



The Eugene Mission is an organization which ministers God’s love to those without a home, and who are in urgent need of shelter and food. We share the gospel of Jesus Christ with all who enter, because we believe that none of us can get better on our own. We all are in need of spiritual intervention and this program provides it.

**Life Change Program:**

The Life Change Program is a 12 month, spiritually focused, relapse prevention, therapeutic community, where you will live with other guests who are on their own journey of sobriety. There are rules to follow, assignments to complete and expectations to comply with the rules of the program. We are here to help but we are also here to help you advance to the next phase of your life sober and healthy mentally, physically, and spiritually.

The Eugene Mission Life Change Program is for persons who have:

- A desire to get well or be restored – spiritually, physically, and emotionally.
- A willingness to admit they need help and pursue life and support outside the Mission.
- An earnest desire to learn more about God, as revealed by the Bible.
- A willingness to be accountable to others (other disciples, Mission staff, etc.).
- A willingness to serve others by performing Mission chores and through other serving opportunities.

Elements of the Life Change Program include:

- One on one case management.
  - Group psychotherapy.
  - Health and wellness.
  - Anger management.
  - Mindfulness and cognitive behavioral therapy.
  - Resume and employment assistance.
  - Preparation for housing and assistance with moving on to next phase of your life.
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- Regular Bible Study and Worship (both group and independent).
  - Establishment of individual goals with the help of Case Management.
  - **Chemical Testing to ensure sobriety.**

- Daily chores and service around the Eugene Mission.

**Please consider the following before you fill out this application.**

**Pictures of you and your successes in program will be taken and used to promote you and the Eugene Mission's Life Change Program.**

- Falsifying or omitting information on this application and during the intake process will be considered a choice to leave the program.
- All pending legal issues need to be disclosed before entering the program.
- **Applicants will be asked to submit a pre-interview urinalysis test.**
- You need to be detoxed before applying to this program. We will not take anyone into the program who is intoxicated or under heavy sedation. If you choose to be intoxicated or under heavy sedation, you are choosing not to be a part of the program.
- **We are unable to accept Registered Sex Offenders in the Life Change Program.**
- Violent offenses will be discussed and reviewed on a case-by-case basis.
- All residents of the Eugene Mission are subject to random drug and alcohol testing. A zero-tolerance policy regarding the use of drugs or alcohol is strictly enforced. Any resident who tests positive for drugs or alcohol will be choosing to leave the program.
- All residents choosing to join the program are making the choice to pursue God and not pursue any sexual or romantic relationships.
- Upon acceptance into the program, a restriction period of 30 days is in effect. During this time, it is not permissible to leave the premises unless accompanied by an accountability partner or staff.
- Residents are choosing not to be employed until the 3<sup>rd</sup> phase (months 7,8,9).
- Work therapy is a vital part of the program and by being a part of the program you choose to volunteer in Life Skills up to four hours a day.
- Our goal is to see you become a mature disciple of Jesus Christ. Therefore, recovery classes, Bible classes, church involvement, and other forms of spiritual training will require your enthusiastic participation.
- **Upon entering the Program all residents will be asked to turn in all electronic devices (laptops, tablets, MP3 players, e-readers, cell phones).**
  - **Cell phones need to be turned in and will be returned to program members under certain restrictions.**
  - **Money, debit card, EBT cards, must be turned in to phase leader for check-out when needed.**
  - **Any electronics turned in will be stored in a secure area and will be returned to the owner at the end of the program, or at separation from the program.**

Name

Date



Date of application: \_\_\_\_\_

This application is for the Life Change program – a 12 month “Non-Smoking”, Spiritually Focused, Relapse Prevention Program.

Are you currently staying at the Eugene Mission?  Yes  No  
Have you stayed at the Eugene Mission before?  Yes  No

**PERSONAL INFORMATION**

Service Point # \_\_\_\_\_

Your Name:

\_\_\_\_\_  
Last Name First Middle

Have you used any other alias?  Yes  No Alias: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_ Birthplace: \_\_\_\_\_ US Citizen:  Yes  No

Current Address or Last Place of Residence:

\_\_\_\_\_  
Street City State Zip  
Mailing Address:

\_\_\_\_\_  
Street City State Zip

Current Phone Number: ( ) \_\_\_\_\_ Are you a Veteran?  Yes  No

Have you ever been homeless?  Yes  No

If so, how recent and for how long?

