

Broken Chains Residential Discipleship of
Calvary Chapel Cumberland
Application for Admission

○ **B.C.R.D Men's Program**

Personal Information

Name _____
Please Print – Last Name First

Address _____

City _____ State _____ Zip _____

Phone # _____ Other Phone # _____

E-mail _____

Date of Birth _____ Social Security # _____

Driver's License # _____

State of Issue # _____

Married? _____ Divorced? _____ Children? _____

Names and ages _____

Is your child/children currently in your custody and actively living with you?

Yes or No _____

If no, briefly describe the current living condition of your child/children, including who they are living with, how long they have been there, how often you have seen your child/children, and when you last saw your child/children.

Child/Children Phone # _____

Relationship to Applicant _____

Spouse's Name _____

Please Print – Last Name First

Phone # _____

E-mail _____

Place of employment _____ # of years there _____

Write a short paragraph about your abuse of drugs, alcohol, or life controlling problems.

Legal Information

Do you have any pending legal matters? Yes or No _____

Provide docket and/or citation numbers; Court name and address; Any legal counsel's contact information; upcoming court dates.

Are you currently on probation or parole? _____ If yes, please give name of probation or parole officer _____ Phone # _____

E-mail _____

Address _____

How often do you report? _____ Do you physically report, or email in report? _____

Do you owe court fines? _____ Amount _____ Date due _____

Medical Information

Are you currently under a doctor's care? If yes, for what? _____

Dr.'s Name _____ Dr.'s Phone # _____

Medications: Life sustaining medications only, for example: Heart and Blood Pressure medications. Psychotropic medications are NOT life sustaining medications.

B.C.R.D does not allow any psychotropic medications in the program. Any person requesting entry into the program and currently taking psychotropic medication must have a Step-down Schedule prescribed by their doctor to be submitted with this application.

Please list all life sustaining medications:

<u>Medication</u>	<u>Mg</u>	<u>Dosage</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any allergies? _____ If so, please list _____

Do you have any physical limitations that would inhibit your ability to perform manual labor? For example: A history of herniated or slipped disc in the back, hip or knee injuries, neck or shoulder injury. _____ If so, please list _____

A doctor's note, on their office stationary, stating the specific physical limitation(s) is REQUIRED before admission to the program and should be submitted with this application.

Broken Chains Residential Discipleship is not staffed to transport residents to and from medical and dental appointments. Therefore, any medical and dental problems must be addressed prior to entry into the program. Medical and dental emergencies will be attended to in the appropriate manner.

I have read and agree to B.C.R.D's Medical Policy. (Initial here)

I have read and agree to B.C.R.D's Medications Policy. (Initial here)

Insurance

Do you have insurance? Yes or No _____

Insurance Company _____

Policy Number _____

If you have no insurance and require emergency medical assistance, application can be made for charity care with a certified birth certificate.

Employment

Place of Employment _____

Church/Religion/Spirituality

Do you attend church? _____ If so, where? _____

Pastor's name _____ Phone # _____

E-mail _____

Have you made a commitment to serve Jesus Christ? _____

If so where? _____

Purpose

My reason for making this application to attend the program is: _____

What are your goals? _____

Ministry Relationship

I, _____ understand that B.C.R.D is a religious, Biblically based organization, a ministry of Calvary Chapel Cumberland. The purpose of B.C.R.D is to make disciples of Jesus Christ. Our desire for our students is that they become people of honor, prepared to take their place, first of all, in the fellowship of believers (regular church attendance) and secondly, return to live and work, brush shoulders with the rest of the world while remaining clean... Our definition of "Clean" means no alcohol, no use of drugs, and no smoking.

Signature _____ Date _____

Drug Treatment

I understand that B.C.R.D is not licensed by the State of Maryland as a drug treatment program.

Signature _____ Date _____

Note: After completely filling out this application and sending it **by emailing brokenchains@calvarycumberland.org or mailing it to B.C.R.D 416 Pennsylvania Ave, Cumberland, MD 21502**, you are to call and make an appointment to speak with program director for an interview at **240-609-8089**. If you mail application, please allow four to five days for your application to arrive before contacting us.

You must call and be approved before coming into the program!

During the interview prior to entry you will be asked if you have taken drugs or alcohol in the past 24 hours. Please note that circumstances may require you to go through a detox center before coming into the program.

General Program Rules

I have read and agree to B.C.R.D's General Program Rules Agreement. (Initial here)

IMPORTANT NOTICE

A suggested donation can be turned in to Calvary Chapel Cumberland prior to your program entry. A money order or cashier's check is required. No personal checks will be accepted. This donation is non-refundable. If the resident leaves the program for any reason, there will be no refund of any part of this donation. In situations of hardship a financial contract may be negotiated with program administrator.

I have read the above disclosure statement. I understand and agree to abide by these terms.

Signature _____ Date _____

Printed Name _____

Reviewed by Director _____ Date _____

FOR OFFICE ONLY:

Date faxed ___/___/___ Date Received ___/___/___ Date Accepted ___/___/___

Date entered in program ___/___/___ Approved by _____

Revised: 09/13/2018