



# Application

Your Name \_\_\_\_\_  
Last Middle First

**LifeChange** is a Christ-centered addiction recovery community. When you enter LifeChange you live and work with a community of people committed to transforming their lives and breaking free of addiction. LifeChange is not a clinical treatment facility or a “program” or a series of steps. It is a community of people helping each other and supporting each other to reach beyond maintaining sobriety to a transformed and abundant life.

## AUTHORIZATION OF RELEASE OF INFORMATION

I hereby give my permission and consent to any and all persons or entities to release and receive information to Union Gospel Mission, 3 NW 3<sup>rd</sup> Ave, Portland, Oregon 97209, concerning any of my personal information, substance abuse history, treatment history, criminal history, medical history, work history, educational records or family background.

Resident's Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPLICATION PROCESS

- FILL OUT THIS APPLICATION COMPLETELY** and return it to:  
**Union Gospel Mission, 3 NW 3<sup>rd</sup> Ave, Portland, OR 97209**
- ATTEND ALL INTERVIEWS.**  
Be prompt and comply with all requests including **DRUG TESTING.**
- This process may take several days, and the interviews several hours.  
**A Criminal History Check** will be obtained by Union Gospel Mission.

\***LifeChange** is a registered trademark of the Union Gospel Mission.

**PERSONAL INFORMATION**

Your Name \_\_\_\_\_  
Last Name Middle First

Social Security# \_\_\_\_\_ - -  
Date of Birth \_\_\_\_\_ - -19 Age: \_\_\_\_\_

**SUBSTANCE ABUSE INFORMATION**

**Drugs Used:** \_\_\_\_\_ **Years Used:** \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Why do you need LifeChange?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TREATMENT HISTORY**

List Recovery Programs you've been in most recently, the dates you were there, whether you completed the program and, if not, why?

Date:	Program:	Completed?	Why?
1. _____ Month/Year	_____	_____	_____
2. _____ Month/Year	_____	_____	_____
3. _____ Month/Year	_____	_____	_____

Have you been in any other programs? Yes \_\_\_\_\_ No \_\_\_\_\_  
How many? \_\_\_\_\_

Do You Have a Valid Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, why?

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY**

**PHYSICIANS CARE**

Do you have a medical card? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you currently under the care of a physician? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, list physician: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address if available \_\_\_\_\_

Are you being treated for a current condition? \_\_\_\_\_  
If yes, what is the condition? \_\_\_\_\_

Note: While in [LifeChange](#), you will be financially responsible for all of your own medical costs. If you do not have medical insurance you may qualify for Oregon Health Plan. Union Gospel Mission does not charge a medical fee for [LifeChange](#) recovery services.

**MEDICATIONS OR PRESCRIPTIONS**

Are you or have you taken any form of medication or prescription? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, list the medication or prescription: 1. \_\_\_\_\_  
2. \_\_\_\_\_

**PHYSICAL CONDITION**

Are you currently detoxing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the allergy? \_\_\_\_\_  
Explain details of the allergy: \_\_\_\_\_

Are you able to lift 50 pounds? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain why: \_\_\_\_\_  
\_\_\_\_\_

**WOMEN**

To your knowledge are you currently pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

**PSYCHIATRIC CARE**

Are you currently or have you ever been under the care of a psychiatrist/psychoanalyst? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list caregiver: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

List condition caregiver is treating: \_\_\_\_\_

**CRIMINAL HISTORY**

List the most recent arrests by date and the reason for the arrest.

	Date:	Reason:	County:	State:
1.	_____ Month/Year	_____	_____	_____
2.	_____ Month/Year	_____	_____	_____
3.	_____ Month/Year	_____	_____	_____

Do you have other arrests on your record? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many \_\_\_\_\_

List most recent convictions by date and sentence given.

	Date:	Crime Convicted Of:	Sentence Received:	County/State:
1.	_____ Month/Year	_____	_____	_____
2.	_____ Month/Year	_____	_____	_____
3.	_____ Month/Year	_____	_____	_____

Do you have other convictions? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how many \_\_\_\_\_

List most recent jail or prison time by date and institution.

	From:	To:	Institution:	Address/County:
1.	_____ Month/Year	_____ Month/Year	_____	_____
2.	_____ Month/Year	_____ Month/Year	_____	_____
3.	_____ Month/Year	_____ Month/Year	_____	_____

Do you have time served on your record? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently on parole or probation? Yes \_\_\_\_\_ No \_\_\_\_\_

	If so, Bench/PO:	What Court/Office:	Name of Judge/PO/County:
1.	_____	_____	_____
2.	_____	_____	_____

Do you have other outstanding warrants? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how many? \_\_\_\_\_

Where? \_\_\_\_\_

## WORK HISTORY

List your three most recent jobs by date, employer and why you left.

