

Program Overview

Who We Are: At SPA we are concerned with heart change, not just behavior modification. We believe that true change is a process (Romans 12:2) that requires time and most importantly, a relationship with Jesus Christ. That's why we offer a 12-month, 24/7 supervised, Christ-centered, residential treatment program that is based on God's Word, the Bible. We believe that women and families who struggle with life-controlling issues and addictions can find freedom, hope, and new beginnings in Jesus Christ. "Therefore, if anyone is in Christ, he is a new creation. The old has passed away; behold, the new has come!" 2 Corinthians 5:17.

Who We Serve: We provide services to women 18 and older who are impacted by painful life experiences and destructive behaviors such as drug and alcohol addiction, domestic violence, and sexual assault. While our women's experiences are unique, they share a common goal: to experience hope, healing, and a renewed sense of purpose.

How We Serve: We provide both Bible-based studies and discipleship activities, as well as practical life-skills to help women experience freedom in Christ while learning to live godly and productive lives.

- **Character Building Classes**
- **Independent Bible Study**
- **Daily Group Devotionals**
- **Individual Biblical Counseling**
- **Recovery Groups**
- **Case Management**
- **Job Placement Services**
- **"Wheels to Work" Transportation Program**
- **Life-Skills Training**
- **Financial Management**
- **Nutrition Education**
- **Fitness Participation**
- **Community Events and Activities**
- **Service Projects**
- **Mentor Program**
- **Alumni Aftercare**

Program Fees:

If you are concerned you will not be able to pay this, please contact us to discuss additional options. We do not want finances to limit your ability to participate in this life-changing journey!

- **Application Fee:** There is no cost to complete an application.
- **Intake Fee:** This must be paid before or at the time of intake to SPA Women's Ministry Homes and is non-refundable.
 - \$90
- **Program Fees:** Ministry services such as biblical counseling, bible-based recovery groups, curriculum, case management, mentorship, etc. are provided at no cost to you.
 - \$0
- **Room and Board (Income-Based):** This covers your room and board, meals, transportation to and from appointments, personal care items, toiletries, etc.
 - If you earn \$0 - \$350 weekly = You will pay \$75 weekly
 - If you earn \$351 or more weekly = You will pay \$100 weekly

Planning to Apply: Please refer to SPA's "Program Application" and "Frequently Asked Questions" for more information.

Date of Application: ____/____/____



Attention Office Staff:

Intake Date: _____

Exit Date: _____

Resident Application

Please Note: All spaces must be filled out on the application. If a question does not apply, put "not applicable" or "N/A" in the space. That shows you have read and filled out the application fully.

How you answer the questions provided does not disqualify you from services. We are gathering information so we know how to best serve you on this life-changing journey!

1. General Information:

Name: _____ Date of Birth: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone #: _____ Email Address: _____

Driver's License #: _____ State: _____ Expiration Date: _____

Social Security #: _____

In case of emergency, notify:

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

2. Family/Marital Status:

Single _____ Engaged _____ Married _____ Separated _____ Divorced _____ Serious Relationship _____

If married, name of husband: _____ Phone #: _____

Describe current relationship with husband and where he stands with SPA Women's Ministry Homes: _____

If separated/divorced, explain reason for breakup: _____

Children (List names and ages of children under age 21.):

1. _____ Age: _____ Son _____ Daughter

2. _____ Age: _____ Son _____ Daughter

3. _____ Age: _____ Son _____ Daughter

4. _____ Age: _____ Son _____ Daughter

5. _____ Age: _____ Son _____ Daughter

Name of current caretaker/guardian of child(ren)? _____ Phone #: _____

Is DCS (Child Services) involved? _____ Case Worker Name: _____ Phone #: _____

If applicable, please explain visitation rights: _____

3. Substance Use:

Have you ever used drugs or alcohol? _____ Yes _____ No

How old were you when you began drinking alcohol? _____

How old were you when you began using drugs? _____

Have you ever injected drugs using a needle? _____ Yes _____ No

When was the last time you injected? _____

	Occasionally	Socially	Weekly	Weekends	Bi-weekly	3x/week	Daily	Previously Used – No Longer Using
Alcohol								
Cocaine/Crack								
Hallucinogens (LSD,acid,etc.)								
Heroin								
Marijuana								
Synthetic Marijuana								
Meth								
Opiates								
Prescription Medication								
Tobacco								
Fentanyl								
Barbiturates								
Other _____								

