

Application for Admission



The goal of Transform Central is to be a positive resource to the individual and the community by offering men the opportunity to be responsible citizens who will care for themselves and those they love.

Transform Central is a private-not-for-profit organization program founded by Christians for reunification back into society. We offer an environment where one may find encouragement, love, and support. We believe in the power of God to transform us through the love of His Son, Jesus, and the empowerment of His Holy Spirit.

"Do not conform to the pattern of this world but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is, His good, pleasing and perfect will. "

(Romans 12:2 NIV)

Dear Friend,

We congratulate you on beginning the application process for Transform Central. It encourages and humbles us when we see people willing to make themselves vulnerable enough to admit they need help. God does not bully us into doing things for which we are not ready. Instead, we have witnessed His loving nudge towards each successive step of faith we have taken. Take heart. The fact that you are about to complete this application demonstrates that God has already brought you a long way.

Transform Central is not a treatment program. However, we believe that healing can take place for those who reside here, because God works primarily through relationships. We believe that healing can occur when one voluntarily submits to building healthy relationships with other people, cemented by a common faith in Jesus Christ. We believe Jesus is the one and only son of God and that His death and resurrection bring reconciliation with God for those who believe. It is in this unique relationship with God through Jesus Christ that we experience grace. God's grace for the believer means that is not necessary to stand in the shadow of shame.

As you answer the questions in this application, we invite you to be thorough. You are applying to become a resident in a home that is a redemptive environment where others will agree to encourage you and challenge you to grow emotionally, spiritually, and relationally. Your honest answers will assist us in being supportive in this process and we agree to protect your confidentiality. We pray that at this crucial time in your life you will seek God and prepare yourself to receive the many blessings we know He has for you.

In His Grace,
The Transform Central Board of Directors and Staff

Application Instructions

To expedite your application process, please complete the following portions as soon as possible. Return the completed application with the \$25 fee to:

Transform Central
617 Westgate Parkway
Dothan, Alabama 36303

For assistance, call Jason Johnson: 334-796-4506

Please make sure you have completed the following checklist:

_____ Application form.

_____ Letter of Recommendation from Probation Officer or another Court Supervisor.

_____ Signed Release of Information to Probation Officer or another Court Supervisor.

_____ Letter of Recommendation from minister, mentor, or sponsor.

_____ Signed Release of Information to minister, mentor, or sponsor stating that we may give and receive information about your progress with him.

_____ If you are currently being seen by a licensed counselor, therapist, psychologist, or psychiatrist, we require a signed release of information from each that we will be notified you are ongoing or stopping treatment.

_____ \$25 application fee (cash or money order made payable to Transform Central).

Please complete and return your application within 10 days of receipt.

This will ensure the information submitted is current. You can expect a response from us regarding your acceptance shortly after you submit your application. Please do not hesitate to call if you have any questions.

Part I-Contact Information

Full Name:

Birth Date:

Social Security Number:

Last Address:

Close Family Member:

Address:

Telephone:

Status: Single Married Separated Divorced Widow(er)

Gender: Male Female

Part II-Health Information

1. Do you have any physical limitations that might keep you from functioning at Transform Central? You will need to be able to sit upright in a chair, be awakened from sleep without difficulty, walk without assistance, focus for up to 1 1/2 hours, hear, understand, read, and write English, digest food properly.

Yes No

If "Yes" please explain.

2. Have you ever been diagnosed with, or treated for any of the following?

____ Allergies

____ Anorexia

____ Anxiety Attacks

____ Alcoholism

____ Alcohol Abuse

____ Asthma

____ Aids/HIV

____ Personality Disorder

____ Bulimia

____ Covid

____ Depression

____ Learning Disorder

____ Diabetes

____ Migraine Headaches

- | | |
|--|--|
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Bi-Polar Disorder | <input type="checkbox"/> Drug Abuse |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Borderline Personality Disorder |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Sexually Abused | <input type="checkbox"/> Sexually Transmitted Disease(s) |
| <input type="checkbox"/> Other | |

3. Are you presently taking any prescribed medication? Yes No

If "Yes" please provide us with the names of the medications and the name of the prescribing physician(s) or nurse practitioner/s).

