

# Manna Home

## New Life Recovery Program for Women

### Application for Admission

This is a huge step forward in your recovery. It takes a tremendous amount of courage to even apply to a program. We hope to be an encouragement to you as you move forward. We are not here to judge you; we are here to help. Please know that your information will be treated with the utmost respect for privacy. Any information obtained is for the sole purpose of determining if this program is a good fit for your needs and will not be released to any outside agency for any reason without your specific written consent to such a disclosure.

There are a few things we would like to tell you about our program up front:

1. Our program is not able to accommodate anyone using narcotics, benzodiazepines, or muscle relaxers. Other medications such as, but not limited to, psychotropics, anti-depressants, and anti-anxiety medications will be addressed on a case-by-case basis but are not necessarily disqualifiers.
2. We are faith based. You do not need to be a Christian to enter, and we do not require that you become a Christian at any point in the program. However, our program is Bible-based, and we do lead our classes from a Christian perspective. All we ask of you is for an open-minded and willing attitude towards Christian teachings.
3. Our program includes Work Therapy as a critical component of our structure. An explanation of the physical requirements of the program. At the end of this application is a document for your doctor to sign if you are currently under medical care for an injury or physical limitation.
4. We are a nicotine free environment. Nicotine is a highly addictive drug and we recognize its negative impact on your overall health and well-being. You may use nicotine replacement therapies during the first 30 days of the program but must be nicotine-free before phasing into the program.
5. We are a time-out from romantic relationships (except for legal marriage, which is a separate issue).
6. Because our program is designed for those who have no other resources, those accepted into the program are not allowed to have access to any outside income (such as SSI, SSDI, Unemployment, GA, etc.) while in the program. Rep payees or another trusted person to handle their finances will be necessary while they are in the program.

More than anything- we want you to succeed in overcoming your life controlling issues! If you have questions about any of the above, we encourage you to call Deborah Metzler at 707-576-1471 or by email at [dmetzler@rgm.org](mailto:dmetzler@rgm.org). Please keep this page for your files.

Application continues on the following pages.

Application Starts Here:

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Mailing Address) (City, ST) (Zip)

Please fill out the following application honestly and thoroughly. **Also, include a cover letter telling us about yourself and how your life controlling issue has affected your life.** Most importantly- **please include a contact phone number and a contact address** so that we may follow up with you in a timely manner.

Name and number of emergency contact: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

DL/ID #: \_\_\_\_\_ **SSI#** \_\_\_\_\_

Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Eye Color: \_\_\_\_ Hair Color: \_\_\_\_\_

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

Identifying Marks (Tattoos, Scars, Piercings, Etc.) \_\_\_\_\_

Where have you been living recently? \_\_\_\_\_

Do you have any source of income? No \_\_\_\_ Yes \_\_\_\_ Source: \_\_\_\_\_

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

Date married (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name(s) and Age(s) of Children (if applicable): \_\_\_\_\_

Custody Status of Children: \_\_\_\_\_

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Parents Living? Yes \_\_\_ No \_\_\_ Names: \_\_\_\_\_

Address/es (if applicable) \_\_\_\_\_

# of Brothers \_\_\_ Names: \_\_\_\_\_

# of Sisters \_\_\_ Names: \_\_\_\_\_

Is your family supportive? \_\_\_\_\_

Does your family know of your current location? \_\_\_\_\_

Have you ever been hospitalized? Yes \_\_\_ No \_\_\_ When \_\_\_\_\_

Reason \_\_\_\_\_

Have any of these been for psychiatric issues? Yes \_\_\_ No \_\_\_ When: \_\_\_\_\_

Reason \_\_\_\_\_

Do you have any allergies? Yes \_\_\_ No \_\_\_ Please Explain: \_\_\_\_\_

\_\_\_\_\_

Have you been tested for HIV? Yes \_\_\_ No \_\_\_ Results: \_\_\_\_\_

Have you been tested for Hepatitis? Yes \_\_\_ No \_\_\_ Results: \_\_\_\_\_

Have you been tested for TB? Yes \_\_\_ No \_\_\_ Results: \_\_\_\_\_

Have you been tested for Sexually Transmitted Infections? Yes \_\_\_ No \_\_\_

Results: \_\_\_\_\_

Are you currently taking any medications (including over the counter)? Yes \_\_\_ No \_\_\_

