



Resident Entrance Packet

Dear Applicant,

This is the Entrance Packet for the Youth-Reach Gulf Coast Residential Program that you requested. For your benefit, the procedures of the admittance process are detailed below. Please follow these closely as this will help to streamline the admission process. Please understand that we do have a waiting list and this procedure helps us to determine which Applicants are most in need of our services. Thank you.

Admission Procedures

Entrance Packet. The Entrance Packet must be read *completely* by the Applicant. It is crucial that each form be filled out completely and honestly. These records are confidential and the information supplied is necessary for us to tailor the Applicant's program at Youth-Reach. The *Application for Admission* **must be filled out by the Applicant**. The Applicant has the right to terminate the application process at any time if he does not feel he is ready for this program. If it is later determined that the Entrance Packet has not been thoroughly read or has been falsified, the process will terminate immediately.

Personal Interview. If all parties are agreeable at this point, a **Youth-Reach Gulf Coast staff member** will then contact you to set up the *Personal Interview*. This interview will take place at the Youth-Reach Gulf Coast office. This interview will further assess the Applicant's attitude and desire for help and change. It will serve to further educate the Applicant on the daily schedule and responsibilities of Youth-Reach Gulf Coast residents. This interview will take a stern look at the Applicant's motive for entering this program. At staff discretion, out of town Applicants may have this step waived. This is the final step before entrance to Youth-Reach is granted. All records listed below **must** be current and received by Youth-Reach before or at the time of this interview.

Checklist for Admittance:

Copy of Birth Certificate	_____	Copy of Drivers License	_____
Entrance Packet Forms	_____	Recent Photograph	_____
Tuberculosis Test results	_____	Insurance Information	_____
HIV Test results	_____		



Resident Agreement To Governing Documents

I agree to live by the requirements of these documents for the duration of my stay at Youth-Reach Gulf Coast, even while on pass. I also understand that my habitually breaking these established rules will result in my immediate termination from this ministry facility. I ask the staff of Youth-Reach Gulf Coast to hold me accountable to these standards in my time here at Youth Reach.

Resident's name (print): _____

Resident's signature: _____ Date: _____

Application for Admission

Note: Applicant must fill out this application. Falsifying any of the information will be grounds for termination of the application process.

Date: _____

Name: _____ Age: _____
First Middle Last

Address: _____

D.O.B _____ Phone _____ Social Security # _____



Questions:

1. Do you feel you may have a problem with any of the following below?
(Check all that apply)

Emotions		Anger		Denial		Hatred	
Depression		Motivation		Suicide		Stealing	
Drugs		Alcohol		Violence		Lying	
Trust		Music		Parents		Porn	
Homosexuality		Sexual Perversion		Manipulation		ADD	

Other _____
(please explain) _____

2. Have you ever been accused of or convicted of a sexual offense? Yes or No _____
If yes Explain _____

3. Why do you feel you need to enter Youth-Reach? Be specific _____

4. If you had to say, who do you feel is to blame for your current situation and why?

5. Your relationship with your parents would best be described as... (check one)
Excellent _____ Fair _____ Poor _____
Explain why:

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6. Your relationship with your brothers/sisters would best be described as....
(check one) Excellent _____ Fair _____ Poor _____
Explain: _____

7. Have you ever used or been addicted to drugs? _____ if yes, which drugs and
what age did you begin to use? _____

8. Did you ever drink alcohol or have you been addicted to alcohol before? _____
If yes explain _____

9. Can you honestly say you are ready to abide by *ALL* of the rules at Youth-Reach
Gulf Coast? _____
10. After reading all the rules and guidelines what do you think will be the hardest
rules for you to follow and why? _____

11. Do you feel that after you leave Youth-Reach you will remain free of the
problems that brought you here? _____
12. What are the personal immediate goals you wish to reach during your stay at
Youth-Reach? _____

13. What are the goals after graduating Youth Reach? _____

14. Do you feel you can trust the staff of Youth-Reach to help you achieve these
goals? _____ Explain _____



15. Do you understand that this is program is a minimum commitment of 1 year? And that it is up to the staff to determine after 1 year if you are ready to graduate or if you need to stay longer? Yes or No _____

