



The Eugene Mission is an organization which ministers God’s love to those without a home, and who are in urgent need of shelter and food. We share the gospel of Jesus Christ with all who enter, because we believe that He is the true answer to all of life’s needs.

Life Change Program:

The Life Change Program is offered to those who want to learn more about God as revealed through the Bible and the person of Jesus Christ, and who want to explore living a life of love and hope. The Life Change Program is a 12 month residential with a 6 month Transition, “**Non-Smoking**” Life Changing Relapse Prevention Program focusing on three areas of recovery: Discipleship, Relapse Prevention and Life Skills. The word “disciple” means one who is a follower, a pupil, a learner or an apprentice.

The Eugene Mission Life Change Program is for persons who have:

- A desire to get well or be restored – spiritually, physically, emotionally, financially
- A willingness to admit they need help and pursue life and support outside the Mission
- An earnest desire to learn more about God, as revealed by the Bible
- A willingness to be accountable to others (other disciples, Mission staff, etc.)
- A willingness to serve others by performing Mission chores and through other serving opportunities

Elements of the Life Change Program include:

- Christ-centered group and individual meetings to address issues such as:
 - Addiction and substance abuse
 - Compulsive thinking and behaviors
 - Health and wellness
 - Family and relational issues
 - Anger management
 - Financial management
 - Future employment
- Regular Bible Study and Worship (both group and independent)
- Establishment of individual goals with the help of Case Management
- Assistance to help with eliminating employment barriers (lack of ID, diploma, GED, etc.)
- Daily chores and service around the Eugene Mission
- **Periodic Urinalysis Tests**

Please consider the following before you fill out this application.

Pictures of you and your successes in program will be taken and used to promote you and the Eugene Mission's Life Change Program.

- Falsifying or omitting information on this application and during the intake process will be considered a choice to leave the program.
- All pending legal issues need to be disclosed before entering the program.
- **Applicants will be asked to submit a pre-interview urinalysis test.**
- You need to be detoxed before applying to this program. We will not take anyone into the program who is intoxicated or under heavy sedation. If you choose to be intoxicated or under heavy sedation, you are choosing not to be a part of the program.
- **We are unable to accept Registered Sex Offenders in the Life Change Program.**
- Violent offenses will be discussed and reviewed on a case by case basis.
- All residents of the Eugene Mission are subject to random drug and alcohol testing. A zero tolerance policy regarding the use of drugs or alcohol is strictly enforced. Any resident who tests positive for drugs or alcohol will be choosing to leave the program.
- All residents choosing to join the program are making the choice to pursue God and not pursue any sexual or romantic relationships.
- Upon acceptance into the program, a restriction period of 30 days is in effect. During this time it is not permissible to leave the premises unless accompanied by an accountability partner or staff.
- Residents are choosing not to be employed until their 4th Phase of program. (Approx. 9 months)
- Work therapy is a vital part of the program and by being a part of the program you choose to volunteer in Life Skills up to four hours a day.
- Our goal is to see you become a mature disciple of Jesus Christ. Therefore recovery classes, Bible classes, church involvement, and other forms of spiritual training will require your enthusiastic participation.
- **Upon entering the Program all residents will be asked to turn in all electronic devices (laptops, tablets, MP3 players, e-readers, cell phones).**
 - **Cell phones will be returned to program members at the time they enter Phase 4.**
 - **No monies are allowed on your person while in program.**
 - **Any electronics turned in will be stored in a secure area and will be returned to the owner at the end of the program, or at separation from the program.**

I am choosing to live within the policies and procedures of this program.

Name

Date



Right Thumb Print _____

Date of application: _____

This application is for the Life Change program – an 18 month “Non-Smoking” Christ-centered Relapse Prevention Program

Are you currently staying at the Eugene Mission? ___ Yes ___ No
Have you stayed at the Eugene Mission before? ___ Yes ___ No

PERSONAL INFORMATION

Service Point # _____

Your Name:

Last Name First Middle

Have you used any other alias? ___ Yes ___ No Alias: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

Age: _____ Birthplace: _____ US Citizen: ___ Yes ___ No

Current Address or Last Place of Residence:

Street City State Zip
Mailing Address:

Street City State Zip

Current Phone Number: () _____ Are you a Veteran? ___ Yes ___ No

Have you ever been homeless? ___ Yes ___ No

If so, how recent and for how long?

EMERGENCY CONTACT INFORMATION

Person to contact in case of an emergency:

Last Name	First Name	Relationship
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Phone #: () _____

FAMILY INFORMATION

Marital Status: ___Single ___Married ___Divorced ___Legally Separated

If married, name of spouse: _____ Phone #: () _____

How many children do you have? _____

Please list their names, ages, and if you have custody.

Child's name	Age	Custody
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you currently owe child support? _____

If so, what is your monthly child support payment? _____

How will your family be cared for while you are in the program? _____

Parents

Father's Name	Address	Phone #
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Mother's Name	Address	Phone #
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MEDICAL INFORMATION

When was your last physical exam? _____ Are you under medical care now? ___ Yes ___ No

Doctor's Name: _____ Phone #: () _____

Do you have any diagnosed medical conditions that would prevent you from participating in serving through chores and other duties?

___ Yes ___ No If yes, explain:

Please list all medical conditions, major surgeries, illnesses, and restrictions that apply to you:

Medical Condition/Major Surgeries/Illnesses

Medical Restriction

_____	_____
_____	_____
_____	_____
_____	_____

Do you have any allergies? (food, seasonal, medication, etc.)

Are you currently taking prescribed and/or over the counter medications? ___ Yes ___ No

If so, please list

Have you been tested for the following?

