

# Eagle Christian Ministries, Inc.

## A non-profit organization

**3701 East Reno**

**Del City, OK 73117**

**(405) 702-HEAL (4325)**

Dear Applicant:

Praise the Lord. Thank you for your interest in Eagle Christian Ministries, Inc. We hope the enclosed information is helpful in making your decision to commit yourself to the program at Eagle. Before you are admitted to Eagle Christian Ministries you must complete the following steps.

- 1) Please take the necessary time to carefully read over all the material.
- 2) Once you have determined that you are willing to make a commitment to the program for a minimum of 90 days in-house stay and an additional 90 days as either in-house or outpatient (at the discretion of the administrative staff) you may fill out the application, including all the requested information, and sign all forms.
- 3) Return the completed and signed application and forms to Eagle Christian Ministries at the above address or call to fax. The application must include the initial non-refundable \$100.00 application fee. Please make check or money order payable to Eagle Christian Ministries, Inc.
- 4) After allowing time for the application to arrive, the applicant must personally contact our office to set up an appointment for an interview. Interviews may be conducted by phone or in person, depending on your current circumstances. If you have restricted access to phone privileges, please have a family member or your lawyer serve as a contact person on your behalf. Do not wait for us to contact you. You or your representative must contact the Eagle Christian Ministries office.
- 5) All applicants using any prescribed medication(s) must be deemed acceptable by a physician for a non-medical residential program before the final application can be approved. Eagle Christian Ministries must have a copy of the physician's approval before acceptance into the program.
- 6) Pending approval and availability of bed space an arrival date will be determined.
- 7) Eagle Christian Ministries is a non-profit organization. Fees are based on current facility and staffing costs. Please contact us for the current fee schedule. Payments are non-refundable and must be paid for each month in advance. These non-refundable payments may be made by check, money order, or credit card. The program tuition goes toward the cost of room, board, facilities, program costs and staff including a 24-hour on-call Program Minister/Director, an on-site 24-hour Associate Director, and an on-site 24-hour Residential Facilitator. Additional costs not covered by tuition are supplemented by donations.

If you have any further questions regarding the program please feel free to contact our offices at (405) 702-HEAL. May God bless you and comfort your family as you reach the decision to make this commitment. Know that you are in our prayers.

With Christ In Mind,

J. Scott McWhirter  
Program Minister/Director  
& The Eagle Christian Ministries  
Board Members

# Eagle Christian Ministries, Inc.

## APPLICATION FOR ADMISSION

### Personal Data & Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Street) (City) (State)  
(Zip)

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

Social Security Number: \_\_\_\_\_

Drivers License: \_\_\_ Valid \_\_\_ Expired \_\_\_ Suspended \_\_\_ Never applied for one

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ / \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
(City) (State)

Are you a citizen of the United States? \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Religious Preference: \_\_\_\_\_

Date Available for Program: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State)  
(Zip)

Home Phone Number:(\_\_\_\_\_) \_\_\_\_\_ Work Phone Number:(\_\_\_\_\_) \_\_\_\_\_

## Marital History/Family Background

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Common Law \_\_\_\_\_ Separated  
\_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Remarried

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Do you consider yourself to be in need of parenting courses? Yes \_\_\_ No \_\_\_

## Education

Do you have a high school diploma or GED? \_\_\_\_\_ Do you wish to continue your education? \_\_\_\_\_

Please list any college, university, trade or technical school you have attended and the years attended:

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Briefly describe your educational or vocational goals:

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Have you ever been diagnosed with a learning disability? \_\_\_\_\_

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If yes, briefly describe: \_\_\_\_\_

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## Medical History

In the past year, have you been under the care of a physician for any reason? \_\_\_\_\_

If so, briefly describe: \_\_\_\_\_

\_\_\_\_\_

List any communicable disease(s) with which you have been diagnosed?

\_\_\_\_\_

\_\_\_\_\_

When was your last physical examination? \_\_\_\_\_

Do you take medication(s) or need medical attention regularly? \_\_\_\_\_

List all medication(s) and dosage(s) below:

Medication(s):

Dosage(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all medication(s) you are allergic to:

\_\_\_\_\_

\_\_\_\_\_

Please list any other allergies:

\_\_\_\_\_

\_\_\_\_\_

Do you have any activity restrictions due to a medical condition? \_\_\_\_\_

If so briefly describe:

\_\_\_\_\_

\_\_\_\_\_

Do you have any special diet requirements? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Explain any current problems with your teeth:

\_\_\_\_\_

\_\_\_\_\_

If you have health/dental insurance, please give the name of the provider, their address, phone number, and the policy number:

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Have you ever received treatment/counseling for emotional, mental or psychological conditions? \_\_\_\_\_

If so, list details below:

(Date)                      (Counselor/Physician)                      (Reason)

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Have you ever thought about committing suicide? \_\_\_\_\_

