PLACE OF HOPE MINISTRIES

"REBUILDING… REPAIRING… RESTORING LIVES…" ISAIAH 58

Greetings,

Thank you for your interest in the Place of Hope Christian Living Center. Please find enclosed an application for admittance to the facility.

The Christian Living Center provides an environment for spiritual, emotional, social and physical health and growth. Chapel, character studies, groups, work-readiness and scripture study are a part of everyday life. We will work with you to develop a "Living Hope Plan" for your future and encourage you to continue working towards the completion of this plan both while you are a resident and in preparation for the future.

Over 100 years ago, this facility was named St. Raphael's by the Catholic Bishop. This name means "God Heals." We have continued the tradition of this being a place of healing, which includes spirit, soul and body.
This truly is a place of hope, healing and restoration.

If you have any questions, please feel free to contact our admissions assistant.

In His Service,

Pastor Carol Jean Smith, Director

Place of Hope Ministries 511 9th Ave. North, St Cloud MN, 56303
Rev. Geary and Rev. Carol Jean Smith, Senior Pastors
For Admission Information Call: 320-203-7881(office) 320-203-7882 (fax)
Web: www.placeofhopeministries.org Office E-mail: hope@placeofhopeministries.org

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Place of Hope Christian Living Center Application

Date received_____

We need information about you to determine if our living center program is appropriate for you. We also want to assist you in growing in your relationship with Jesus Christ and to help you continue to set short and long-term goals for your life. This application will help us determine if this program is appropriate for you and what specific materials will be helpful to you. Please fill out to the best of your ability.

Name_____**Date**_____

Address_____

Phone Number: (Area Code_____)-_____-_____

Date of birth_____ Current age: ___Social Security #_____-_____-_____

Marital Status: Married_____Divorced_____Separated____ Never married____

Spouse's name_____

Do you have any children?_____ What are their names and ages ?

Name_____ Age_____ Date of Birth_____

Name _____ Age _____ Date of Birth_____

Name _____ Age _____ Date of Birth _____

Race: African/American____ Caucasion_____Asian_____Native American_____

Other_____

- **A. SPIRITUAL ASSESSMENT_____**

Have you ever committed your life to Jesus Christ and become born again? If so, please explain.

_____

_____

_____

Have you been:

Baptized in water? Yes_____No_____ If yes, when and by whom?_____

_____

Filled with the Holy Spirit? Yes_____ No_____ If yes, when?_____

_____

Do you pray? _____ How often? Often_____Occasionally_____Never_____

Explain_____

Do you attend church? Yes_____ No _____How often?

Weekly_____ Monthly_____ Seldom_____

If so, where?_____

Pastor's Name_____

Address_____

Phone Number_____

(We need to get a recommendation from your pastor or a spiritual advisor for admittance into the Christian Living Center. We will be sending out a form)

What do you believe God is like?

_____

_____

_____

If you have not yet surrendered your life to Jesus Christ are you willing to surrender your heart and life to Him so that He can begin helping you?_____If you sincerely want God to change your life, pray this prayer right now.

- **Prayer of Commitment.**

Dear Heavenly Father, I know I have sinned and done things wrong and I admit that I need you to forgive me. I admit that I need help. I believe Jesus Christ, your Son, gave His life on the cross for me and paid the price for my sin. Please forgive me and come into my heart and life. Help me to follow you and do the right things in life. I surrender to you, I cannot fix my own life, but I believe if I will let you, you will help me serve you with all my heart.

Thank you for hearing my prayer and coming into my life. I pray in the name of your Son, Jesus Christ. AMEN

If you prayed this prayer please sign below.

- **I prayed this prayer and gave my life to Jesus Christ today.**

Date_____

Signature_____

Tell someone today that you gave your life to Jesus Christ!!!

Write your own prayer to God about what you need and want him to change in your life.

Dear God,_____

_____

_____

_____

_____

_____

In Jesus Name, Amen

Do you believe you have a call on your life for full time ministry?
Yes____ No ____Not sure____
If yes, is there a special area you feel called to?_____
_____

What are your main reasons for wanting to enter the Christian Living Center program?_____

- **B. PROBLEM /HISTORY ASSESSMENT_____**

Please check all that you have had problems with and/or would like help with.

_____ Spiritual growth
_____ Life goals/Need them
_____ Confused/hurtful sexual experiences
_____ Emotional ups and downs
_____ Smoking
_____ Anger/forgiving others
_____ Spiritual direction
_____ Gambling
_____ Attitudes
_____ Fear
_____ Pregnancy
_____ Alcohol use
_____ Drug use or addiction
_____ Marriage issues
_____ Conflicts with people
_____ Friendships
_____ Guilt/forgiving myself
_____ Loneliness
_____ Other, please list_____
_____
_____

Please use the back of this paper to write a short paragraph on each problem checked. Please give a brief description of the problem and then let us know what you'd like God to help you change.

Do you smoke? Yes____ No_____ Are you willing to quit? Yes___ No___

Do you or have you ever used alcohol or drugs? Yes____ No____
If so, when was the last time you used? Date_____

- **We are a drug/alcohol/tobacco free facility. Use/ consumption or possession of non-prescription drugs, alcohol or tobacco products or mis-use of prescription drugs is not allowed by residents.**

Have you ever been in treatment for chemical dependency or mental health issues?
Yes_____ No_____

When	Where	Did you complete the program?

Have you ever been in a discipleship program? Yes____ No____

When Where Did you complete the program?

_____

- **C. GOAL ASSESSMENT**_____

What are your short-term goals?