Test	Date of Last Test	Positive (Y/N)
TB	_____	_____
HIV	_____	_____
Hepatitis	_____	_____

List any type of **medical coverage** or **health insurance** you have. _____

Have you been treated for mental health issues? ___ Yes ___ No

If so, what was the diagnosis?

SUBSTANCE ABUSE INFORMATION

We are a “Non-Smoking” Non-Cotinine program.

Are you a habitual user of Nicotine (Cotinine) Yes _____ No _____

Are you willing to give up Nicotine Yes _____ No _____

When have you last used or drank? _____

What is your drug of choice? List only one: _____

List secondary drugs you have used: _____

What age did you start using drugs and/or alcohol? _____

How many years have you actively used? _____

What is your longest amount of uninterrupted clean time? (Do not include time while being incarcerated.)

How many rehabs/recovery programs have you been in? _____

List your most recent rehab/recovery program:

Program

Date

_____ Completed _____ Did not complete

List all the programs you have been in:

Circle any of the following issues you struggle with:

Gambling Pornography Sexual Addiction Anger Eating Disorders Other _____

LEGAL HISTORY

There may be a criminal background check. Please disclose your legal history to the best of your ability. Providing false information and/or omitting important information is a choice to not enter the program.

Do you currently have any court cases, warrants, and/or outstanding fines? ___ Yes ___ No

If so, please explain:

Do you have an attorney? ___ Yes ___ No

If so, please list:

Name

Address

Phone

Have you ever been arrested? ___ Yes ___ No

If so, how many times? _____

List all the crimes for which you have been arrested and the approximate date:

Are you on parole or probation? ___ Yes ___ No

Circle one

If so Agent's name _____ Phone _____

Location _____

What is your regular report day and frequency? _____

Are you under court order to pay restitution and fines? ___ Yes ___ No

If so, please explain: _____

Have you ever been incarcerated? ___ Yes ___ No

Where and how long? _____

If so, explain:

EMPLOYMENT HISTORY

Please list the jobs that you have held in the last five years:

What is the longest stretch of continuous employment ____Years ____Months

Have you ever lost a job because of substance or alcohol abuse? ____Yes ____No

What skills do you have?

Have you ever attended any trade schools? ____Yes ____No

Do you possess any trade licenses or special certifications? ____Yes ____No

If so, please list _____

EDUCATION INFORMATION

Do you have a high school diploma or GED? ____Yes ____No

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

Have you ever been told you have a learning disability? ____Yes ____No

If so, explain:

SPIRITUAL HISTORY

You are not required to be a follower of Christ upon entrance to the program; however, the Life Change program of the Eugene Mission is a Christ-centered ministry. It is a core value of the program that the power of Jesus Christ is essential to real change. Thus a key part of the program requires enthusiastic participation in and attendance of Bible classes, Church attendance, and other Christ-based programming.

Have you ever made a commitment to follow Christ? ___Yes ___No

What is your church background?

Are you involved in a church family? ___Yes ___No

What is your involvement? _____

If so, please fill out the following:

Name of church		
_____	_____	_____
Address	City	State

_____	_____	
Name of pastor	Phone #	

OTHER INFORMATION

Do you receive SSI or SSDI income? ___Yes ___No If so, monthly amount: _____

Do you receive Worker’s compensation benefits? ___Yes ___No If so, monthly amount _____

Do you have other forms of income? ___No ___Yes If so, monthly amount _____

How did you hear about the Eugene Mission?

PLEASE NOTE: we encourage you to take the time to answer the following questions thoroughly. One to two word responses will result in the application being returned to you with a request for more complete answers. If you refuse to share honest and complete answers, you are choosing to be disqualified for consideration into the program.

Describe your current situation:

What do you hope to gain in the Life Change program?

What has brought you to the point of being ready to receive changes in your life?

APPLICATION STATEMENT

I have read and fully understand the outlined policies referenced in this application and I have decided to apply for the Life Change program.

Print name

Time

Client Signature

Date.



In the event that I agree to join the Life Change program at the Eugene Mission, I agree that the relationship between the Mission and myself is an at-will relationship and that the position can be terminated, with or without cause, at the time and at the option of either the Mission or myself. I certify that the information contained in this application is correct. If the Mission determines that any of this information submitted in this application or any other documentation that has been given to the Mission is false, I may be immediately disqualified from consideration for attending and/or discharged from this program in accordance with Mission policy. I hereby release the Mission from all actions, claims, or demands that I or my representatives now have or may hereafter have for injury, death, or damage to myself and/or my property resulting from my participation in Mission program activities. This includes actions, claims, or demands resulting in whole or in part from the negligence of the Mission or its directors, officers, agents, employees, or volunteers. I attest that my attendance and involvement in these activities is voluntary, that I am participating at my own risk, and that I have read the terms and conditions of this release. Program members who service with the Mission are occasionally included in Mission publicity, publications, and public relation activities. I grant the Mission the irrevocable right to use forever any photographic images and video or audio recordings that will be made during my volunteer activities to the mission, and I agree to appear without pay. As a program member, I understand that I may work with donor information, staff information, and resident or guest information that may be confidential in nature. I will not discuss this information with anyone who is not directly involved in these areas. I understand that failure to maintain confidentiality may result in immediate release from my program commitment at the Mission. The obligation to comply with this policy continues after my program commitment with the Mission ends. I hereby grant permission to the Mission to investigate information contained in this application and release the Mission and any agents or other persons acting on behalf of the Mission from any and all liability relating to any investigation of the information contained in this application.

Participant signature Date

Participant to re-sign in the presence of a staff member (If previously signed).

Staff Member Present at signing Date