

**Bridging The Gap of Georgia**  
**Attention Program Director**  
**P.O. Box 5065, Gainesville, GA 30504**  
**Phone: (678) 929-8197**  
[www.btg-foundation.org](http://www.btg-foundation.org)

## **INTAKE APPLICATION**

Thank you for taking this important step towards your future. We are honored to have the opportunity to serve you. Bridging The Gap of Georgia is a non-profit organization that helps individuals find employment and reestablish themselves as a member of society. Based on the principle of one individual helping another, we are providing an opportunity to network and help each other "bridge the gap" from darkness into the light. Bridging The Gap of Georgia will bring hope into the eyes of an individual that has lost their hope, motivation, and determination in life.

Bridging The Gap of Georgia or New Journey Residential Center is a residential mentorship program for individuals who truly desire to change. Bridging The Gap of Georgia and New Journey Residential Center provides a full continuum of care for residents and leadership training opportunities for graduates. The focus is on applied Spirituality for the healing of the total person, recovery from life controlling problems, and preparation for successful living. In order to assist you in the admissions process, we have provided the steps to take to be considered, the requirements for admission, a list of what you can bring, and some information about what to expect when you get here.

**Steps to take:** Candidates for admission are responsible for:

- Thoroughly completing this application and then mailing/faxing it to the Program Director.
- Contacting the program director with questions regarding their intake status.
- Resolving any issues which may interrupt their commitment.
- Signing and dating this application in the space provided in this application.
- Arranging a time to meet with the program director for a face-to-face interview.

**Requirements for Admission:** Candidates for admission must:

- Be between ages 18-80 requesting admission themselves, and sincerely willing to change.
- Agree to abide by all guidelines, fully participate in all aspects of the Spiritual non-religious program, and refrain from any activity staff deems contrary to recovery or Spiritual growth. Violation of the guidelines may result in disciplinary measures and possible dismissal.
- Be fully detoxified and 24 hours away from their last use of drugs or alcohol of any kind.
- Be willing and able to commit to an uninterrupted one-year residential program followed by mandatory six-month Aftercare participation. Those with child support or legal issues must provide written releases from appropriate parties assuring unhindered one-year program.
- Be medically able to fully participate in a program that does not provide medical care, dental care, or assistance with medications. All candidates must arrange for outside sponsorship.
- Be mentally stable and capable of functioning in a therapeutic community environment with classroom and group activities. The program is **not equipped** to care for the dual diagnosed individual or those on anti-depressant, mood stabilizing, or anti-psychotic medications.
- Be willing to refrain from the pursuit of romantic relationships other than with a legally married spouse while in the program.

**What Clients May Have:** Clients are only allowed to have items staff deems conducive to recovery and to Spiritual growth. They are not allowed to have more than \$200.00 in their possession and should make arrangements for off premise safe storage of cash and valuables before arrival. Clients may arrange for supporters to send money orders (not cash) periodically for amounts not to exceed \$200.00 for miscellaneous items, snacks, etc. Staff may monitor spending or other stewardship concerns when deemed appropriate.

