

Program Application

2305 5th Ave. N.
Birmingham, AL 35203
(205) 323-0170

APPLICANT INFORMATION:

First Name:	Middle Name:	Last Name:
Date of Birth:	Phone:	Alternate Phone:
Last Address:		
City:	State:	ZIP Code:
Email Address:		

EMERGENCY CONTACT INFORMATION:

Contact Person:	Relationship:		
Address:			
City:	State:	ZIP Code:	Phone:

ADDITIONAL INFORMATION:

Are you an alcoholic?	Yes	No	Are you a drug addict?	Yes	No	Do you have any warrants?	Yes	No
When was the last time that you used drugs or alcohol?						Drug used:		
Have you ever been charged with, or convicted of, a violent crime or sexual offense?							Yes	No

HEALTH INFORMATION:

Rate your general health condition:	Excellent	Good	Fair	Poor	
Are you under the care of any mental health professional or system?	Yes	No			
Are you on any drug maintenance plan or medicated assisted therapy?	Yes	No			
Do you have cancer?	Yes	No	Do you have lung or breathing problems?	Yes	No
Do you have diabetes?	Yes	No	Do you have intestinal or stomach problems?	Yes	No
Are you HIV positive or have AIDS?	Yes	No	Do you have blood pressure problems?	Yes	No
Do you have Hepatitis A, B or C?	Yes	No	Have you been treated for tuberculosis (TB)?	Yes	No
Do you take heart medication?	Yes	No	Are you on a pain management plan?	Yes	No
Do you have seizures?	Yes	No	Do you have a learning disability?	Yes	No
Do you have kidney disease?	Yes	No	Have you ever attempted suicide?	Yes	No
Do you have any physical limitations?	Yes	No	Do you have any known allergies?	Yes	No

(food, environmental, medication, etc.)

List **ALL** medications *(prescribed and non-prescribed)*:

List **ALL** known allergies of any kind and **ANY** special physical/dietary needs:

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RELATIONAL INFORMATION:

Relationship Status:	Single	Dating	Married	Divorced	Separated	Do you have any children?	Yes	No	How many?
Are you pregnant?	Yes	No	Months?	Do you feel as if you or your children's life is in danger from another person?			Yes	No	

CHILDREN LIVING WITH YOU:

1	Name of Child:	Gender:	M	F	SSN:
	Age:	Birthdate:	Who has legal custody?		
2	Name of Child:	Gender:	M	F	SSN:
	Age:	Birthdate:	Who has legal custody?		
3	Name of Child:	Gender:	M	F	SSN:
	Age:	Birthdate:	Who has legal custody?		
4	Name of Child:	Gender:	M	F	SSN:
	Age:	Birthdate:	Who has legal custody?		
5	Name of Child:	Gender:	M	F	SSN:
	Age:	Birthdate:	Who has legal custody?		
6	Name of Child:	Gender:	M	F	SSN:
	Age:	Birthdate:	Who has legal custody?		

List any others who have legal or visitation rights with your children (*name, phone and arrangements*):

List any past or open cases you have with DHR:

FINANCIAL ASSISTANCE INFORMATION:

Are you receiving AFDC or TANF?	Yes	No	If yes, amount \$	When?
Are you receiving Food Stamps?	Yes	No	If yes, amount \$	When?
Child support or alimony?	Yes	No	If yes, amount \$	When?
Do you or your children receive any other type of income (SSI, etc.)?	Yes	No	If yes, amount \$	When?

TRANSPORTATION INFORMATION:

Do you have a car with you?	Yes	No	Is the title in your name?	Yes	No	Do you have auto insurance?	Yes	No
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You are hereby advised that Jessie's Place is not a medical facility and that we are not obligated to provide you with medical services. As a gospel mission ministry, we will assist you with humanitarian and emergency services as needed.

DISCLAIMER:

In view of the fact that I am to enjoy the facilities at Jessie's Place, a division of the Jimmie Hale Mission, I do hereby assume any risks that may be incident to my stay here and do release the Jimmie Hale Mission and Jessie's Place from any and all claims which may arise out of my stay at this facility.

Signature of applicant: _____ Date: _____

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CLIENT POLICY AGREEMENT:

Applicant's Full Name: _____

72-Hour Abstinence Agreement

Jessie's Place does not provide detoxification services, and as such, incoming residents must refrain from the use of alcohol or any other psychoactive substance that causes withdrawal for 72-hours prior to admission. New residents who exhibit withdrawal symptoms will be evaluated by our staff for possible referral to medical detoxification and SUD treatment services. If medical services are considered necessary, clients are responsible for the cost. If medical services are refused, **you will be denied admission to the program.**

Sports & Activity Release

The Jimmie Hale Mission and Jessie's Place are hereby released from any liability due to injury for any sports or leisure activity. You must take full responsibility for any accident or personal injury caused by your participation.

