



MEN'S NEW LIFE PROGRAM

A ministry of the Redwood Gospel Mission

101 6th St., Santa Rosa, CA 95401

707-542-4817 Phone 707-544-6185 Fax www.srmission.org

This is a huge step forward in your recovery. It takes a tremendous amount of courage to even apply to a program. We hope to be an encouragement to you as you move forward. We are not here to judge you; we are here to help. Please know that your information will be treated with the utmost respect for privacy. Any information obtained is for the sole purpose of determining if this program is a good fit for your needs and will not be released to any outside agency for any reason without your specific written consent to such a disclosure.

There are a few things we would like to tell you about our program up front:

1. We are faith-based. You do not need to be a Christian to enter, and we do not require that you become a Christian at any point in the program. However, our program is Bible-based, and we do lead our classes from a Christian perspective. All we ask of you is for an open-minded and willing attitude towards Christian teachings.
2. Our program is not able to accommodate anyone using narcotics, benzodiazepines, or muscle relaxers. Other medications such as, but not limited to, psychotropics, anti-depressants, and anti-anxiety medications will be addressed on a case-by-case basis but are not necessarily disqualifiers.
3. We are a non-smoking program. Nicotine is a highly addictive drug, and we recognize its negative impact on your overall health and well-being. You may use nicotine replacement therapies during the first 30 days of the program but must be nicotine free before phasing into the program.
4. We are a time-out from romantic relationships (except for a legal marriage)
5. Our program includes Work Therapy as a critical component of our structure. An explanation of the physical requirements are included in this application. There is also a document for your doctor to sign, if you are currently under medical care for an injury or physical limitation.
6. Because our program is designed for those who have no other resources, those accepted into the program are not allowed to accept any outside income (such as SSI, SSDI, Unemployment, GA, etc.) while in the program. We ask that if you are unwilling to discontinue the outside income, that you assign a payee that will work together with program management to safeguard your savings.
7. The program can accommodate up to 40 men. Space is limited so we do have guidelines on the number of items you can bring into the program. More information on this will be provided upon your acceptance.

Please fill out your application **clearly and honestly**. If possible, please follow up by phone after submission, Joel Ward (NLP Mgr.) at 707-542-4817. You may also contact us with any questions you may have on the information stated above. May God guide and protect you on your quest for a New Life!!



NEW LIFE PROGRAM APPLICATION

Attn: NLP Manager., 101 6th St., Santa Rosa, CA 95401
707-542-4817 Phone 707-544-6185 Fax www.srmission.org

Date ____/____/____

Print Name _____
(First) (Middle Initial) (Last)

Date of Birth ____/____/____

Current Address _____

CDL# or ID# _____ Phone# _____ Medi-Cal# _____

Emergency Contact _____ Phone# _____ Relationship _____

LIFE CONTROLLING ISSUES

1. Please describe your life controlling issues: _____
2. Why do you desire to join the NLP? _____

3. Have you ever participated in a 12-step program? Yes ___ No ___ (ex. AA/NA/GA): ___
Did you complete all 12 steps with a sponsor? Yes ___ No ___ If no, how many steps did you complete? _____
Why did you not complete the steps? _____

4. Have you ever attended a residential treatment program? Yes ___ No ___ Which program(s): _____

5. What was your longest period of sobriety (Mo/Yrs.)? _____ How did you accomplish that? _____

6. Do you use tobacco of any kind? (Includes e-cig or vaping) Yes ___ No ___ Are you willing to quit? Yes ___ No ___

LEGAL STATUS

1. Do you have any current court cases/warrants? Details: _____

2. Do you have an attorney/public defender? Yes ___ No ___ Name & phone number: _____
3. Are you on probation? Yes ___ No ___ If yes, for what offense? _____
End date: _____ Probation officer's name & phone number: _____
4. Do you have to register with the police department? Yes ___ No ___ Reason: _____
5. Do you have any court ordered classes (ex. DDP/Anger Management)? Yes ___ No ___ Explain: _____

6. Are you currently incarcerated? Yes ___ No ___ If yes, where? _____
7. When is your expected release date: ____/____/____ Is it contingent upon acceptance into a program? Yes ___ No ___
Details: _____

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FINANCIAL INFORMATION

1. Do you receive a monthly income? (ex: SSI or Unemployment) Yes ___ No ___ Explain: _____
2. Are you expecting any outside source of income? Tax Return ___ Inheritance ___ SSI back pay ___ Other _____
3. Are you willing to designate a payee for any income that you receive after entering the program? Yes ___ No ___
Payee Name _____ Address _____ Phone Number _____