Drug of Choice: _____

Start Date: _____ Length of Use: _____ Date Last Used: _____

Habit Cost Per Day: _____ Longest Period Clean: _____

I depend on drugs (check all that apply):

_____ To cope with life challenges

_____ For pleasure

_____ To escape reality

_____ To be “in” with the crowd

_____ Because I am addicted

_____ To ease pain:

_____ Physical

_____ Emotional

_____ Other: _____

If you smoke cigarettes, how many do you smoke a day? _____

What triggers you to smoke? _____

Have you tried Nicotine Replacement Therapy? _____ Which one? _____ Was it helpful? _____

4. Psychological Health/Past Treatment Experience:

Have you been in an alcohol, drug, detox, recovery program or received counseling/therapy before? _____ Yes _____ No

If yes, list where: _____

Have you been diagnosed with a mental health disorder by a doctor or psychiatrist? _____ Yes _____ No

Diagnosis: _____

Medications/Treatments Used: _____

Diagnosing Doctor's Name: _____

5. Medical:

Do you have current health insurance coverage? _____ Yes _____ No

Policy Number: _____ Group Number: _____

Insurance Provider: _____

FSSA Case #: _____ Medicaid RID #: _____

Name of Family Doctor: _____ Clinic: _____

Phone #: _____

Do you have any medical problems that SPA needs to be made aware of? (Ex.: Diabetes, Oxygen) _____

Do you have any allergies? _____ List: _____

List any and all medications that you take:

Medication:	Dosage:	Reason:	Prescribing Doctor's Name and Phone #:

List any hospitalizations you have had in the last 5 years and the reason for admission: _____

Have you ever tested positive for HIV/AIDS? _____ Explain: _____

Have you ever tested positive for Hepatitis C? _____ Explain: _____

Have you ever contracted an STD? _____ Explain: _____

Have you ever tested positive for Tuberculosis (TB)? _____ Explain: _____

Do you have any other communicable/transferrable diseases? _____ Specify: _____

Have you ever had an abortion? _____ Explain: _____

6. Financial Status:

Do you receive any type of government or financial assistance? _____ If yes, please explain:

Will coming to SPA impact this assistance? _____

How will you pay for your weekly minimum bill at SPA? _____

7. Legal Status and History:

Arrest History (Past 5 Years):

Date:	Charge:	Legal Outcome:	Current Status:

Do you have any outstanding warrants? _____ Yes _____ No Have you been convicted of a felony? _____ Yes _____ No

Where? _____ What for? _____

Do you have any pending court dates? _____ If yes, date: _____ Location: _____

Are you currently incarcerated? _____ Total Sentence: _____ Length of Time Remaining: _____

Name of Attorney/ Legal Representative: _____ Phone #: _____

Are you currently on probation/parole? _____

What are the specific terms of your probation/parole? _____

Length of Time Remaining: _____

Name of Parole/Probation Officer: _____ Phone #: _____

Address: _____

How often do you report? _____ In Person _____ By Phone _____ By Mail _____

8. Education:

School grade last completed: _____ Have you ever been in any special education classes? _____ Yes _____ No

If yes, please explain: _____

9. Military Involvement:

Are you a military veteran? _____ Yes _____ No

10. Spiritual Background:

Do you feel you have a need for God? _____ Explain: _____

What is your present relationship with God? _____

Did you grow up going to church? _____ Which denomination/type of church? _____

Do you currently attend church? _____ Where? _____ How often? _____

11. Personal History:

Have you ever struggled with same-sex attraction? _____ Yes _____ No

Do you currently struggle with same-sex attraction? _____ Yes _____ No

Have you ever had suicidal thoughts? _____ Yes _____ No; If yes, is this a current struggle? _____ Yes _____ No

Have you ever had a plan to commit suicide? _____ Yes _____ No

Have you ever attempted suicide? _____ Yes _____ No; If yes, when/how? _____

Have you ever self-harmed? _____ Yes _____ No; If yes, how? _____

At what age did you start? _____ Is this a current struggle? _____

Did you experience sexual abuse as a child? _____ Yes _____ No



Have you experienced sexual assault/abuse as an adult? ____ Yes ____ No

Did you witness domestic violence as a child? ____ Yes ____ No

Have you experienced domestic violence/abuse? ____ Yes ____ No

____ Physical ____ Emotional ____ Financial ____ Spiritual/Religious

Does your family have a history of drug/alcohol abuse? ____ Yes ____ No

Does your spouse/partner have a history of drug/alcohol abuse? ____ Yes ____ No

Have you been involved in prostitution? ____ Yes ____ No; If yes, at what age? _____

Have you engaged in illegal activity to support your addiction? ____ Yes ____ No

What motivates you to work toward achieving and maintaining sobriety? _____

How did you hear about SPA Women's Ministry Homes? _____

12. Mission Statement and Statement of Faith:

Mission Statement

A Christ-centered, residential treatment program that empowers women to address the root causes of life-controlling issues and addictions in order to live productive lives of recovery.