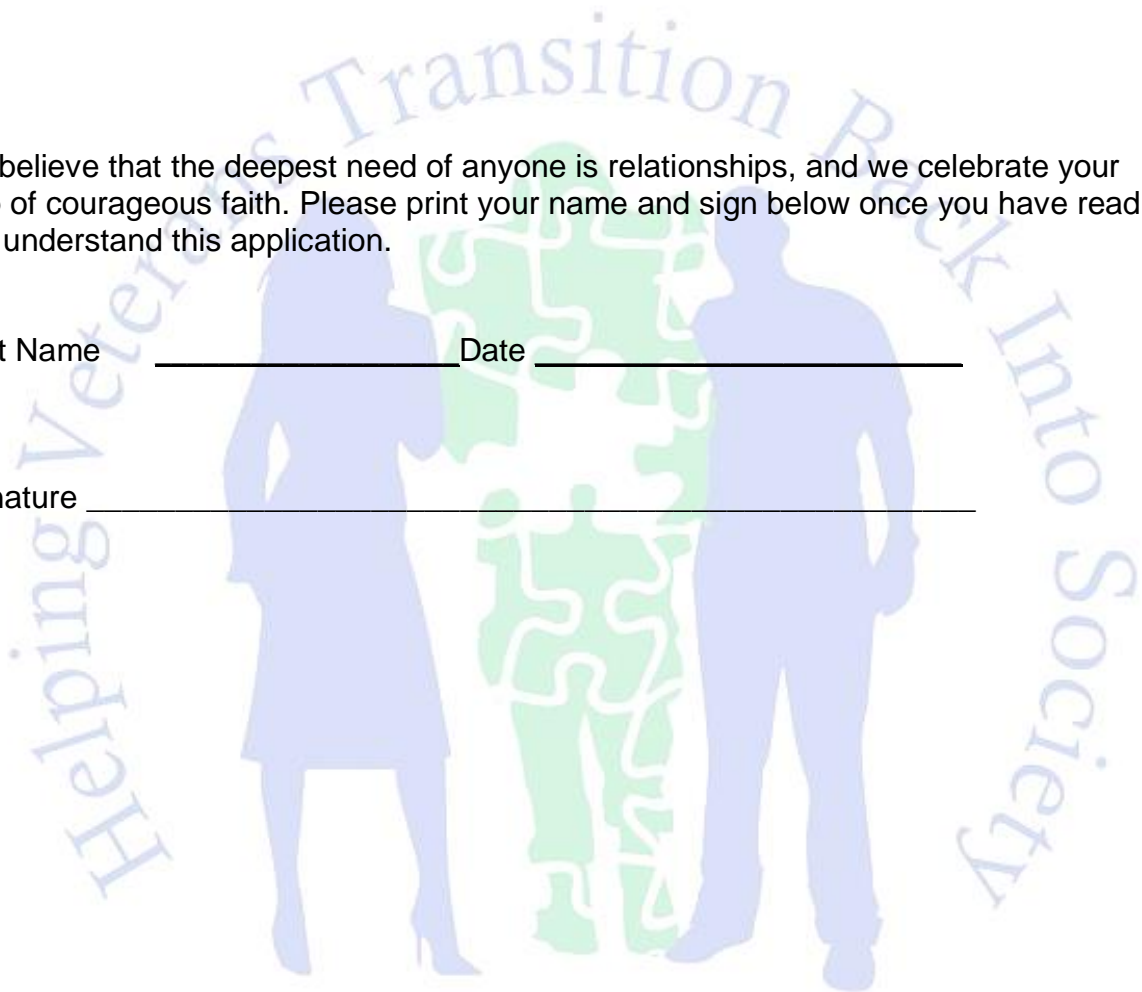
**What to Expect:** At, Bridging The Gap of Georgia Residential Center you can expect to find a safe environment in which your relationships grow. In order to accomplish this, we've developed these basic guidelines:

- The use of tobacco products is allowed by program residents outside only.
- You may work an outside job until completion of the program.

We believe that the deepest need of anyone is relationships, and we celebrate your step of courageous faith. Please print your name and sign below once you have read and understand this application.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



# BTGS

**APPLICATION FOR ADMISSION**  
**Section 1:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Address:

\_\_\_\_\_ Homeless \_\_\_\_\_

Street

\_\_\_\_\_ N/A \_\_\_\_\_

City State Zip Code

Phone # \_\_\_\_\_

Can we leave a message for you at this number? \_\_\_\_\_

If unable to receive phone calls, who is a contact person that we can speak with?

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Who referred you to Bridging The Gap?: \_\_\_\_\_

Have you ever been in a recovery program before? \_\_\_\_\_

If so, how many times? \_\_\_\_\_

Name of facilities/programs? \_\_\_\_\_

Are you currently homeless? \_\_\_\_\_

Do you need emergency shelter? \_\_\_\_\_

Reason(s) for wanting admission at this time?

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**Section 2:**

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

Widow \_\_\_\_\_ Separated \_\_\_\_\_

Are you required to pay Child Support? \_\_\_\_\_ Are your payments current?

