



**Program Application for  
*RESTORATION* at Victory Mission**

Official Use Only

Interview Date: \_\_\_\_\_ DOC Release Date: \_\_\_\_\_ Accepted: YES NO

Notes: \_\_\_\_\_

\_\_\_\_\_

**Personal**

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Romantic Relationship Status: Married Divorced Separated Engaged Dating Single

Child(ren) / Age(s) \_\_\_\_\_

Child Support? Yes No If yes, what is the estimated balance owed? \_\_\_\_\_

Do you have a driver's license? Yes No If yes, do you have an automobile? \_\_\_\_\_

Do you have a photo ID? Yes No If no, why not? \_\_\_\_\_

Education (e.g. Grade Completed, Diploma, GED, College) \_\_\_\_\_

Do you receive EBT benefits? YES NO If Yes, how much per month: \$ \_\_\_\_\_

**Medical**

Health insurance? Medicare Medicaid Other \_\_\_\_\_

Have you ever had mental health diagnosis or treatments? Yes No If yes, when? \_\_\_\_\_

If yes, explain. \_\_\_\_\_

Are you currently taking any medication? Yes No If so, what? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you taking medically assisted treatment? Yes No If so, what? \_\_\_\_\_

**Vocational**

Work / Income Plans: Full time Part time SSI/SSDI Unemployed Retired Other \_\_\_\_\_

Are you physically-mentally able to work now? Yes No

List 3 most recent jobs (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

List any job skills or trade experience \_\_\_\_\_

**Legal**

IF DOC: Release Date \_\_\_\_\_ DOC # \_\_\_\_\_

Probation / Parole? Yes No County \_\_\_\_\_ Agency \_\_\_\_\_

PO Name \_\_\_\_\_ PO Phone \_\_\_\_\_

Active Court Case? Yes No Explain \_\_\_\_\_

Pending Charges? Yes No Explain \_\_\_\_\_

Convicted and/or Registered Sex Offender? Yes No

Violent Offenses and/or Convictions? Yes No Explain \_\_\_\_\_

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Please share any other legal issues that currently involve you?

*(restitution, pending charges, probation/parole, restraining orders, custody, DUI, warrants, fines, etc)*

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### **Substance Abuse**

Describe your history of drug (illegal or prescription) and/or alcohol abuse?

*(This will in no way disqualify you as a potential participant)*

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Describe your history of drug and/or alcohol treatment?

*(Please include in or outpatient classes/programs, sober living programs, and DOC)*

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### **Social**

Share four words that best describe your experience growing up.

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Briefly describe your relationship with your mom and dad.

*(if no relationship with birth parents, then step-parents, and/or primary caregivers)*

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Briefly describe the earliest life altering event you can remember that had a profound impact on you.

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Please share a significant failure in your life and why you think that may have happened.

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Have you ever been gang affiliated?    Yes    No    Explain \_\_\_\_\_

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Please describe any past experience you have with faith, church, or religion of any kind.  
*(being or becoming a Christian is not required to participate in this program)*

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## **Short-term Goals**

What are two areas of interest or passion that you would like to pursue?  
*(for example: Technology, Education, Ministry, Crafts, Music, Sports, Arts, etc)*

(1) \_\_\_\_\_

(2) \_\_\_\_\_

What life skills teaching or training would help you most?  
*(for example: financial, vocational, conflict resolution, marriage, parenting, language, etc)*

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## Program

What does this program offer that you want?  
*(please be honest and specific)*

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What are you willing to give up to have a healthy and restored life?  
*(for example answers might include people, places and things)*

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Please describe any questions or concerns you have about the program.

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Have you previously stayed at and/or barred-suspended from Victory Mission?    Yes    No

Explain \_\_\_\_\_  
\_\_\_\_\_

Emergency Contacts:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Tell us why we should accept you into the Restoration Program (not just what you think we want to hear)

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***Substance Use Self-Disclosure Form***

This Self-Disclosure form will be used for establishing baseline for past use of substances, prescriptions, or narcotics that may or may not show up during a mandatory Urine Analysis test. Please be honest in completing this form, as this is meant to help you in overcoming the addictions you may have and need to recover from.

Substance Used	Date last used

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Printed Name                      Signature                      Date



***Release of Information Form***

I, \_\_\_\_\_, give permission for Springfield Victory Mission staff to share and exchange information with other staff at Springfield Victory Mission for the purpose of providing assistance to me. This may include sharing information about a disability.  
 \_\_\_\_\_ (Initial)

I, \_\_\_\_\_, give permission for Springfield Victory Mission staff to share information with the following service agencies for the purpose of providing assistance to me. This may include sharing information about a disability. (Agencies may include DMH, DHS, DOC, P & P, etc.) \_\_\_\_\_ (Initial)

Agency	Contact Information

Springfield Victory Mission is required to share information when there is:

- Evidence of child or elder abuse or neglect
- Guest presents a danger to themselves or others
- Court order requires disclosing of information

I understand that my consent is valid for 180 days after I check out as a resident of Springfield Victory Mission or after any related follow ups. \_\_\_\_\_ (Initial)

I understand that I may revoke this consent at any time. \_\_\_\_\_ (Initial)

I confirm that ***Mark McNelly*** has explained the purpose of this form to me, and that I understand the content contained. My signature below indicates my consent:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_





## ***Media Relations Policy & Release Form***

I \_\_\_\_\_ do hereby authorize Springfield Victory Mission, Inc., and  
*(Please Print Full Name)*  
those acting pursuant to its authority to:

1. Record my participation and appearance on video tape, audio tape, film, photograph or any other medium.
2. Use my name, testimony, likeness, voice and biographical material in connection with any media (website, social media, and printed publications, as well as, educational or promotional material).
3. Exhibit or distribute such materials in whole or in part without restrictions or limitation for any promotional purpose which Springfield Victory Mission and those acting pursuant to its authority, deem appropriate.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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