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New Life Recovery Program
APPLICATION

Date _____
Print Name _____ Marital Status: Single Married Divorced
(First) (Middle Initial) (Last)
Date of Birth ___/___/___ Age _____ Number/age/gender of children (if any) _____
Education (Yrs. Completed) _____ High School Diploma/GED equivalent? Yes No Are you a Veteran? Yes No
CDL# or ID# _____ Phone# _____ Medi-Cal# _____

FAMILY MATTERS

1. Do you have a drug or alcohol problem? Yes No Drug of choice? _____
2. Any family history of drug/alcohol addiction? Yes No If yes, explain: _____

3. Number/gender/ages of brothers or sisters _____
4. Any family history of physical, emotional or sexual abuse in the family? Yes No If yes, explain: _____

5. Do you have friends/relatives who work at RGM? Yes No If yes, who? _____
6. Are you currently staying as a guest at RGM? Yes No If yes, when is your 30 days up? _____
7. Name/Address/Phone Number of person to be notified in an emergency _____

PERSONAL HISTORY AND STATUS

1. Are you currently incarcerated? Yes No If yes, where? _____
2. When is your expected release date? _____
3. Are you waiting to get into a program in order to be released? Yes No If yes, explain: _____
_____ Next court date _____
4. Any problems with anger management? Yes No If yes, explain _____

5. Have you ever used a weapon in a crime or domestic dispute? Yes No If yes, explain _____
6. Arrest Record _____
7. Do you have to register with the Police Department? Yes No If yes, explain _____
8. Probation/Parole Officer's name _____ Phone Number _____
9. Can you accept and respect authority? Yes No
10. Can you lift 50 lbs.? Yes No Any disabilities? Yes No If yes, explain _____
11. When was the last time you were tested for Hep-C? _____ HIV? _____ TB? _____

12. Explain what “denial” means _____

13. Do you have difficulty sharing your feelings? Yes No Explain _____

14. Are you willing to accept Redwood Gospel Mission’s grooming policies? Yes No

LEGAL AND FINANCIAL STATUS

1. Do you have any court ordered classes? Examples: DDP or Anger Management Yes No If yes, explain _____

2. Do you have a monthly income? Examples: SSI or Unemployment Yes No If yes, explain _____

3. Are you expecting any outside source of income? Examples: Tax Return, Inheritance or Food Stamps Yes No If yes, explain _____

4. Are you willing to discontinue or designate a payee for any income that you have, before entering the program? Yes No

SPIRITUAL HISTORY

1. Have you had contacts with cults or occult? Yes No If yes, explain _____

2. Have you ever had the spiritual experience described as being “born again”? Yes No If yes, share your testimony _____

3. Are you open to the possibility of God’s Spirit transforming your life on the basis of scriptural principles? Yes No

OTHER

1. Are you familiar with the 12-step program? Yes No If yes, how many steps have you completed? _____

2. Do you use tobacco of any kind?(includes e-cig or vaping) Yes No If yes, are you willing to quit? Yes No

3. Are you on any medications? Yes No If yes, what? _____

4. Have you ever been diagnosed with any mental illness? Yes No If yes, explain _____

5. Are you willing to give up any unmarried female relationships and refrain from forming new ones while in the NLP? Yes No

6. Have you ever been an overnight guest or participated in the Mission’s TSP program? Yes No If yes, when? _____

7. Explain the terms in which you left: _____

8. I understand that this is a Christian faith based program and that Biblical Instruction, studies and prayer are mandatory components of the New Life Program.