Statement of Faith

The Bible: is the Word of God containing both the Old and New testaments. It is authoritative, inspired, without error, and is our all-sufficient guide to life. 2 Timothy 3:16, Hebrews 4:12.

God: There is only one eternal God, existing in the Trinity, or three persons, of God the Father, God the Son, and God the Holy Spirit. Matthew 28:19, Luke 1:35.

Jesus Christ: is the Son of God, who came to earth, born of a virgin, and lived a sinless life. He died on the cross for the sins of mankind, making a restored relationship with God possible, and rose from the dead three days later. He is the Way, the Truth, and the Life, and through Jesus comes salvation. John 14:6-7, John 10:30.

The Holy Spirit: indwells and enables believers in Jesus Christ to live a godly life, and equips and empowers believers to utilize spiritual gifts, all of which are present today. The Holy Spirit unites all believers in Jesus Christ, together forming the church, the Body of Christ. John 14, John 16, 1 Corinthians 12, Galatians 5:22-23.

Man: Humankind is born sinful and separated from God. Only personal belief and faith in the saving power of Jesus Christ allows for a restored relationship with God and eternal destiny of heaven. Romans 3. John 14:6-7.

Salvation: God sent His Son, Jesus Christ, to die for the sins of all humanity. Salvation, therefore, is a free gift from God, and cannot be earned. It is by God's grace we are saved, through faith. Acknowledging and asking forgiveness for personal sin, believing in the saving work of Jesus Christ on the cross, and confessing and turning from sinful behavior is the act of salvation and new life. Ephesians 2:1-10, Romans 5:8, 2 Corinthians 5:17.

Marriage, Gender, and Sexuality: God created every person in His image as male or female. These are two distinct, complementary genders and rejection of one's biological sex is a rejection of the image of God within the person. Marriage is an institution created by God as a covenant relationship established by mutual vows exchanged exclusively between one man and one woman. God intends sexual intimacy to only occur between a man and a woman who are married to each other. Sexual acts outside of marriage are prohibited because they are sinful. Genesis 1:26-27, Genesis 2:18-24, 1 Corinthians 6:9-10, 1 Corinthians 7:2-5, Hebrews 13:4, Romans 1:18-32.

Spiritual Growth: follows salvation and is made possible by God's grace and the Holy Spirit's power. Focusing on developing godly character and deepening one's relationship with God includes spending time in God's word, the Bible, in prayer, regular fellowship with other believers, and using spiritual gifts to minister to the Body of Christ and reach the world. Hebrews 6:1, 1 Peter 2:2, Colossians 1:10.

Deliverance: 1 Peter 2:24 says, "By his [Jesus'] wounds you have been healed" – and encompasses healing from mental, emotional, and spiritual pain, allowing further freedom and spiritual growth, instead of feeling held back from the old life. Romans 8.

By signing below, I am indicating that I have read the Mission Statement and Statement of Faith and understand that it represents the position, program, and functioning of SPA Women's Ministry Homes.

Signature of Applicant

Date

13. SPA Women's Ministry Homes Fees Charged/Payment Requirements:

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If you do not have any income, please provide the name, full address, and telephone number of potential sponsors who may choose to help with your bill. Monthly support letters will be sent to potential sponsors.

Examples: Parents, Relatives, Friends, Church

1. Sponsor Name: _____
Address: _____
Phone: _____

2. Sponsor Name: _____
Address: _____
Phone: _____

*Upon entering Hope House, you will be charged at the current rate, along with \$75 weekly in back payment until your SPA bill is current.

*Tithing is also required when receiving any type of income during your time at SPA. Your first 10% of gross income will be given to a church of your choice that you are attending while at SPA.

By signing below, I am indicating I will abide by SPA's payment requirements as outlined above.

Printed Name of Applicant

Date

Signature of Applicant

Date

Signature of Staff

Date

Office Use Only:

Date Intake Fee Paid: _____ Paid By: _____

Date Intake Fee Sent to Corporate Office: _____