Are you currently thinking about committing suicide? \_\_\_\_\_

## **Religious Background**

Do you believe in God? \_\_\_\_\_ Do you believe the Bible as the Word of God? \_\_\_\_\_

Do you pray? \_\_\_\_\_ How often? \_\_\_\_\_

Have you ever had a conversion experience with Jesus Christ? (been born again, accepted Jesus, been baptized) \_\_\_\_\_

If so, briefly describe your experience of salvation including the date and place:

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If not, please explain: \_\_\_\_\_

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Describe your present religious status and involvement: \_\_\_\_\_

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Denominational Preference: \_\_\_\_\_

Have you ever been involved with the occult or new age religions? \_\_\_\_\_

If so, describe your involvement: \_\_\_\_\_

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## Rehabilitation Background

Have you ever been in a rehabilitation program before? \_\_\_\_\_

If so, please give the following details:

(Location)

(Dates)

(Reason(s) for leaving program)

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Do you understand the purpose of the Eagle Christian Ministry program? \_\_\_\_\_

Can you accept that your treatment will be based on Biblical teachings and principles? \_\_\_\_\_

Do you have any responsibilities that would hinder your being in the program for a minimum of 90 days? \_\_\_\_\_

If so, briefly describe: \_\_\_\_\_

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## Drug History

List how often you used the following drugs. (Never, Once, Several times, or Regularly)

Alcohol: \_\_\_\_\_

Crack/Cocaine: \_\_\_\_\_

Amphetamines: \_\_\_\_\_

Barbiturates: \_\_\_\_\_

Hallucinogenics: \_\_\_\_\_

Inhalants: \_\_\_\_\_

Heroin: \_\_\_\_\_

THC: \_\_\_\_\_

Morphine: \_\_\_\_\_

Crystal Methamphetamine: \_\_\_\_\_

PCP: \_\_\_\_\_

Benzodiazepines: \_\_\_\_\_

Others: (Specify) \_\_\_\_\_

What is the first drug you used? \_\_\_\_\_ Beginning at what age? \_\_\_\_\_

What is the main drug you used? \_\_\_\_\_ For how long? \_\_\_\_\_

How much was spent on drugs each day? \_\_\_\_\_ What drugs have you injected? \_\_\_\_\_

Do you use tobacco? \_\_\_\_\_ What form? \_\_\_\_\_

Have you ever abused prescription drugs? \_\_\_\_\_

If yes, complete the following information:

Name of drug:	Length of abuse:	Prescribed by whom?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Sexually Related Background

Have you ever tested positive for HIV or the AIDS virus? \_\_\_\_\_

Have you ever engaged in homosexual activity? \_\_\_\_\_ If yes, to what extent: \_\_\_\_\_

How many heterosexual partners have you had? \_\_\_\_\_

Have you ever purchased or viewed pornographic material? \_\_\_\_\_ If so, how often: \_\_\_\_\_

### Legal Background

Have you ever been convicted of a sexual offense? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of any other type of crime? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

If you answered yes to either one of these questions, complete the following information:

Name of Institution: \_\_\_\_\_ Location: \_\_\_\_\_

Reason for confinement: \_\_\_\_\_ Length of confinement: \_\_\_\_\_

Probation: Yes/No

Name of Institution: \_\_\_\_\_ Location: \_\_\_\_\_

Reason for confinement: \_\_\_\_\_ Length of confinement: \_\_\_\_\_

Probation: Yes/No

Name of Institution: \_\_\_\_\_ Location: \_\_\_\_\_

Reason for confinement: \_\_\_\_\_ Length of confinement: \_\_\_\_\_

Probation: Yes/No

Do you have any cases pending? \_\_\_\_\_ When? \_\_\_\_\_

Reason: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_

Attorney's phone number:( \_\_\_\_\_ ) \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

(Zip) (Street) (City) (State)

Do you have any outstanding warrants? \_\_\_\_\_ Reason: \_\_\_\_\_

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

Are you currently on parole or probation? \_\_\_\_\_ For How Long? \_\_\_\_\_

If yes, name of Probation/Parole Officer: \_\_\_\_\_

P.O.'s Phone Number:( \_\_\_\_\_ ) \_\_\_\_\_

P.O.'s Address: \_\_\_\_\_

(Zip) (Street) (City) (State)

(If needed, additional information may be attached on a separate sheet of paper.)

**Applicant Agreement:**

I, \_\_\_\_\_ have completed this application completely and truthfully.

(Print name)

I have read all rules, regulations, and policies and also agree to submit to all rules, regulations and policies of Eagle Christian Ministries, Inc. I understand that I may be asked to leave the program if I do not abide by said rules, regulations and policies. I also understand that Eagle Christian Ministries, Inc. cannot be held responsible for injury or illness of residents in the program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of applicant)

*Application fee will be paid by (circle one): Check, Money Order, or Credit Card  
(There will be a 15% processing fee for Credit Card payments)*

If using a credit card please enclose the following information:

VISA Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

MasterCard Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_