FAMILY INFORMATION

1. Marital Status: (circle one) Married Single Divorced Do you have any children? Yes ___ No ___
2. Children(s) names/ages) _____
3. If your children are minors, please provide guardian's name, address, and phone number in line below: _____

4. Do you have friends/relatives who work for the RGM? Yes ___ No ___ Name(s): _____

SPIRITUAL HISTORY

1. If you have had the spiritual experience described as being "born again", please share a short testimony:

2. Are you open to the possibility of God's Spirit transforming your life based on Biblical principles? Yes ___ No ___

HEALTH HISTORY

1. Please describe your health: (Circle one) Poor Fair Good Excellent
2. Do you have any physical disabilities/limitations? Please describe: _____

3. Have you ever been diagnosed with a mental health condition? Yes ___ No ___ Please describe: _____

Have you been prescribed medication for your condition? Yes ___ No ___ please list: _____
_____ Are you currently taking this medication? Yes ___ No ___
4. Are you currently taking any other prescribed medications? Yes ___ No ___ please list: _____

5. Physical Requirements of the New Life Programs

- **Reaching:** Residents may need to reach with their hands and arms to clean hard-to-reach areas.
 - **Climbing:** Residents may need to climb a stepladder or stool to clean high places, or to get in and out of vans and trucks without aids.
 - **Bending, stooping, kneeling, crouching, or crawling:** Residents may need to bend, stoop, kneel, crouch, or crawl to clean.
 - **Standing:** Residents may need to stand for long periods of time.
 - **Using stomach and lower back muscles:** Residents may need to use their stomach and lower back muscles to support their bodies for long periods.
 - **Being physically active:** Residents may need to be physically active for long periods without getting tired or out of breath.
 - **Twisting:** Residents may need to twist.
 - **Lifting:** Residents may need to be able to lift up to 25 lbs.
 - **Are you able to perform the above physical activities while in the Men's New Life Program? Yes ___ No ___**
6. When was the last time you were tested for: Hep-C: ___/___/___ Pos ___ Neg ___ TB: ___/___/___ Pos ___ Neg ___
 7. Do you have any other health issues that you would like to disclose? _____

OTHER INFORMATION

1. Education (Grades completed): _____ High School Diploma/GED equivalent: Yes ___ No ___
College: _____ Trade School: _____ Other: _____
2. Are you a Veteran? Yes ___ No ___ In which branch did you serve? _____ Discharge date: ___ / ___ / ___
3. Are you willing to accept and follow Redwood Gospel Mission's grooming policies? Yes ___ No ___
4. I agree to give up any unmarried romantic relationships and refrain from new ones while in the NLP: Yes ___ No ___
5. Have you participated in any of the RGM's programs in the past? If yes, please list programs and dates:
(NLP/TSP/Guest) _____
6. I understand that this is a Christian faith-based program, and that Biblical instruction, studies and prayer are at the core of our program.

_____ Date ___ / ___ / ___
Signature of Applicant

Please return to New Life Program Manager at the above address.

Doctor's Release for Admission into New Life Program for Men Program

The Redwood Gospel Mission's New Life Program for Men requires applicants to be able to perform certain physical actions while at the at Manna Home. These actions are those involved in the maintenance of their living quarters and well as in work therapy during the different activities that require their participation.

This release **MUST** be filled out by your physician if you have or have had any mobility issues that significantly impact your ability to preform these activities.

- **Reaching:** Residents need to reach with their hands and arms to clean hard-to-reach areas.
- **Climbing:** Residents need to climb a stepladder or stool to clean high places, or to get in and out of vans and trucks without aids.
- **Bending, stooping, kneeling, crouching, or crawling:** Residents need to bend, stoop, kneel, crouch, or crawl to clean.
- **Standing:** Residents need to stand for long periods of time.
- **Using stomach and lower back muscles:** Residents need to use their stomach and lower back muscles to support their bodies for long periods.
- **Being physically active:** Residents need to be physically active for long periods without getting tired or out of breath.
- **Twisting:** Residents need to twist.
- **Lifting:** Residents need to be able to lift up to 25 lbs.

I, the undersigned, certify according to my opinion as a medical professional that _____ is currently under my care and that it is my professional opinion that she is physically capable of meeting the above Physical Requirements for residency in the Redwood Gospel Mission's New Life Program.

Printed Name

Professional Title

Signature

Date



Model Release

I give my consent and full right to use my name, photo, likeness and written feedback in any and all media, publications, advertising and publicity. I grant permission to be filmed or taped by the Redwood Gospel Mission or the news media.

Name

Address

City

State

Zip

Signature of Model

Date

Signature of Witness

Date