List medications and reasons for taking (including over the counter): \_\_\_\_\_

\_\_\_\_\_

Name and Address of Doctor (if applicable): \_\_\_\_\_

When were you last seen by a doctor? \_\_\_\_\_

Do you have any chronic health conditions? Yes \_\_\_ No \_\_\_ Please Explain: \_\_\_\_\_

\_\_\_\_\_

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**Physical Requirements of the New Life Programs for Women**

- **Reaching:** Residents may need to reach with their hands and arms to clean hard-to-reach areas.
- **Climbing:** Residents may need to climb a stepladder or stool to clean high places, or to get in and out of vans and trucks without aids.
- **Bending, stooping, kneeling, crouching, or crawling:** Residents may need to bend, stoop, kneel, crouch, or crawl to clean.
- **Standing:** Residents may need to stand for long periods of time.
- **Using stomach and lower back muscles:** Residents may need to use their stomach and lower back muscles to support their bodies for long periods.
- **Being physically active:** Residents may need to be physically active for long periods without getting tired or out of breath.
- **Twisting:** Residents may need to twist.
- **Lifting:** Residents may need to be able to lift up to 25 lbs.

Are you able to perform the above physical activities while in the Manna Home program? \_\_\_\_\_

What is the highest level of education you have completed? \_\_\_\_\_

Vocational Training: \_\_\_\_\_

Have you ever been in the military? Yes \_\_\_ No \_\_\_ Dates of Service: \_\_\_\_\_

Discharge: Honorable \_\_\_ Dishonorable \_\_\_ General \_\_\_ Medical \_\_\_ Other \_\_\_\_\_

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Occupation/Training: \_\_\_\_\_

What kind of work have you done? \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_ No \_\_\_ Number of Arrests: \_\_\_\_\_

Offense(s) and Dates: \_\_\_\_\_

Any cases pending? Yes \_\_\_ No \_\_\_ Pending Court Dates: \_\_\_\_\_

Are you on probation or parole? Yes \_\_\_ No \_\_\_ County: \_\_\_\_\_

Name of Supervising Officer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Any other legal issues we should be aware of? Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

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We believe in the Bible and in Jesus Christ. Our policies are designed around these beliefs. While you do not have to be a Christian to enter our program, we do ask that you are open to Christian teachings.

Do you believe in God? Yes \_\_\_\_ No \_\_\_\_ Do you believe in Jesus? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you open to Christian teachings? Yes \_\_\_\_\_ No \_\_\_\_\_

What do you hope to accomplish while in the Manna Home Program?

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What life controlling issue prompted you to seek a program at this time?

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**I hereby release Manna Home from any and all claims which might arise from any harm or damage that may be suffered by me while in this program. I understand that I will be asked to give urine samples periodically for drug/alcohol/nicotine testing and agree to that testing. I understand that refusal to test, or a positive test result, will result in my immediate dismissal from the program and the notification of probation/parole departments. I also understand that this is a non-smoking program and agree to become nicotine free while in the program. I understand that I may not receive any outside sources of income while in the program.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Doctor's Release for Admission into Manna Home Program

The **Redwood Gospel Mission's New Life Program at Manna Home** requires applicants to be able to perform certain physical actions while at the at Manna Home. These actions are those involved in the maintenance of their living quarters and well as in work therapy during the different activities that require their participation.

Below is The Redwood Gospel Mission's list of physical requirements for residency in the Manna Home Program for Women with Life Controlling Issues:

- **Reaching:** Residents may need to reach with their hands and arms to clean hard-to-reach areas.
- **Climbing:** Residents may need to climb a stepladder or stool to clean high places, or to get in and out of vans and trucks without aids.
- **Bending, stooping, kneeling, crouching, or crawling:** Residents may need to bend, stoop, kneel, crouch, or crawl to clean.
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- **Being physically active:** Residents may need to be physically active for long periods without getting tired or out of breath.
- **Twisting:** Residents may need to twist.
- **Lifting:** Residents may need to be able to lift up to 25 lbs.

I, the undersigned, certify according to my opinion as a medical professional that \_\_\_\_\_ is currently under my care and that it is my professional opinion that she is physically capable of meeting the above Physical Requirements for residency in the Redwood Gospel Mission's New Life Program at Manna Home.

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Printed Name

Professional Title

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Signature

Date