_____

_____

_____

What are your long-term goals?

_____

_____

_____

Do you have a drivers license?_____ **With what state?**_____

Do you have an ID?_____ **With what state?**_____

Do you have a Social Security Card?_____

Do you have a Birth certificate?_____

Do you have a high school diploma?_____**GED**_____

Do you need help obtaining a GED?_____

Do you have a disability? If so, please list

_____

Are you on any medications?_____ **Please list**

_____

_____

- **D. LEGAL ASSESSMENT:**_____

Name of Probation Officer (if applicable)_____

County_____

Address_____

Phone Number_____

How long will you be on probation? _____

_____

Please list any charges from your past or present.

Charges Felony/Misdemeanor Dates_____

_____

_____

_____

Have you ever been charged or convicted of any sexual assault, harassment or sexual misconduct? Yes_____ No_____ _____

- **E. FINANCIAL/EMPLOYMENT ASSESSMENT:_____**

Are you currently on any public aid?(food stamps, etc)_____
_____

What are your sources of income?_____

Please list outstanding debts.

Who do you owe? How much?

_____
_____
_____

Employment History:
Last Place of Employment_____
Address_____Phone_____
Supervisor's name_____

- **SOCIAL ASSESSMENT _____**

Are there friends and associates that have contributed to your problems? Please explain_____
_____
_____
_____

Do you feel you have you been a help or a problem to society? Please explain
_____
_____
_____
_____

What do you believe is your purpose for living?_____
_____
_____
_____

G. CHANGE FOR THE BETTER_____

Is there anything else that you would like to change in your life?

_____

_____

_____

There are three criteria for admission into our six-month discipleship program. They are:

- ***I must admit the need for positive change in my life.***

Do you agree? yes_____ no_____

- ***I must be willing to accept correction and direction to accomplish this change?***

Do you agree? yes_____ no_____

- ***I must be willing to allow Jesus Christ to help me by applying Biblical principles to daily life situations to allow my character to be developed.***

Do you agree? yes_____ no_____

Please take this space to tell us anything else you think would help us to help you.

_____

_____

_____

_____

Complete the release of information sheet attached. We will be doing a background check and we will need a reference from a pastor or spiritual leader who knows you.
Please complete this application form and return to Place of Hope Ministries or give to one of their staff pastors. We will contact you within a week of receiving your application.
God Bless you.

Signature:_____ Date_____

Witness: _____ Date_____

Each applicant is interviewed and a specialized plan is developed to address current issues. We want to provide you with a supportive living environment where each one is treated with respect and honor. We believe each person is wonderfully and marvelously created by God and that God has good works for you to accomplish in your life. We want to help you discover these truths for yourself. (Psalm 139 and Ephesians 2:10)

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CRIMINAL BACKGROUND CHECK CONSENT FORM

Applicant: _____

A Local Records Check of the St. Cloud Police Department / Stearns County Sheriffs Department and a search of the Minnesota State Criminal Records and or the Federal Bureau of Investigations Criminal Justice Information files will be preformed in lieu of the application that you have received. By signing this form you are allowing the St. Cloud Police Department to release the criminal data maintained in those files which applies under Statues and Ordinance.

1. You have the right to be informed that _Place of Hope Ministries__is requesting Criminal Background Check to determine if you have been convicted of a Crime Specified in Section 299.67, sub. 2.
2. You have the right to be informed by _ Place of Hope Ministries _of the results of a Criminal Background check and to obtain a copy of the results.
3. You have the right to obtain from St. Cloud Police Department / Stearns County Sheriff's Department and or The Bureau of Criminal Apprehension, any records that forms the basis for the report obtained.
4. You have the right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, sub 4.
5. You have the right to be informed by _ Place of Hope Ministries _if your application for acceptance has been denied because of the results of this Background Check.

Applicant Information - PLEASE PRINT CLEARLY

_____

Last Name First Name Middle Name

Have you ever been known by another Name? Maiden, Aliases _____Date of Birth _____

Gender: Male ____ Female ____ Race: _____

Driver Lic. # _____ State:_____ Social Security # _____

_____

Current Address Apt# City State & Zip County

Have you lived in Minnesota for at least the Past 5 Years Yes ___ No____

_____

Prior Address Apt# City State & Zip County

This Release shall be effective for ONE (1) year from the date signed.

Subscribed and sworn before me on this

_____ day of _____ 20__ _____

Applicant Signature

_____ _____

Notary Public Date

Place of Hope Ministries 511 9th Ave. North, St Cloud MN, 56303
Rev. Geary and Rev. Carol Jean Smith, Senior Pastors
320-203-7881(office) 320-203-7882 (fax)
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PLACE OF HOPE MINISTRIES
CHEMICAL USE HISTORY

NAME: _____ **DATE:**_____

History of Alcohol and Drug Use						
	Past 30 Days Days / Amount	Past 1 Year Weeks / Amount	Lifetime Years	Age of First Use	Money Spent in Last 30 Days	Route of Administration
Alcohol (Any Use)						
Alcohol (Intoxication)						
Marijuana						
Cocaine						
Heroin						
Barbiturates (Downers)						
Amphetamines (Uppers)						
Sedatives/Tranquilizers						
Hallucinogens						
Opium						
Crack						
Methadone						
Huffing						
Tobacco						
Caffeine						
Other:						
Other:						

History of Chemical Dependency Treatment (including detox)						
	Did you complete it?	Voluntary or Court-ordered?	Length of Treatment	When	Where	Comments
IN- Patient Treatment						
OUT-Patient Treatment						
Detox Only						