	From:	To:	Employer:	Address:
1.	_____ Month/Year	_____ Mth/Year	_____	_____
	Reason for Leaving: _____			
2.	_____ Mth/Year	_____ Mth/Year	_____	_____
	Reason for Leaving: _____			
3.	_____ Month/Year	_____ Month/Year	_____	_____
	Reason for Leaving: _____			

## ACTIVE JOB RELATED CLAIMS

While in [LifeChange](#) you will not be allowed to file any new claims.  
You must designate the [LifeChange](#) trustee as your payee.  
You must place in trust all claims paid until you exit [LifeChange](#).

Do you currently have an active claim for Workers Comp., Unemployment Insurance or Disability?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If so, list:

_____	_____
Name of Agency	Claim #
_____	_____
Address	

What is the status of the claim? \_\_\_\_\_

Do you have any other active claims pending? Yes \_\_\_\_\_ No \_\_\_\_\_

## INACTIVE JOB-RELATED CLAIMS

Have you ever made a claim (now closed) for Workers Compensation Unemployment Insurance or Disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many have you made? \_\_\_\_\_

What type of claims were they? \_\_\_\_\_

What was the result of each claim? \_\_\_\_\_

## EDUCATIONAL HISTORY

### HIGH SCHOOL

Have you graduated from high school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? 19 \_\_\_\_\_

If yes, what school? \_\_\_\_\_  
Name of School City County State

If no, what grade did you complete? \_\_\_\_\_

Have you taken the GED? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you pass? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and when? \_\_\_\_\_

### OTHER SCHOOLS

Have you completed any trade or vocational school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what school? \_\_\_\_\_  
Name of School City County State

Have you completed any others? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what school? \_\_\_\_\_  
Name of School City County State

Have you ever enrolled in any other schools without completing? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what school? \_\_\_\_\_  
Name of School City County State

### PROPERTY ASSETS

[LifeChange](#) allows you to bring NO Personal Property into the community (other than your wallet) and no clothing (other than the clothes you wear when you enter). **You must store all of your possessions outside of Union Gospel Mission.**

[LifeChange](#) allows you to bring NO MONEY, assets or valuables into the community. Union Gospel Mission will provide you, if needed, a legal trustee to protect your money and assets from dissipation while you are in [LifeChange](#). Any person receiving passive income or entitlements must designate the trustee as payee of those benefits (to be placed in trust). If you leave before successfully completing [LifeChange](#), then you have thirty days to claim your personal belongings that are on your inventory sheet in your file.

Do you have money/assets to place in trust if you enter [LifeChange](#)? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you receiving any entitlements (SSI, Disability, etc.)? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you willing to designate the trustee as your payee? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you expect to receive any monies, settlements or assets while you are in the [LifeChange](#) community? Yes\_\_\_\_\_ No\_\_\_\_\_

If so, what is the source of the monies? \_\_\_\_\_

What is the amount you expect to receive? \_\_\_\_\_

**FAMILY HISTORY**

**FAMILY ORIGINS**

Parents:

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City & State    Zip                      Phone

\_\_\_\_\_  
City & State    Zip                      Phone

**MARRIAGE/CHILDREN**

**Are you currently married?**    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: \_\_\_\_\_

Name of Spouse

\_\_\_\_\_  
Address    City & State    Zip

**Do you have living children?**    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: \_\_\_\_\_

**Name of Child**                      Age

**Name of Child**                      Age

\_\_\_\_\_  
Custodian of Child

\_\_\_\_\_  
Custodian of Child

\_\_\_\_\_  
Address of Child

\_\_\_\_\_  
Address of Child

\_\_\_\_\_  
Phone of Child Custodian

\_\_\_\_\_  
Phone of Child Custodian

\_\_\_\_\_  
**Name of Child**                      Age

\_\_\_\_\_  
**Name of Child**                      Age

\_\_\_\_\_  
Custodian of Child

\_\_\_\_\_  
Custodian of Child

\_\_\_\_\_  
Address of Child

\_\_\_\_\_  
Address of Child

\_\_\_\_\_  
Phone of Child Custodian

\_\_\_\_\_  
Phone of Child Custodian

Are these children under CSD supervision?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: \_\_\_\_\_

**Name of Caseworker**                      Phone

**Name of Caseworker**                      Phone

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Address of Child

\_\_\_\_\_  
Address of Child

\_\_\_\_\_  
Phone of Custodian                      Phone of Custodian

## THE LifeChange PROMISE

I need LifeChange because I have serious, life controlling problems.

