

# Mercy Home Ministries, Inc.

## Entry Application

P.O. Box 365

Guntersville, AL 35976

(256) 202-1100

director@mercyhomeministries.com

- **READ ALL INFORMATION CAREFULLY.**
- **The following must be completed in its entirety by the individual applying for entry into MHM. Incomplete applications will not be considered and will be returned.**
- **Completed applications will be carefully reviewed and considered by the MHM Directors.**
- **You may inquire about the status of your application by contacting MHM at 256-202-1100 during normal business hours (Monday-Friday from 8 am to 5 pm).**
- **Notification of acceptance or denial will be made via phone or mail.**
- **Be advised there is a waiting list. If your application is accepted, you must contact MHM monthly by phone or mail to remain on the waiting list. If you fail to contact MHM, your name will be removed from the waiting list.**
- **Accepted individuals will be contacted immediately when a bed becomes available and held for 48 hours. Have your affairs in order, as there are NO EXCEPTIONS.**

Thank you for your inquiry regarding the Women's Outreach Program at Mercy Home Ministries. We are a 12-month Christ-centered, residential, discipleship program. Our goal is to empower women to end controlling cycles of addiction, violence and poverty by sharing God's values and principles. In a safe and nurturing home, women are provided time to explore destructive behaviors and are educated on how to make positive life-choices and take responsibility for both themselves and others. It is our prayer that these women blossom into empowered women of God with a new hope for their future.

*"This means that anyone who belongs to Christ has become a new person. The old life is gone; a new life has begun!"  
2 Corinthians 5:17, NLT*

### **Important Information**

1. There is a non-refundable intake fee of \$500, which includes an initial drug screening.
2. If you have means of income (spouse, disability, social security), there is a monthly fee of \$500.
3. This is a 12-month program.
4. There is video surveillance on property and in living quarters, except for bedrooms and bathrooms.
5. Residents are required to attend daily classes and all Evangel Worship Center church services.
6. Residents must act responsibly regarding all legal matters. This includes fines, court dates, appointments with probation officers, and so forth. It is the responsibility of the resident to maintain their calendar.
7. MHM does not offer legal counsel to residents.
8. Residents must be able to work. If unable to physically or mentally participate in a work therapy program, this program is not for you.
9. MHM is not a medical or mental health facility.
10. Residents are required to complete an application for food stamps at the time of intake. If the resident is receiving food stamps prior to intake, the case must be closed and a new case opened.
11. Residents are not allowed phone privileges during their first six weeks at MHM. In the event of an emergency, your family will be contacted for you.

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Date of Application:		
PERSONAL INFORMATION		
Name of Applicant:		
Date of Birth:	Social Security Number:	
Mailing Address:		
City:	State:	Zip:
Phone:		
Describe your current living situation:		
What is your prior work history?		
Have you experienced any suicidal thoughts? If yes, provide details.		
		<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you been previously enrolled in MHM or any other recovery program? If yes, provide details including dates and circumstances of leaving or dismissal.		
		<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a family member or friend either currently or previously enrolled at MHM? If yes, provide names and dates.		
		<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you willing to spend 12 months in a faith-based residential outreach environment?		
		<input type="checkbox"/> No <input type="checkbox"/> Yes
EMERGENCY CONTACTS		
Contact Name:	Phone:	
Address:		
City:	State:	Zip:
Contact Name:	Phone:	
Address:		
City:	State:	Zip:

MEDICAL HISTORY

Have you had, or do you have any of the following conditions? Check all that apply:

- High / Low Blood Pressure, Kidney / Bladder Problems, Asthma, Epilepsy, Migraine Headaches, Mental Illness (specify diagnosis), Other (explain), Venereal Disease, Diabetes, Tuberculosis, Skin Sores, Trouble Breathing

List any allergies:

Are you disabled or handicapped? No Yes

Specify any long-standing health issues which cause you concern:

Are you pregnant? If so, how many months? No Yes

Do you receive disability, SSI, or any other funds from the government? If yes, what amount? No Yes

PLEASE NOTE: IF YOU RECEIVE ASSISTANCE, YOU WILL BE REQUIRED TO PAY \$250 MONTHLY WHILE IN THE MHM PROGRAM.)

Do you have insurance? (Medicare, Medicaid, BCBS, etc) No Yes

List all medications you are currently taking:

Table with 6 columns: Medication / MG, Dose, RX Date, Quantity, Physician, Reason Prescribed

List any prescribed medications that you should be taking:

I, \_\_\_\_\_ attest that the above information is true and that all medications are prescribed for the labeled purposes only and are currently the only medications I am using. I understand that NO EXCEPTIONS will be made allowing the use of narcotic prescriptions while enrolled in the MHM program.

DRUG HISTORY

Have you ever abused legal or illegal drugs? If yes, what is your drug of choice? No Yes

Do you consider yourself addicted? Explain: No Yes

MHM IS NOT A DETOX FACILITY. IF YOU ARRIVE AT THIS FACILITY AND REALIZE YOU NEED DETOX, WE WILL NOT BE ABLE TO HOLD A BED FOR YOU. HOWEVER, UPON COMPLETION OF DETOX AND WRITTEN PHYSICIAN'S RELEASE, A PLACE WILL BE MADE AVAILABLE FOR YOU AT MHM.

LEGAL INFORMATION

Attorney: Phone:

Address:

City: State: Zip:

Probation Officer:		Phone:	
Address:			
City:	State:	Zip:	
Court Referral Officer:		Phone:	
Address:			
City:	State:	Zip:	
Have you ever been convicted of a sexual offense, or do you currently have sexual charges pending?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you currently incarcerated? If yes, where?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you required by a judge to complete a recovery program?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Name of Judge:		Phone:	
Address:			
City:	State:	Zip:	
List any and all cases for which you have ever been arrested:			
<i>Charge</i>	<i>Arrest Date</i>	<i>County</i>	<i>Court Date</i>
MHM DOES NOT ACT AS YOUR ATTORNEY. IF YOU ARE IN JAIL, YOU WILL NEED YOUR ATTORNEY TO DO THE LEGAL WORK FOR YOU. WE ARE UNABLE TO PROVIDE TRANSPORTATION FROM JAIL. YOU ATTORNEY MAY CONTACT THE MHM DIRECTORS (CATHY BRYANT OR MITZI NAILER) FOR FURTHER INFORMATION.			
<b>Initial that you understand the following:</b>			
I understand that MHM is a Christian-based Organization.		_____	
I am willing to commit to 12-18 months of inpatient treatment.		_____	
I am willing and able to sleep on a mattress on the floor, bunk bed, or cot.		_____	
I understand that a \$500 intake fee is due upon acceptance. <b>NO EXCEPTIONS.</b> This is a one-time fee and is non-refundable.		_____	
I consent for MHM to photograph/videotape me for publicity or promotional purposes and waive all claims for compensation for use, or for damages.		_____	
I understand that I will participate in the work therapy program.		_____	

Please return **completed** application to MHM via mail or email:

MERCY HOME MINISTRIES  
 ATTN: DIRECTORS MITZI NAILER / CATHY BRYANT  
 P.O. Box 365  
 GUNTERSVILLE, AL 35976  
 director@mercyhomeministries.com

**BY SIGNING BELOW, YOU AGREE THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.**

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ **WITNESS:** \_\_\_\_\_