



Shawn Smith: Executive Director
brokenbranchesrecovery@gmail.com

Kari Smith: (417) 590-4572

BROKEN BRANCHES APPLICATION

Broken Branches welcomes men who are looking to overcome substance abuse challenges and are eager to transform their lives through a personal relationship with Jesus, made possible by the selfless sacrifice of Christ on the cross. We are non-denominational and willing to work with you as long as you are honest and open-minded. We are committed to collaborating with individuals who are sincere and ready for a positive change.

Here, you are not a tenant paying for room and board, you are a valued participant in our program and we are here to support your journey. It is important to note that participation in our program is contingent on your commitment. To ensure a safe and healthy environment is maintained for everyone, we may need to make discharge decisions without prior notice.

Our aim is to help you discover your identity in Christ and a fulfilling life within our tight-knit, community based fellowship. It is essential that you maintain a clean and sober life-style under all circumstances, make daily efforts towards personal growth, and learn to accept personal responsibility. Your success is our priority.

FILL OUT THE FOLLOWING TO THE BEST OF YOUR ABILITY. BE OPEN AND HONEST.
PRINT CLEARLY IN INK.

Date: _____

Last Name: _____ First Name: _____ M.I.: _____

Phone #: _____ Email Address: _____

DOC Number: _____

Please confirm that you are a biological male from birth: [] Yes [] No

Are you a sex offender: [] Yes [] No

For participant protection, we are only accepting biological males, and non-sex offenders at this time

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____ Age: _____
mm dd yyyy

Current Living Situation: _____

How Long: _____

Emergency Contacts (Please provide two (2))

Name: _____ Number: _____ Relation: _____

Name: _____ Number: _____ Relation: _____

Who may we release your property to should the need arise (You may list more than one)?

Caseworker or PO: Name: _____ **Number:** _____

Expected Arrival Date: _____

Education Level: [] H.S. Diploma [] GED [] Years of College

Marital Status: [] Single [] Married [] Divorced [] Separated [] Widower

Child Support: \$ _____ / Month **Are you Current?** [] Yes [] No

Do you have a valid driver's license or state ID (NOT DOC): [] Yes [] No

ID Number: _____ **Issuing State:** _____

NOTE: YOU MUST HAVE A SOCIAL SECURITY CARD, A VALID STATE ID OR BIRTH CERTIFICATE AND YOUR ENTRY FEE TO BE CONSIDERED FOR ADMISSION

- **Do you have your social security card:** [] Yes [] No
- **Do you have your birth certificate:** [] Yes [] No
- **Do you have the \$425 entry fee (Non-refundable deposit plus 1st weeks program fees):**
[] Yes [] No

ADDICTION HISTORY

Rate the following lifestyle choices that represent your past and present choices. Rate each additional 0-5 (5 being the greatest temptation and 0 if it has never been an issue for you)

[] Alcohol [] Drugs [] Codependency [] Sex [] Food [] Homosexuality

[] Tobacco [] Other: _____

Do you have a history of relapse: Yes No

If yes, please describe your triggers and coping strategies: _____

What disabilities, emotional, physical, or mental health problems do you have:

Do others say you may have mental health issues: _____

What medications are your currently taking: _____

ADDITIONAL INFORMATION

Do you have any allergies or dietary restrictions: Yes No

If yes, please specify: _____

Do you have any special accommodation or needs that should be considered: Yes No

If yes, please specify: _____

Are you receiving (check all that apply)

Disability Medicaid Welfare Food Stamps Other

If Other, please specify: _____

Do you have any warrants / pending charges anywhere: Yes No

If yes, please specify: _____

Do you have any legal obligations or pending court cases: [] Yes [] No

If yes, please specify: _____

Why do you want to join the Broken Branches Recovery Program?

How many other programs have you been in? Please list program and time spent:

Share your concept of God with us: _____

List three (3) goals you are working towards during your time in the program:

1. _____
2. _____
3. _____

Anything else you would like to share with us: _____

CONSENT AND SIGNATURE

I hereby certify that the information provided in this intake form is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in my disqualification from the program as an applicant or participant.

Printed Name: _____ **Date:** _____

Applicant Signature: _____