During LifeChange I agree to the following:

1. Cash. I need to, and will, live without cash.
2. Alcohol/Drugs. I need to, and will, live alcohol and drug free.
3. Relationships. I need to, and will, recover without conflicting relationships.
4. Possessions. I need to, and will, comply with limiting my possessions.
5. Exiting. I need to, and will, live with rules restricting my travel.
6. Threats. I need to, and will, make no threats or acts of violence.

I give my word that I will live by these and all of the other LifeChange rules.

### WAIVER OF WAGES, WORKERS COMPENSATION AND UGM LIABILITY:

I understand that LifeChange will provide me work therapy and job training. I agree that I am working voluntarily as part of my recovery without any wages being owed or paid to me. I also understand that I will not have any workers compensation coverage. I agree to remain liable for all of my own medical treatment, and I hereby release Union Gospel Mission and LifeChange for any liability that I may claim.

### PERMISSION TO USE PHOTOGRAPH, VIDEO OR STORY:

I grant Union Gospel Mission my permission to take and use a photograph or video recording of me, and to distribute that photograph or recording as they deem fit, publicly. Union Gospel Mission may also use my name and information about my life in the promotion of Union Gospel Mission or LifeChange as they deem fit. I release any and all claims that such photograph, recording or information about me violates any right to privacy I may have.

### INSPECTION OF PERSONAL MAIL AND COMMUNICATION RIGHTS WAIVER:

I grant Union Gospel Mission my permission to open and inspect mail sent to me while I reside in LifeChange. I also understand that I will be subject to a communication ban that will restrict my ability to talk or correspond with any other or all persons designated by LifeChange leadership for a period of time.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# UNION GOSPEL MISSION-LIFECCHANGE ADMISSIONS MEDICAL QUESTIONNAIRE

**YES / NO 1. Can you lift heavy objects? What is your limitation?  
Explain: \_\_\_\_\_**

\_\_\_\_\_

**YES / NO 2. Have you ever had a neck/back injury? Explain: \_\_**

\_\_\_\_\_

\_\_\_\_\_

**YES / NO 3. Do you require medical attention or medication? If so,  
What is the nature? Explain: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**YES / NO 4. Do you have any of these communicable diseases?**

\_\_\_\_\_ Tuberculosis      \_\_\_\_\_ Venereal Disease

\_\_\_\_\_ Hepatitis      \_\_\_\_\_ None

**Other (Specify): \_\_\_\_\_**

**YES / NO 5. Do you have menstrual cramps severe enough to limit  
your activities at any time during the month? Explain**

\_\_\_\_\_

\_\_\_\_\_

**YES / NO 6. Do you have a history of heart or cardiovascular Problems? (i.e. high blood pressure, heart murmur, etc.) Explain: \_\_\_\_\_**

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**YES / NO 7. Do you have lung or pulmonary system limitations? i.e. asthma, emphysema, etc. Explain: \_\_\_\_\_**

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**YES / NO 8. Do you have bone, joint or muscle limitations? Explain: \_\_\_\_\_**

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**YES / NO 9. Would you submit to a test for the H.I.V. Virus?**

**YES / NO 10. This is a voluntary question and confidential information; have you ever been tested for the H.I.V. virus?**

**YES / NO 11. Would you be willing to disclose the results. \_\_\_\_\_  
Positive / Negative.**

(If you are H.I.V. positive and are presently taking medications this could result in further discussion.)

**YES / NO 12. Do you have or ever had an eating disorder? Explain:**

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**YES / NO 13. Is there any reason that you cannot physically participate in the LifeChange program? Explain:**

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**The answers on this questionnaire are true and correct to the best of my knowledge. Any false and /or misleading information could cause for termination or referral from the LifeChange program. Furthermore I will not hold the LifeChange program liable for any preexisting medical condition that I might have. If I am in need of out side medical attention, I will:**

- 1. Be required to pay for that care via my own resources.**
  
- 2. Be referred from the Program if it is determined that my medical condition interferes with my treatment.**

**Furthermore as a part of my admission process, I agree to have a history and physical examination and screened for TB.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Witness: \_\_\_\_\_ Date: \_\_\_\_\_**

**Witness: \_\_\_\_\_ Date: \_\_\_\_\_**