



Manna Home

A ministry of the Redwood Gospel Mission

1048 Wild Rose Drive, Santa Rosa, CA 95401 Phone: 707.576.1471 Fax: 707-576-7808

New Life Recovery Program Application for Admission

This is a huge step forward in your recovery. It takes a tremendous amount of courage to even apply to a program. We hope to be an encouragement to you as you move forward. We are not here to judge you; we are here to help. Please know that your information will be treated with the utmost respect for privacy. Any information obtained is for the sole purpose of determining if this program is a good fit for your needs and will not be released to any outside agency for any reason without your specific written consent to such a disclosure.

There are a few things we would like to tell you about our program up front:

1. We are faith based. You do not need to be a Christian to enter and we do not require that you become a Christian at any point in the program. However, our program is Bible-based and we do lead our classes from a Christian perspective. All we ask of you is for an open-minded and willing attitude towards Christian teachings.
2. Unfortunately, our program is not able to accommodate those individuals who require psychiatric medications such as antidepressants, anti-anxiety, mood stabilizers, etc.
3. We are a non-smoking program. Nicotine is a highly addictive drug and we recognize its negative impact on your overall health and well-being. You may use nicotine replacement therapies during the first 30 days of the program, but must be nicotine-free before phasing into the program.
4. We are a time-out from romantic relationships (with the exception of a legal marriage, which is a separate issue).
5. Because our program is designed for those who have no other resources, those accepted into the program are not allowed to accept any outside income (such as SSI, SSDI, Unemployment, GA, etc.) while in the program.
6. Space is limited and so we do have guidelines on the amount of items you can bring into the program. More information on this will be provided upon your acceptance.

More than anything- we want you to succeed in your recovery! If you have questions about any of the above, we encourage you to call Deborah Metzler at 707-576-1471 or by email at dmetzler@srmission.org.

Please fill out the following application honestly and thoroughly. **Also, include a cover letter telling us about yourself and how your drinking/using has affected your life.** Most importantly- **please include a contact phone number and a contact address** so that we may follow-up with you in a timely manner.

Today's Date: ____/____/____ Name: _____

If in custody, date of release: ____/____/____ Phone Number: _____

Current Address: _____
(Mailing Address) (City, ST) (Zip)

Name and number of an emergency contact: _____

Date of Birth: ____/____/____ Place of Birth: _____

DL/ID #: _____

Age: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Nationality: _____ Religious Preference: _____

Identifying Marks (Tattoos, Scars, Piercings, Etc.) _____

Where have you been living recently? _____

Do you have any source of income? No ____ Yes ____ Source: _____

Marital Status: Single ____ Married ____ Separated ____ Divorced ____ Common Law ____

Date Married (if applicable): ____/____/____ Does spouse use drugs/alcohol? Yes ____ No ____

Name(s) and Age(s) of Children (if applicable): _____

Custody Status of Children: _____

Parents Living? Yes ____ No ____ Names: _____

Address(es) (if applicable) _____

of Brothers ____ Names: _____

of Sisters ____ Names: _____

Is your family supportive of your recovery efforts? _____

Does your family know of your current location? _____

Have you ever been hospitalized? Yes ____ No ____ When _____

Reason _____

Have any of these been for psychiatric issues? Yes ____ No ____ When: _____

Reason _____

Do you have any chronic health conditions? Yes ____ No ____ Please Explain: _____

Do you have any allergies? Yes ____ No ____ Please Explain: _____

Have you been tested for HIV? Yes ____ No ____ Results: _____

Have you been tested for Hepatitis? Yes ____ No ____ Results: _____

Have you been tested for TB? Yes ____ No ____ Results: _____

Have you been tested for Sexually Transmitted Infections? Yes ____ No ____

Results: _____

Are you currently taking any medications (including over-the-counter)? Yes ____ No ____

List medications and reasons for taking (including over-the-counter): _____

Name and Address of Doctor (if applicable): _____

When were you last seen by a doctor? _____

What is the highest level of education you have completed? _____

Vocational Training: _____

Have you ever been in the military? Yes ____ No ____ Dates of Service: _____

Discharge: Honorable ____ Dishonorable ____ General ____ Medical ____ Other ____

Branch: _____ Rank: _____ Occupation/Training: _____

What kind of work have you done? _____

Do you have a drinking problem? Yes ____ No ____ Are you alcoholic? Yes ____ No ____

How much alcohol do you consume on a daily basis? _____

Age you started drinking? _____ Longest Sobriety: _____

How long have you presently been sober? _____

Do you have a drug problem? Yes _____ No _____ Are you addicted? Yes _____ No _____

Please circle substances used: Tobacco Alcohol Marijuana Methamphetamines Heroin
Cocaine Other (please list): _____

How much substance do you consume on a daily basis? _____

Route of administration (circle all that apply) Snorting Smoking Injection Other _____

Age you started using? _____ Longest Clean Time: _____

How long have you presently been clean? _____

Have you ever been in a drug or alcohol treatment facility before? Yes _____ No _____

Name of Program and Dates Attended: _____

Have you ever been arrested? Yes _____ No _____ Number of Arrests: _____

Offense(s) and Dates: _____

Any cases pending? Yes _____ No _____ Pending Court Dates: _____

Are you on probation or parole? Yes _____ No _____ County: _____

Name of Supervising Officer: _____ Phone Number: _____

Any other legal issues we should be aware of? Yes _____ No _____ Explain _____

We believe in the Bible and in Jesus Christ. Our policies are designed around these beliefs. While you do not have to be a Christian to enter our program, we do ask that you are open to Christian teachings.

Do you believe in God? Yes _____ No _____ Do you believe in Jesus? Yes _____ No _____

Are you open to Christian teachings? Yes _____ No _____

What prompted you to seek a program at this time? _____

What do you hope to accomplish while in the Manna Home Program? _____

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