



INTAKE APPLICATION

Please Complete and bring or Email to Uturn4ChristNJ@gmail.com

PERSONAL INFORMATION:

Name of Prospective Attendee: _____

Address: _____

Email: _____

Phone Number: Cell: _____ Home: _____

List all substance addictions: _____

Date available to enter program: _____

Emergency Contact Information: *(NOTE: Contact must be a relative)*

Contact Name: _____

Address: _____

Email: _____

Phone Number: Cell: _____ Home: _____

Relationship: (i.e. wife, mother, etc): _____

How did you hear about U-Turn For Christ NJ?

Briefly explain why you would like to come to our program:

Are you a Christian? _____ Y _____ N

LEGAL INFORMATION:

Do you have any outstanding tickets, warrants or other legal issues? ___Y ___N

If yes, please explain:

Do you have any upcoming court dates? ___Y ___N

If yes, please list dates/courts, etc:

Parole Officer Name (if any): _____

Phone #: _____

Please Read and Sign in the Presence of a Witness:

- I understand tobacco or nicotine of any kind is not allowed while participating in the U-Turn for Christ NJ ministry.
- I understand narcotics, psychotropic drugs, or any other mind-altering or addictive medications will not be dispensed while in U-Turn.
- I understand that I may only have visits from family members during the allowed times, and that all visitors must attend Sunday morning service on the day of the visit.
- I understand that I may not bring a cell phone or any electronic device to the ministry during Phase One.
- I have read and understand all the house and ministry rules and agree to submit to them while I am in U Turn.

U-Turn for Christ NJ reserves the right to refuse any applicant acceptance into the program who does not demonstrate a willingness to change, or is actively using drugs at the time of intake. We reserve the right to remove anyone from the program who has been found with drugs or any banned substance in their possession while in residence, or who refuses to submit to the rules and directions of the Director and Overseers while in U-Turn For Christ NJ. If a resident is non-compliant and/or decides not to follow the input or guidance of the program, he will be asked to leave and **no refund will be given regardless of the time he has spent in the program.**

Prospective Attendee Signature: _____

Print Name: _____ Date: _____

Witness Signature: _____

Print Name: _____ Date: _____

FINANCIAL RESPONSIBILITY:

List the name and address of the person (if other than yourself) who is going to be financially responsible for paying the initial \$1,000 non-refundable donation upon entry into the program, and for any and all needs (medical or personal) that arise while attendee is in the program of U-Turn for Christ NJ.

Name: (if other than self): _____

Relationship: _____

The responsible person must complete and sign the following pledge:

I, (payee name) _____ take full financial responsibility for the needs of (attendee name) _____ while in the program of U-Turn For Christ NJ.

Signature: _____ Date: _____

Office Use Only :

____ The rules and expectations have been explained to the above candidate and he has been accepted into the program.

____ The rules and expectations have been explained to the above candidate and he has been accepted and referred to: _____

____ The rules and expectations have been explained to the above candidate and he has **NOT** been accepted into the program. Explain: _____

Name of Intake Counselor: _____

Signature: _____ Date: _____

Method of payment of donation:

Cash: ____ Check: ____ # _____

Credit Card: ____ Conf #: _____

Amount Received: _____ Date: _____