

**Calvary Residential Discipleship**

**Application for Admission**

- **C.R.D Men's Program**
  
- **C.R.D Women'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.

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>
_____		
_____		
_____		

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.

Calvary 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 C.R.D's Medical Policy. (Initial here) \_\_\_\_\_

I have read and agree to 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 C.R.D is a religious, Biblically based organization, a ministry of Calvary Chapel Bangor. The purpose of 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 C.R.D is not licensed by the State of Maine as a drug treatment program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: After completely filling out this application and sending it **by scanning and emailing to office@ccbangor.org or mailing it to C.R.D 154 River Road Orrington, ME 04474** you are to call and make an appointment to speak with program director for an interview at **(207) 991-9555**. 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 C.R.D's General Program Rules Agreement. (Initial here) \_\_\_\_\_

**IMPORTANT NOTICE**

**A \$5000.00 donation will be turned in 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: 10/09/2021