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Person to contact in case of an emergency:

\_\_\_\_\_ Relationship \_\_\_\_\_  
Last Name First Name

Phone #: ( ) \_\_\_\_\_

**FAMILY INFORMATION**

Marital Status: \_\_\_Single \_\_\_Married \_\_\_Divorced \_\_\_Legally Separated

If married, name of spouse: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

How many children do you have? \_\_\_\_\_

Please list their names, ages, and if you have custody.

Child's name	Age	Custody
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you currently owe child support? \_\_\_\_\_

If so, what is your monthly child support payment? \_\_\_\_\_

How will your family be cared for while you are in the program? \_\_\_\_\_

**Parents**

\_\_\_\_\_ Phone # \_\_\_\_\_  
Father's Name Address

\_\_\_\_\_ Phone # \_\_\_\_\_  
Mother's Name Address

**MEDICAL INFORMATION**

When was your last physical exam? \_\_\_\_\_ Are you under medical care now? \_\_\_\_ Yes \_\_\_\_ No

Doctor's Name: \_\_\_\_\_ Phone #: (        ) \_\_\_\_\_

Do you have any diagnosed medical conditions that would prevent you from participating in serving through chores and other duties?

\_\_\_\_ Yes \_\_\_\_ No        If yes, explain:

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Please list all medical conditions, major surgeries, illnesses, and restrictions that apply to you:

Medical Condition/Major Surgeries/Illnesses

Medical Restriction

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you have any allergies? (food, seasonal, medication, etc.)

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Are you currently taking prescribed and/or over the counter medications? \_\_\_\_ Yes \_\_\_\_ No

If so, please list

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Have you been tested for the following?

Test	Date of Last Test	Positive (Y/N)
TB	_____	_____
HIV	_____	_____
Hepatitis	_____	_____

List any type of **medical coverage** or **health insurance** you have. \_\_\_\_\_

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Have you been treated for mental health issues? \_\_\_\_ Yes \_\_\_\_ No

If so, what was the diagnosis?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBSTANCE ABUSE INFORMATION**

**We are a “Non-Smoking” Non-Cotinine program.**

Are you a habitual user of Nicotine (Cotinine) Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you willing to give up Nicotine Yes \_\_\_\_\_ No \_\_\_\_\_

When have you last used or drank? \_\_\_\_\_

What is your drug of choice? List only one: \_\_\_\_\_

List secondary drugs you have used: \_\_\_\_\_

What age did you start using drugs and/or alcohol? \_\_\_\_\_

How many years have you actively used? \_\_\_\_\_

What is your longest amount of uninterrupted clean time? (Do not include time while being incarcerated.)

\_\_\_\_\_

How many rehabs/recovery programs have you been in? \_\_\_\_\_

List your most recent rehab/recovery program:

\_\_\_\_\_

Program

Date

\_\_\_\_\_ Completed \_\_\_\_\_ Did not complete

List all the programs you have been in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circle any of the following issues you struggle with:

Gambling      Pornography      Sexual Addiction      Anger      Eating Disorders      Other \_\_\_\_\_

**LEGAL HISTORY**

*There may be a criminal background check. Please disclose your legal history to the best of your ability. Providing false information and/or omitting important information is a choice to not enter the program.*

Do you currently have any court cases, warrants, and/or outstanding fines? \_\_\_ Yes \_\_\_ No

If so, please explain:

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Do you have an attorney? \_\_\_ Yes \_\_\_ No

If so, please list:

Name

Address

Phone

Have you ever been arrested? \_\_\_ Yes \_\_\_ No

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

List all the crimes for which you have been arrested and the approximate date:

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Are you on parole or probation? \_\_\_ Yes \_\_\_ No

Circle one

If so Agent's name \_\_\_\_\_ Phone \_\_\_\_\_

Location \_\_\_\_\_

What is your regular report day and frequency? \_\_\_\_\_

Are you under court order to pay restitution and fines? \_\_\_ Yes \_\_\_ No

If so, please explain: \_\_\_\_\_

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Have you ever been incarcerated? \_\_\_ Yes \_\_\_ No

Where and how long? \_\_\_\_\_

If so, explain:

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**EMPLOYMENT HISTORY**

Please list the jobs that you have held in the last five years:

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What is the longest stretch of continuous employment \_\_\_Years \_\_\_Months

Have you ever lost a job because of substance or alcohol abuse? \_\_\_Yes \_\_\_No

What skills do you have?