Basic Information Form

Criminal Information: *Past, Present and Future: It is important to be very clear up front with all past, present and possible future criminal charges. If we find out more information than you provided for us there is a risk of your termination from our program.*

Have you been charged with any criminal charges in your past? Yes or No _____

If yes, list all charges even if you have completed your time or probation _____

Do you presently have a criminal record? Yes or No _____ are you currently on probation or parole? Yes or No _____

If yes, for what offense(s) and explain the details of your probation: _____

Do you have any other court dates coming up? Yes or No _____

If so When/date _____ Where _____ Charges

Have you ever been in any other programs or rehabs? List below

Facility: _____ City: _____

Dates _____ Reason for admittance _____

Reason for termination and result _____



Facility: _____ City: _____
Dates _____ Reason for admittance _____
Reason for termination and result _____

Facility: _____ City: _____
Dates _____ Reason for admittance _____
Reason for termination and result _____

Family Information

Father's name: _____
Address: _____
Phone number: (____) _____ Occupation: _____

Mother's name: _____
Address: _____
Phone number: (____) _____ Occupation: _____

Are your parents currently Married _____ Divorced _____ Separated _____
If parents are divorced is either remarried? _____ Which _____

Emergency Contact

Who is to be notified in case of emergency? _____
Relationship: _____ Phone: (____) _____
Home (____) _____

Brothers and Sisters

Name: _____ Address: _____
Age: _____ Phone: _____ Occupation: _____

Name: _____ Address: _____
Age: _____ Phone: _____ Occupation: _____

Name: _____ Address: _____
Age: _____ Phone: _____ Occupation: _____

Name: _____ Address: _____
Age: _____ Phone: _____ Occupation: _____



List three Friends/Relatives

List below three references. (i.e. close relative, godparent, or “adopted” family member, boyfriend/girlfriend):

Name: _____ Email Address: _____
Age: _____ Phone: _____ Occupation: _____

Name: _____ Email Address: _____
Age: _____ Phone: _____ Occupation: _____

Name: _____ Email Address: _____
Age: _____ Phone: _____ Occupation: _____

Name: _____ Email Address: _____
Age: _____ Phone: _____ Occupation: _____

School History

Last School Attended: _____
City: _____ State: _____ Last Grade Completed: _____

Identification

Do You Have A Copy of Your Birth Certificate? Yes or No _____
Driver License _____ Social Security Card _____ State Issued ID _____

Testimony/Photography Consent

I _____ hereby agree to allow Youth-Reach
(Name of Prospective Resident)
Gulf Coast, Inc. to use my picture, video, and recorded, written, or spoken messages and comments to inform others of conditions on the street, past problems, my personal testimony and the redemptive work of Jesus Christ.

Signature of Prospective Resident _____ Date _____



Medical History

To the best of your knowledge, have you ever had or now have: Check the following that may apply:

Rubella _____ HIV _____ Heart Disease _____ Cancer _____ Tumors _____ Hernia _____
Asthma _____ Bronchitis _____ Measles _____ Hepatitis _____ Mumps _____
Chicken Pox _____ Tuberculosis _____ Eye Problems _____ Stomach Ulcers _____
A.I.D.S. _____ Kidney Infection _____ Venereal Disease _____ Hearing Loss _____
Major Surgery _____ Emotional Problems _____ Psychiatric Problems _____ Learning _____

Other _____ (Explain): _____

Present Doctor: _____ City: _____
Phone: (_____) _____

Date of last medical exam: ____/____/____
Date of last dental exam: ____/____/____

Do you have any disabilities? _____ Explain _____

Have you ever sought psychological or psychiatric help? _____ if yes explain

Therapist's Name: _____ Phone: _____

Are you on any medication? _____ if yes, list medication and dosage.

Are you allergic to any medications? _____ If yes, list medications.

List other allergies. _____

Note: Resident is responsible for all medical bills of resident while at Youth-Reach Gulf Coast.