- Female

**Are you a US Citizen?**

- Yes
- No

**Marital Status**

- Single
- Married
- Engaged
- Divorced
- Separated

**Do you have relatives in this program?**

- Yes
- No

**How did you hear about The Fix Ministry?**

---



In your own words, tell us why you want to come to The Fix Ministry and the main issues you need to deal with while in the program.

---

## Physical Health

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

- |                                               |                                              |                                               |
|-----------------------------------------------|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Alcohol Abuse        | <input type="checkbox"/> Head Trauma/TBI     | <input type="checkbox"/> Respiratory Problems |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Heart Condition     | <input type="checkbox"/> Seizures             |
| <input type="checkbox"/> Back Problems        | <input type="checkbox"/> Hepatitis           | <input type="checkbox"/> STI/STD              |
| <input type="checkbox"/> Broken Bones/Sprains | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Tuberculosis         |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> HIV/AIDS            | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Drug Abuse           | <input type="checkbox"/> Migraines           |                                               |

Are you currently being treated by a doctor?

- Yes  
 No

Are you allergic to any medications?

- Yes  
 No

Are you currently being treated with prescribed narcotics?

- Yes  
 No

Are you currently prescribed any non-psychiatric medications?

- Yes  
 No



## Mental Health

Have you ever been treated for mental disorders?

- Yes
- No

Have you ever been treated by a Psychiatrist/Psychologist?

- Yes
- No

Are you currently prescribed any psychiatric medications?

- Yes
- No

Please tell us of any current medical/emotional health concerns you may have:

---

---

Have you thought about or attempted suicide in the past six months?

- Yes
- No

## Legal Issues

Are you currently on probation?

- Yes
- No

Are you currently on parole?

- Yes
- No

Do you currently have any court cases pending?

- Yes
- No



Are you currently under investigation?

- Yes
- No

Do you have any outstanding warrants for your arrest?

- Yes
- No

Have you ever been convicted of a violent crime?

- Yes
- No

Are you currently facing charges for a violent or sex-related crime?

- Yes
- No

Are you required to register as a sexual or predatory offender?

- Yes
- No

Do you have an attorney?

- Yes
- No

Legal History (Check all that you have been involved with)

- |                                            |                                                |                                                  |
|--------------------------------------------|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Aiding & Abetting | <input type="checkbox"/> Embezzlement          | <input type="checkbox"/> Sex with a Minor        |
| <input type="checkbox"/> Attempted Murder  | <input type="checkbox"/> Fraud                 | <input type="checkbox"/> Shoplifting             |
| <input type="checkbox"/> Attempted Robbery | <input type="checkbox"/> Identity Theft        | <input type="checkbox"/> Soliciting Prostitution |
| <input type="checkbox"/> Battery           | <input type="checkbox"/> Larceny/Grand Larceny | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Credit Card Fraud | <input type="checkbox"/> Manslaughter          |                                                  |
| <input type="checkbox"/> Drug Distribution | <input type="checkbox"/> Murder                |                                                  |
| <input type="checkbox"/> DUI               | <input type="checkbox"/> Parole Violation      |                                                  |
| <input type="checkbox"/> DWI               | <input type="checkbox"/> Prostitution          |                                                  |

## Emergency Contact

Emergency Contact Full Name

First and Last Name

---

Emergency Contact Relation

---

Emergency Contact Address

---

---



Emergency Contact Phone

---

Emergency Contact Email

---

## Financial Information

Are you currently employed?

- Yes  
 No

Do you currently receive government assistance?

- Yes  
 No

### Program Fee Information

An Induction Fee of \$750.00 is due at the time of admission. All applicants are responsible for seeking monthly sponsorship for costs beyond what they can afford. It cost The Fix Ministry approximately \$1250.00 per month to house each student. Partial scholarships may be available based on financial need. To be considered for a need-based scholarship, please complete the following information as accurately as possible.

**I acknowledge and commit to pay the Induction Fee of \$750.00.**

Cost of program and/or financial aid will be discussed at induction

- Yes  
 I agree to seek financial help from friends or family  
 I need financial aid

### Certification And Agreement

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should an investigation disclose untruthful or misleading answers, I may be discharged from The Fix program. Furthermore, I understand that The Fix Ministry is a Christian, faith-based program.



Please check the following boxes to indicate that you have received, read, and agree to abide by the program guidelines listed below.

- Program Policies and General Information
- Room and Board Fee Information
- Prohibited Medication

**Signature**

**Full Name**  
First and Last Name

---

**Date**

---