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Have you ever attended any trade schools? \_\_\_Yes \_\_\_No

Do you possess any trade licenses or special certifications? \_\_\_Yes \_\_\_No

If so, please list \_\_\_\_\_

**EDUCATION INFORMATION**

Do you have a high school diploma or GED? \_\_\_Yes \_\_\_No

What is the highest level of education you have completed? \_\_\_\_\_

Have you ever been told you have a learning disability? \_\_\_Yes \_\_\_No

If so, explain:

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**SPIRITUAL HISTORY**

*You are not required to be a follower of Christ upon entrance to the program; however, the Life Change program of the Eugene Mission is a Christ-centered ministry. It is a core value of the program that the power of Jesus Christ is essential to real change. Thus a key part of the program requires enthusiastic participation in and attendance of Bible classes, Church attendance, and other Christ-based programming.*

What is your church/spiritual background?

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Are you involved in a church family? \_\_\_ Yes \_\_\_ No

What is your involvement? \_\_\_\_\_

If so, please fill out the following:

	_____ Name of church	
_____ Address	_____ City	_____ State
_____ Name of pastor	_____ Phone #	

**OTHER INFORMATION**

Do you receive SSI or SSDI income? \_\_\_ Yes \_\_\_ No    If so, monthly amount: \_\_\_\_\_

Do you receive Worker's compensation benefits? \_\_\_ Yes \_\_\_ No    If so, monthly amount \_\_\_\_\_

Do you have other forms of income? \_\_\_ No \_\_\_ Yes    If so, monthly amount \_\_\_\_\_

How did you hear about the Eugene Mission?

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**PLEASE NOTE: we encourage you to take the time to answer the following questions thoroughly. One to two word responses will result in the application being returned to you with a request for more**

complete answers. If you refuse to share honest and complete answers, you are choosing to be disqualified for consideration into the program.

**Describe your current situation:**

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**What do you hope to gain in the Life Change program?**

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**What has brought you to the point of being ready to receive changes in your life?**

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**APPLICATION STATEMENT**

I have read and fully understand the outlined policies referenced in this application and I have decided to apply for the Life Change program.

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Print name

Time

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Client Signature

Date.



In the event that I agree to join the Life Change program at the Eugene Mission, I agree that the relationship between the Mission and myself is an at-will relationship and that the position can be terminated, with or without cause, at the time and at the option of either the Mission or myself. I certify that the information contained in this application is correct. If the Mission determines that any of this information submitted in this application or any other documentation that has been given to the Mission is false, I may be immediately disqualified from consideration for attending and/or discharged from this program in accordance with Mission policy. I hereby release the Mission from all actions, claims, or demands that I or my representatives now have or may hereafter have for injury, death, or damage to myself and/or my property resulting from my participation in Mission program activities. This includes actions, claims, or demands resulting in whole or in part from the negligence of the Mission or its directors, officers, agents, employees, or volunteers. I attest that my attendance and involvement in these activities is voluntary, that I am participating at my own risk, and that I have read the terms and conditions of this release. Program members who service with the Mission are occasionally included in Mission publicity, publications, and public relation activities. I grant the Mission the irrevocable right to use forever any photographic images and video or audio recordings that will be made during my volunteer activities to the mission, and I agree to appear without pay. As a program member, I understand that I may work with donor information, staff information, and resident or guest information that may be confidential in nature. I will not discuss this information with anyone who is not directly involved in these areas. I understand that failure to maintain confidentiality may result in immediate release from my program commitment at the Mission. The obligation to comply with this policy continues after my program commitment with the Mission ends. I hereby grant permission to the Mission to investigate information contained in this application and release the Mission and any agents or other persons acting on behalf of the Mission from any and all liability relating to any investigation of the information contained in this application.

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Participant signature

Date

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Participant to re-sign in the presence of a staff member (If previously signed).

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Staff Member Present at signing

Date