

Application for U-Turn for Christ New Mexico Recovery Program



Name of Prospective _____

Attendee: _____

Birthdate: ___/___/___ Single ___ Married ___ If Married, how long? ___
Divorced ___

Children & Ages _____

Address: _____

Phone Number: Cell _____ Home: _____

Possible date to enter program: _____

Contact Person Name Other than You: (Mother, Father, Wife, Relative):

Contact Person Address:

Contact Phone Number: Cell _____ Home: _____

Email: _____ @ _____

In Case of Emergency

Contact _____

Highest Education

Completed: _____

How did you hear about us?

List all substances/addictions that you are struggling with:

When was the last time you used?

Please tell us why you would like to come to our program:

Have you accepted Jesus Christ as your Lord and Savior? _____ Y _____ N

If yes, when and give us a brief testimony and age

If no, you understand that we are a Bible based, Christian recovery program that will be requiring study of the Bible, attendance at various church services and Bible studies, and that memorization of scriptures as part of your recovery _____ Initials

Are you currently under the care of any physician or health care practitioner for any reason?

_____ Y _____ N

If Yes, please state reason(s):

Are there any other psychological or emotional challenges that we should know about?

Are you currently taking any prescription or over-the-counter medications for any reason?

____ Y ____ N

If yes, please list them here and for what purpose they are taken:

PLEASE BRING YOUR INSURANCE CARD WITH YOU IF ACCEPTED

Insurance information: Name of Company: _____ Policy

Do you have Dental Insurance? ____ Y ____ N

Name of company: _____ Policy

All necessary medications (such as for blood pressure, diabetes) must have your name imprinted from the pharmacy and include a doctor's note as to the prescription and need. No narcotics will be allowed including Suboxone! _____ Initials

Any other medications such as anti-depressants, mood stabilizers etc... will be weaned off 25% per week _____ Initials.

There are no other medications/drugs/substances that I am taking that I have not listed on this application _____ Initials

Are there any outstanding tickets, warrants or any other legal issues you have to deal with?
____Y ____N

Do you have any upcoming court dates or a need to appear in person for legal issues? ____Y
____N

Parole Officer Name: _____ Phone
#: _____

U-Turn for Christ New Mexico (UTFCNM) is a non-smoking ranch. It is understood that this may be an additional addiction that you have and will be recovering from at UTFCNM. Please initial that you acknowledge that you will not be smoking while in our program and will not bring any tobacco products onto the ranch at any time. ____ Initials

The U-Turn for Christ program involves possible construction jobs, community service and physical activity. Do you have any physical impairments that would keep you from working in any activities? If so, please list here:

I have no physical impairments at the time of my entry into the program of U-Turn for Christ New Mexico ____ Initials

Do you have any special skills that you would be able to contribute with to the ministry while you are in our program? (such as
construction, carpentry, mechanical, computer, ect.)

I understand that I may not bring a cell phone or computer to the program during 1st Phase, and that any such electronics will be donated to the ministry of UTFCNM. ____ Initials

All personal items brought to the program including but not limited to Ipod, clothing and any other items are brought with the understanding it is at your own risk and no U-Turn for Christ New Mexico can take no responsibility for these items. ____ Initials

It is suggested that you use an indelible marker to write your name or initials on your articles of clothing.

Prospective Attendee Signature _____

Print Name _____ Date _____

Witness _____ Print
Name _____ Date _____

Financial Responsibility:

Who is financially responsible for the donation to the program and any other needs (Medical or Personal) while attending the program of UTFC New Mexico? Name:
_____ Relationship: _____

I will take full financial responsibility for above attendee and if any medical or dental issues that are not covered by insurance that require payment come up while attendee is in UTFC New Mexico, I will pay for any

and all needs. Also, if attendee leaves the program or is asked to leave the program, and attendee does not return in acceptable time, financially responsible person will obtain suitable transportation to return person home.

_____ Signature _____ Date

Please note that donation is non-refundable. Donation online or by check/MO constitutes acceptance of non-refundable policy. If the resident walks from the program, he assumes all costs and liability from his actions and does not hold U-turn for Christ New Mexico or any of it's affiliates liable. There is a \$100 restart fee each week that the attendee is charged if the attendee walks and returns up to 4 weeks for a total of \$400. After 4 weeks, the entire donation of \$800 is requested to restart the program. Donation is requested to be paid within 3 days of him returning by financially responsible party that signs application below.

We reserve the right to refuse acceptance to our program. Acceptance is based on desire to recover and to follow the directions of the overseers and Director. If a resident is non-compliant and decides not to follow the input or guidance of the program, he will be asked to leave and no refund will be given regardless of the time he has spent in the program. . We are a faith-based program, based on the Word of God: the Bible.

Financially Responsible Party:

I, (Print Name:) _____, (Relationship to Prospective Attendee)_____

take financial responsibility for _____ and will see that his needs are taken care of while in the program of U-Turn for Christ New Mexico. If he leaves or is asked to leave the program, I will obtain an airline ticket for him to return

home if he does not return to the program and pay the donation in the allowed time.

Signature: _____ Date: _____

Address: _____

Phone: _____

U-Turn For Christ New Mexico

505-833-5441

turnforchristnewmexico@gmail.com

Office Use: Date Received _____ Accepted: Y _____ N _____ Date of Entry _____

Method of payment of donation: Check: _____ CC _____ Received Date: _____