By signing below, I acknowledge all rules, policies and liabilities have been read and explained to me, and I am fully committed to comply with each of them. Furthermore, I affirm that I will not use alcohol or any psychoactive substance for 72-hours prior to my admission into the program, and I do hereby release Jessie's Place and the Jimmie Hale Mission for any medical liability during my residence. I also acknowledge that typing my name into the space below (when applicable) will serve as my digital signature for this form.

Applicant's Signature

Date

BACKGROUND REQUEST FORM

CLIENT INFORMATION:

I, _____, authorize **Jessie's Place** to conduct an independent investigation of my driving record (MVR), background, police and criminal history record information pertaining to me, which may be in any state or local criminal justice agency in the United States, and all public records for the purpose of confirming the information provided to the shelter.

I release **Jessie's Place** and/or its agents and any person or entity that provides information pursuant to this authorization from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used. I further understand that **Jessie's Place** and its agents will adhere to applicable state and federal statutes concerning the securing of information, handling, and release of the information obtained.

The following is my true and complete legal name. All information on this document is true and correct to the best of my knowledge:

Full Name (Please Print) _____

7-year Address History:

Present Address City State ZIP Code How Long?

Former Address City State ZIP Code How Long?

Former Address City State ZIP Code How Long?

Date of Birth: _____ Social Security No. _____

Driver's License Number: _____ State of Driver's License Issue: _____

I understand that typing my name in the space provided below (when applicable) will serve as my digital signature for this form.

Applicant's Signature Date

2305 5th Ave. N., Birmingham, AL 35203 • 256-323-0170 • www.jessiesplace.com

CLIENT CONSENT FOR DISCLOSURE OF RECORDS & INFORMATION

CLIENT AGREEMENT:

I understand that my records are protected under the Federal Confidentiality Regulations (42 CFR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (i.e. probation, parole, etc.) and that in any event this consent expires automatically upon my program graduation, discharge or departure unless otherwise specified below.

I, _____, authorize the staff at Jessie's Place to disclose and/or receive information to/from:

regarding my completion of the **application process** for Jessie's Place.

Phone Number: _____

Email Address: _____

Start Date (mm/dd/yyyy): _____

End Date (mm/dd/yyyy): _____

I also agree that I will not take any action, or threat of action, in recourse of a direct, or indirect, nature against these parties for any communication they may engage in with this party in regards to me. I further acknowledge that my rights were fully explained to me and this consent is given of my own free will.

I, the undersigned, do understand and accept the above and acknowledge that by typing my name in the field below (when applicable) that it will serve as my digital signature for this form:

Client Signature

Date

ITEMS TO BRING & FACILITY POLICIES

INFORMATION:

You Can Bring:

Bible (study)
Personal hygiene products
Towels & Washcloths (2)
Underwear (5)
Socks (5)
Shower shoes (1 pair)
Casual shoes (2 pair) or tennis shoes
Classroom clothes – Pants (7 pairs) no jeans with holes; Shirts (12); Shorts (2)
Sleepwear – Pajamas or sweatpants
Belt (must be worn at all times)
Notebooks, pens, pencils

NO luggage

Optional Items:

Alarm clock (no radio)
Tobacco products
Clothes hangers

All medical, legal or personal appointments must be approved by the Director prior to scheduling the appointment. **(Clients are responsible for providing their own transportation to and from said appointments.)**

Note: Clients are asked to wear shirts with collars for both classroom and church dress. **Shorts are only permitted during outside recreation.** Shorts are not permitted for any work detail or classroom activities. Bring enough clothes to last for at least **two weeks.** Client's laundry will be done weekly. Shorts can be worn after 5:30pm M-F.

Clients and their belongings are subject to search upon entry to the Jimmie Hale Mission. In the event any addictive substance is found during the search this evidence will be used for prosecution.

All medication must be relinquished to a staff member upon entry. Clients will be given access to their medication (both prescription and OTC) daily.

All cell phones will be collected at intake and returned after graduation.

Clients are allowed to have cash (for drink machines).

Medication: FDA scheduled drugs are NOT allowed. Please ask your doctor to prescribe medications which are listed on our "Acceptable Medication List." All OTC and prescription medications **MUST** be turned in to office upon arrival.

Legal Issues: If you have any legal issues such as probation, parole, and/or court dates please have all contact information and dates with you upon arrival. You will need to provide names, phone and fax numbers, and email information so we can properly inform each agency. Legal backgrounds are checked before entering the program. If you have any outstanding misdemeanor or felony warrants you will not be allowed to enter the program. These legal matters must be taken care of before admittance. In addition, any persons with a history of sexual or violent crimes cannot be accepted.

Detoxification: If you are withdrawing from alcohol, benzodiazepines, or barbiturates you are required to bring proof of medical detoxification before you can enter the program at the Jimmie Hale Mission.