

Broken Branches Recovery

APPLICATION FORM

Broken Branches welcomes men who are looking to overcome substance abuse challenges and are eager to transform their lives through a personal relationship with Jesus, made possible by the selfless sacrifice of Christ on the cross. We are non-denominational and willing to work with you as long as you are honest and open-minded. We are committed to collaborating with individuals who are sincere and ready for positive change.

Here, you are not a tenant paying for room and board, you are a valued participant in our program, and we're here to support your journey. It's important to note that participation in our program is contingent on your commitment. To ensure a safe and healthy environment is maintained for everyone, we may need to make discharge decisions without prior notice.

Our aim is to help you discover your identity in Christ and a fulfilling life within our tight-knit, community-based fellowship. It is essential that you maintain a clean and sober life-style under all circumstances, make daily efforts towards personal growth, and learn to accept personal responsibility. Your success is our priority.

Fill out the following to the best of your ability. Be open and honest.

For the protection of our participants, we are only accepting biological males, and we are not accepting registered sex offenders

Are you a biological male from birth. Yes No

Are you a registered sex offender? Yes No

Please confirm that you accept that Broken Branches is a Christian based program and you agree to participate in church services and bible studies. Yes No

Anticipated Arrival Date _____

Name _____ Date _____

Phone _____ Date of Birth _____ Age _____

Email _____

Marital Status Single Married Divorced Separated Widower

A valid state ID AND social security card or birth certificate are required. Based on circumstances, not possessing all required documentation may disqualify your application.

Please confirm that you have all of the required documentation Yes No

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If you have a caseworker or parole officer, please provide their information below

Case Worker PO

Name _____

Phone _____

Do you have any legal obligation, pending court cases, warrants, or pending charges?

Yes No

If Yes, please provide details _____

Addiction History. Rate each of the following from 0 to 5, where 0 is no temptation and 5 being a great temptation.

Alcohol _____

Codependency _____

Food _____

Drugs _____

Sex _____

Homosexuality _____

Tobacco _____

Other _____

Do you have a history of relapse?

Yes No

If Yes, please provide details _____

What disabilities, emotional, physical, or mental health problems do you have? _____

Do others say you may have mental health issues?

Yes No

Are you currently taking any medications?

Yes No

If yes, please list them _____

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Do you have any allergies or dietary restrictions?

Yes No

If Yes, please provide details _____

List any special accommodations or needs that should be considered _____

I understand that if accepted to Broken Branches Recovery, I am required to pay \$425 (\$300 non-refundable deposit and \$125 first weeks fees) prior to arriving. Failure to pay will result in forfeiture of a slot in the program.

I understand and acknowledge the deposit and program fee requirement

Yes No

I hereby certify that the information provided in this intake form is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in my disqualification from the program.

Print _____ Signature _____