



Jeff Ray
 Minister/Director
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 Oxford, AL 36203

Rivers of Living Water is a Christ centered Rescue Mission and a residential Drug and Alcohol Recovery Program. We are helping individuals to change their lives by establishing and developing a personal relationship with our Lord and Savior Jesus Christ. Our focus is to teach men with addictions to take responsibility for themselves and to follow Christ's pattern for their lives. We attend church two times per week, 12 step Celebrate Recovery meetings two times per week, and in house speaker meetings two times per week. ***2 Corinthians 5:17 "Therefore if anyone is in Christ he is a new creation; the old is gone, the new has come."*** Please be informed that in order for your name to be added to our waiting list the Entry Assessment must be completed and returned. Once it is received, your assessment will be reviewed and you will receive notification of acceptance or denial. In order to remain on the waiting list, it is your responsibility to have weekly contact with us. If we do hear from you, you will be removed from the waiting list. During this time, please have your affairs in order realizing that we have no advance notice of available bed space.

Name: _____
 (First)(Middle)(Last)

Date: _____ Current Address: _____

City _____ State: _____ Zip: _____ Social Security # _____ Dr Lic# _____

Age: _____ Birth Date: _____ Birth Place: _____ Marital Status: _____

Highest Grade Completed: _____

Two Methods Of Contact

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Have you previously been a resident of Rivers Of Living Water? (If yes, please explain circumstances for leaving or dismissal including the year) _____

Religious Inventory:

I. RELIGIOUS HISTORY

- A. Are you saved? _____
- B. Do you consider yourself: ___ Very Religious ___ Religious ___ Average ___ Not Religious
- C. Denomination preference _____ Denomination as child _____
- D. Do you attend either now? _____ Number of times monthly _____
- E. Is regular prayer and bible reading a part of your life? _____

II. RELIGIOUS EDUCATION

- A. Did you attend Sunday school as a child? _____ Number of times monthly _____
- B. Any special Instruction: Baptism, Communion, ETC? _____
- C. Was regular prayer or bible reading a part of your life? _____
- D. How often do you: Pray? _____ x daily. Read the bible? _____ x daily.

III. RELIGIOUS UNDERSTANDING

- A. What kind of person do you believe GOD is?

- B. What kind of person do you believe you are?

- C. What do you think GOD can do for you?

- D. Is there a particular passage or part of the bible that interest you?

- E. Has there been and change in your religious life recently, or do you have any questions about your relationship with GOD?

Are you presently on: ___ Probation ___ Parole ___ TASC ___ Court Referral ___

Supervisors Name: _____ Phone: _____
Address: _____

Have you ever been convicted of a sexual offense or do you currently have sexual charges pending?

Are you required by a judge to complete a recovery program? _____

Judge's Name: _____ Phone: _____

Address: _____
(We will need copy of the court order)

Legal

List any and all cases that you have ever been arrested for below:

Charge: _____ Date: _____ County: _____ Court Date: _____

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Charge: _____ Date: _____ County: _____ Court Date: _____

Charge: _____ Date: _____ County: _____ Court Date: _____

Charge: _____ Date: _____ County: _____ Court Date: _____

Charge: _____ Date: _____ County: _____ Court Date: _____

We do not act as your lawyer. If you are in jail you will need your lawyer to do the legal work for you. We are unable to provide transportation from jail. Your lawyer may contact us for more information.

Substance Abuse/Rehab History

Current Substance of Preference: (Primary) _____ (Secondary) _____

Do you consider yourself addicted? _____

Have you previously attended any substance abuse programs? _____ If so, please list the most recent below:

Name: _____ Phone: () _____ City: _____ Date: _____

Circumstances Of Departure: _____

Name: _____ Phone: () _____ City: _____ Date: _____

Circumstances Of Departure: _____

Name: _____ Phone: () _____ City: _____ Date: _____

Circumstances Of Departure: _____

Note: A summary of stay and discharge may be obtained.

Rivers Of Living Water is not a detox facility. If you arrive here needing detoxification, you will be refused admittance.

Medical

Do you have problems with any of the following conditions? (Check all that apply)

____ High/Low Blood Pressure ____ Kidney/Bladder ____ Asthma ____ Diabetes ____
____ Tuberculosis ____ Epilepsy ____ Venereal Disease ____ Migraine Headaches ____
Skin Sores ____ Trouble Breathing ____
____ Mental Illness(Please specify diagnosis) _____

Other (Please explain): _____

Have you ever been under psychiatric care? ____ When? ____ Why? ____
Doctor's name: _____ Phone:() _____

Diagnosis: _____

List any allergies: _____

Do you have current problems or any history with: (Check all that apply)

____ Depression ____ Bipolar Disorder ____ Borderline Personality Disorder
____ Antisocial Personality Disorder ____ Any type of Brain Injury ____ Dementia
____ Cognitive Disorders (Problems putting sentences together, retention or memory problems from medication or alcohol)
____ Paranoia ____ Schizophrenia ____ Psychotic Disorder ____

Please explain in further detail if any of the above are checked:

Do you have problems controlling your anger/temper? If yes, please explain: _____

Are you disabled or handicapped to the extent that you will be unable to stand on your feet for 8-10 hours a day for voluntary work related tasks? ____ If yes, please explain: _____

Do you have any health issues that cause you concern? ____ If yes, please explain: _____

Do you have insurance?(Medicare, Medicaid, BCBS, Other) _____

Medications:

List below any medications that you are currently taking:

Medication/	MG Dose/	Rx Date/	Quantity/	Physician/	Reason Prescribed
____/____	____/____	____/____	____/____	____/____	____
____/____	____/____	____/____	____/____	____/____	____
____/____	____/____	____/____	____/____	____/____	____
____/____	____/____	____/____	____/____	____/____	____

List any medication(s) you should be taking: (prescribed by physician) _____

Please bring any prescribed medications with you. The Program Director will review and approve your medications to allowable guidelines.

I, _____ attest that the above information is true and that all medications are prescriptions for the labeled purposes only and are currently the only medications I am using.

No exceptions will be made allowing the use of narcotic prescriptions while enrolled in the program.

Do you receive SSI or a disability check? ___ Yes ___ No If so, indicate amount: _____

Agreement:

I, _____ understand that Rivers Of Living Water Inc. is not responsible for any of my personal belongings if stolen or lost.

I, _____ release Rivers Of Living Water Inc. from **ANY** form of liability due to **ANY** physical injury on or off Rivers Of Living Water Inc. property.

I, _____ understand that Rivers Of Living Water Ins. Is a Christian based organization. I am wiling to commit to 6 to 12 months of treatment under close supervision. **I am willing and able to sleep on a bunk bed.** I understand that I will have to work as a volunteer on the property for at least eight hours a day in return for my recovery and will not receive money in exchange for these services.

I, _____ understand that random drug screens and/or breathalyzer tests will be given to me on a random basis or anytime without reason.

The \$250.00 intake fee is due upon arrival. No exceptions. This is non refundable.

All forms must be filled out **completely** or your name will not be added to the waiting list.

Print name: _____

Signature: _____ Date: _____

By signing I agree to all above said statements and attest that all information given is true to the best of my knowledge.

Please return to: FAX 256-403-3140

Or mail to:
Jeff Ray
Rivers Of Living Water
P.O. Box 7704
Oxford, AL 36203

