

Manna Home

New Life Program for Women

Application for Admission

This is a huge step forward in your new life. 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. 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.
2. 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.
3. Our program includes Work Therapy as a critical component of our structure. An explanation of the physical requirements of the program. At the end of this application is a document for your doctor to sign if you are currently under medical care for an injury or physical limitation.
4. We are a nicotine free environment. 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.
5. We are a time-out from romantic relationships (except for legal marriage, which is a separate issue).
6. Because our program is designed for those who have no other resources, those accepted into the program are not allowed to have access to any outside income (such as SSI, SSDI, Unemployment, GA, etc.) while in the program. Rep payees or another trusted person to handle their finances will be necessary while they are in the program.

More than anything- we want you to succeed in overcoming your life controlling issues! If you have questions about any of the above, we encourage you to call Deborah Metzler at 707-576-1471 or by email at dmetzler@rgm.org. Please keep this page for your files.

Application continues on the following pages.

Application Starts Here:

Today's Date: ____/____/____ Name: _____

Phone Number: _____

Current Address: _____
(Mailing Address) (City, ST) (Zip)

Please fill out the following application honestly and thoroughly. **Also, include a cover letter telling us about yourself and how your life controlling issue has affected your life.** Most importantly- **please include a contact phone number and a contact address** so that we may follow up with you in a timely manner.

Name and number of emergency contact: _____

Date of Birth: ____/____/____ Place of Birth: _____

DL/ID #: _____ **SSI#** _____

Age: ____ Height: ____ Weight: ____ Eye Color: ____ Hair Color: _____

Nationality: _____ Religious Preference: _____

Identifying Marks (Tattoos, Scars, Piercings, Etc.) _____

Where have you been living recently? _____

Do you have any source of income? No ____ Yes ____ Source: _____

Marital Status: Single ____ Married ____ Separated ____ Divorced ____ Common Law ____

Date married (if applicable): ____/____/____

Name(s) and Age(s) of Children (if applicable): _____

Custody Status of Children: _____

Continue to next page

Parents Living? Yes ___ No ___ Names: _____

Address/es (if applicable) _____

of Brothers ___ Names: _____

of Sisters ___ Names: _____

Is your family supportive? _____

Does your family know of your current location? _____

Have you ever been hospitalized? Yes ___ No ___ When _____

Reason _____

Have any of these been for psychiatric issues? Yes ___ No ___ When: _____

Reason _____

Do you have any allergies? Yes ___ No ___ Please Explain: _____

Have you been tested for HIV? Yes ___ No ___ Results: _____

Have you been tested for Hepatitis? Yes ___ No ___ Results: _____

Have you been tested for TB? Yes ___ No ___ Results: _____

Have you been tested for Sexually Transmitted Infections? Yes ___ No ___

Results: _____

Are you currently taking any medications (including over the counter)? Yes ___ No ___

List medications and reasons for taking (including over the counter): _____

Name and Address of Doctor (if applicable): _____

When were you last seen by a doctor? _____

Do you have any chronic health conditions? Yes ___ No ___ Please Explain: _____

Continue to next page

Physical Requirements of the New Life Programs for Women

- **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 Manna Home program? _____

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

Vocational Training: _____

Have you ever been in the military? Yes ___ No ___ Dates of Service: _____

Discharge: Honorable ___ Dishonorable ___ General ___ Medical ___ Other _____

Branch: _____ Rank: _____ Occupation/Training: _____

What kind of work have you done? _____

Have you ever been arrested? Yes ___ No ___ Number of Arrests: _____

Offense(s) and Dates: _____

Any cases pending? Yes ___ No ___ Pending Court Dates: _____

Are you on probation or parole? Yes ___ No ___ County: _____

Name of Supervising Officer: _____ Phone Number: _____

Any other legal issues we should be aware of? Yes ___ No ___ Explain _____

Continue to next page

We believe in the Bible and in Jesus Christ. Our policies are designed around these beliefs. While you do not have to be a Christian to enter our program, we do ask that you are open to Christian teachings.

Do you believe in God? Yes ____ No ____ Do you believe in Jesus? Yes _____ No _____

Are you open to Christian teachings? Yes _____ No _____

What do you hope to accomplish while in the Manna Home Program?

What life controlling issue prompted you to seek a program at this time?

I hereby release Manna Home from any and all claims which might arise from any harm or damage that may be suffered by me while in this program. I understand that I will be asked to give urine samples periodically for drug/alcohol/nicotine testing and agree to that testing. I understand that refusal to test, or a positive test result, will result in my immediate dismissal from the program and the notification of probation/parole departments. I also understand that this is a non-smoking program and agree to become nicotine free while in the program. I understand that I may not receive any outside sources of income while in the program.

Applicant Signature: _____ Date: ____/____/____

Witness Signature: _____ Date: ____/____/____

Doctor's Release for Admission into Manna Home Program

The **Redwood Gospel Mission's New Life Program at Manna Home** 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.

Below is The Redwood Gospel Mission's list of physical requirements for residency in the Manna Home Program for Women with Life Controlling Issues:

- **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.

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 at Manna Home.

Printed Name

Professional Title

Signature

Date