4. Are you presently taking any over-the-counter medications, supplements, or homeopathic remedies?

Yes No

If "Yes" please provide the names of each medication.

Please note:

Certain medications (prescribed, homeopathic or over-the-counter) are not consistent with OUR program. ALL vitamin supplements, homeopathic medicines, and over-the-counter medications are subject to prior approval and may be rejected for use with no further explanation.

All prescribed medications allowed must be in a properly labeled container with an up to date prescription.

5. Do you presently smoke or use smokeless tobacco? Yes No

Tobacco use on campus is NEVER permitted in the residence.
It is permitted only in a designated area outside of the residence.

6. Have you taken any illegal drugs, used prescribed medications in an unapproved manner, used legally available supplements, homeopathic remedies, herbs, of plant derivatives to alter your mood? Yes No

If "Yes" when was the last time you used any substance? _____

7. Please list all substance(s) that you have ever used to alter your mood in any way and the method you have used to administer them (orally, inhalation, smoking, intravenous (IV)).

8. Do you consider yourself to be in recovery? Yes No

If "Yes" how long have you been completely sober? _____

Alcohol _____ Drugs _____

9. What is the longest period that you have been completely sober and at what age was this?

10. Have you ever had thoughts of suicide? Yes No
If "Yes" please explain.

11. Have you ever attempted suicide? Yes No

If "Yes" please explain.

12. Have you ever practiced self-mutilation (cutting, burning, etc.) Yes No

If "Yes" please explain:

Part III- Confidentiality

State and Federal Laws concerning confidentiality require that we receive your written authorization to execute a request for any records concerning your health history. Though we are not offering treatment to our residents, we do make referrals and require a thorough health and family history so that we can offer the most supportive environment. As such, we agree to provide our residents with confidentiality concerning the information contained in this application. However, there are exceptions to confidentiality. In certain circumstances we will disclose information about our residents without their consent, to comply with laws that are in place to protect the safety of our residents, staff, and community. These exceptions are:

1. **Any suspicion of unreported child abuse or neglect.** Any resident suspected of perpetrating abuse against a person under the age of eighteen will be reported to the Alabama Department of Human Resources.
2. **Adult or domestic abuse.** If we have reasonable cause to suspect that an adult has suffered abuse, neglect, of exploitation by a resident we will report this to the appropriate authorities.
3. **Serious threat to health of safety.** If you communicate to us an actual threat of bodily harm against another individual or yourself, and we reasonably suspect that you are likely to commit such an act, we will take reasonable care to protect the identified individual or you from harm by notifying appropriate authorities.

Part IV- Legal Information

1. Have you ever been arrested for any reason? Yes No

If "Yes" please list charge(s) and dates of all effects and whether you were convicted.

2. Do you have any outstanding legal concerns? (warrants, unpaid tickets, criminal investigations, etc.) Yes No

If "Yes" please explain.

3. Do you have a probation / parole officer or other officer of the court to which you must report? Yes No

If "Yes" please list the name and contact information of the person to whom you must report.

4. Are you required to register as a sex offender? Yes No

No Sexual Offenders or Violent Crime Offenders will be accepted into Transform Central

Part V Notice of Discrimination

Transform Central exists to offer a quality Christian transition into society regardless of race, religion, or ethnic origin.

I have read and understood the questions in this application, and I have completed it to the best of my ability. I have provided thoughtful and honest answers to all questions, and wish to be considered for residency at Transform Central. I agree to abide by the rules of Transform Central as set forth in the **Resident's Handbook** and understand that my application fee of \$25 is **non-refundable**.

Attendee's Printed Name: _____

Attendee's Signature: _____