



PADUCAH LIFELINE MINISTRIES, INC.
MEN'S RESIDENTIAL FACILITY
APPLICATION FOR ADMISSION

P.O Box 7652 Paducah, KY 42002
Phone: (270) 443-4743 Fax: (270) 443-4717

Date ____/____/____

Name _____
First Middle Initial Last

Present Address _____
Street City State Zip

Phone Number (____)____-____ Social Security # _____

Date of Birth ____/____/____

Date Available for Program _____

Are you willing to commit to 6 months residential treatment? _____

Are you a citizen of the United States? _____

Emergency Contact Information

Name _____ Relationship _____

Address _____
Street City State Zip

Phone _____

Release of Confidentiality: _____
Applicant's Signature

Personal Record of Conduct

What is the main drug you used? _____ How long? _____

Have you ever had a severe emotional breakdown? _____

Education & Goals

Do you have a high school diploma or GED? _____

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

Do you wish to continue your education? _____

Briefly describe your educational or vocational goals: _____

Church/Spiritual Background (Please be honest – Although Lifeline Ministries is founded on the Holy Bible, not everyone who enters the Lifeline Program is a Christian)

Do you believe there is a God? _____

Do you believe in the God in the Holy Bible? (Old Testament & New) _____

If the above answer is no, please explain your beliefs _____

Do you believe Jesus Christ is the Son of God? _____

Do you believe Jesus Christ died for your sins? _____

If yes, why do you think he had to die for you to be forgiven? _____

If no, and if you believe there is a God, how would he forgive you and why? _____

What do you think the purpose of prayer is? _____

What do you think the purpose of the Bible is? _____

What do you believe about life after death? _____

What do you think sin consists of? _____

Who is responsible for the condition you are in? _____

Do you consider yourself to be a Christian? _____

If yes, briefly describe your experience of salvation: _____

Do you have a denominational preference? If so, which one? _____

Have you ever been involved with the occult/witchcraft/etc? _____

If yes, briefly describe your involvement:

In your own words, what do you think we can help you with? _____

What are some characteristics in your life you would like to change or eliminate? _____

What are your goals and purposes in life? _____

Legal Record

Do you have any cases pending? _____

Charges? _____

Disposition? _____

Name of Judge? _____

County? _____

Name of Attorney: _____

Attorney's Address: _____
Street City State Zip

Attorney's Phone Number: (_____) _____ - _____

Attorney's Fax Number: (_____) _____ - _____

Do you have any outstanding warrants? _____

If yes, what is the reason? _____

Are you currently on parole or probation? _____ How long? _____

Name of probation/parole officer: _____

P.O.'s Address: _____
Street City State Zip

P.O.'s Phone Number: (_____) _____ - _____

FOR INMATES PRESENTLY INCARCERATED IN PRISON/JAIL:

Name of Institution _____ Institution Number _____

Social Worker's Name _____ IPO's Name _____

Are you eligible for Shock Probation? _____ Shock Parole? _____

When do you appear before the Board? _____ Is this your first time? _____

In the box below list all arrests and institutions to which you were committed or admitted yourself:

Name and Location of Institution	Date	Reason for Confinement	Probation Parole	Length of Confinement	Record During Confinement