**Name of Child**

**Age/Birth Date**

**Relation**

**Will he/she live?**

Name of Next of Kin \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

In case of Emergency notify \_\_\_\_\_

**Section 3:  
INCOME HISTORY**

Are you currently receiving income from any of the following sources:

Welfare \_\_\_\_\_ Food Stamp \_\_\_\_\_ Governmental Aid \_\_\_\_\_ SSI \_\_\_\_\_

Child Support \_\_\_\_\_ Other \_\_\_\_\_

If yes, what is the total monthly amount? \_\_\_\_\_

Occupation \_\_\_\_\_ Date of last employment: \_\_\_\_\_

**Section 4:  
ALCOHOL/DRUG ABUSE HISTORY**

Please check all that apply:

Cocaine \_\_\_\_\_ Marijuana \_\_\_\_\_ Heroin \_\_\_\_\_ Alcohol \_\_\_\_\_ Nicotine \_\_\_\_\_ Prescription

Drugs \_\_\_\_\_ Methamphetamine \_\_\_\_\_ Ecstasy \_\_\_\_\_ Other: \_\_\_\_\_

When was the last time you used?  
\_\_\_\_\_

**TREATMENT HISTORY**

How many treatment facilities have you attended? \_\_\_\_\_

How many treatment facilities have you completed? \_\_\_\_\_

**Section 5:  
MENTAL HEALTH**

Have you been diagnosed with a mental health condition? \_\_\_\_\_

Were you hospitalized? \_\_\_\_\_

If so, diagnoses: \_\_\_\_\_

Were mental health medication(s) prescribed? \_\_\_\_\_

List medications: \_\_\_\_\_

Have you ever attempted suicide? \_\_\_\_\_

If so, when \_\_\_\_\_

**Section 6:  
LEGAL HISTORY**

Have you ever been arrested? \_\_\_\_\_

If so, how many times? \_\_\_\_\_

Criminal Convictions Sentence Requirements

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Are you on probation / parole / drug court / court mandated? \_\_\_\_\_

If yes, what are the names, addresses, and telephone numbers of your probation/parole officers? \_\_\_\_\_

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Are you mandated to complete a recovery program? \_\_\_\_\_

We are not a recovery program but we can refer you to one.

Have you ever been convicted of a violent crime? \_\_\_\_\_

Are you a sex offender? \_\_\_\_\_

Have you ever been convicted of a crime involving children or the elderly? \_\_\_\_\_

Do you have any pending charges? \_\_\_\_\_

Date: \_\_\_\_\_

If yes, what are the charges?  
\_\_\_\_\_  
\_\_\_\_\_

**Section 7:  
EDUCATION**

Highest grade level completed: \_\_\_\_\_

Did you graduate or do you have your G.E.D.? \_\_\_\_\_

List colleges or vocational schools attended and degrees obtained:  
\_\_\_\_\_  
\_\_\_\_\_

**Section 8:  
MEDICAL HISTORY**

Date of last physical: \_\_\_\_\_

Are you currently under a physicians care? \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Will someone be financing your medical needs? \_\_\_\_\_

If yes, Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Have you ever had any of the following?

\_\_\_\_\_ Seizures \_\_\_\_\_ Heart Disease \_\_\_\_\_ Diabetes

\_\_\_\_\_ Vision Problems \_\_\_\_\_ Respiratory Problems \_\_\_\_\_ Venereal Disease

\_\_\_\_\_ Hepatitis \_\_\_\_\_ Hearing Problems \_\_\_\_\_ Tuberculosis

\_\_\_\_\_ Problems Standing or Lifting \_\_\_\_\_ High Blood Pressure

\_\_\_\_\_ Back Injury

Have you ever been tested for HIV? \_\_\_\_\_ Tuberculosis? \_\_\_\_\_

What medications are you currently taking?

**Section 9:**

Bridging The Gap of Georgia, Saving Soldiers Lives, and New Journey Residential Center is not a medical or psychiatric facility. Therefore, prospective clients must be medically, as well as psychiatrically cleared prior to acceptance to the residential center. Requested medical information is vitally important and is required before a decision can be made as to the appropriateness of our residential center for prospective individuals. If mental health evaluation/documentation is requested, that also must be received before a final decision can be made on placement in Bridging The Gap of Georgia Residential Center. If, after admission, it is noted that the individual is inappropriate due to medical or psychiatric reasons about which we were uninformed prior, Bridging The Gap of Georgia reserves the right to refer the individual to another facility or back to the referring agency.

Signature \_\_\_\_\_

Date October 27, 2016

BTG