



BLOUNT COUNTY
EAGLE'S WINGS
MINISTRIES

Blount County Eagle's Wings Ministries
23510 Hwy 79
Trafford, AL 35172
205.368.4363

Welcome to Eagle's Wings Ministries!

Enclosed you will find your intake packet. Please complete, sign and date all documents. Date the documents with the date that you will arrive at Eagle's Wings Ministries.

Your intake packet will be reviewed with Director Carol Thompson in the first few days of your arrival.

The address to the transitional home is 23510 Hwy 79, Trafford, AL 35172.

If you have any questions or need further information please see Carol Thompson, Eagle's Wings Ministries Women's Program Director.

Important Numbers

Carol Thompson
Women's Program Director
205-368.4363

Shirley Jones
Executive Director
205-243-8763

EAGLE'S WINGS MINISTRIES INTAKE FORM

1. GENERAL INFORMATION

NAME _____

PRESENT ADDRESS _____

HOW LONG? _____ PHONE # _____ CELL # _____

EMERGENCY CONTACT/RELATIONSHIP _____

2. PERSONAL INFORMATION

DOB: _____ AGE: _____ SEX: _____ WEIGHT: _____ HEIGHT: _____

HAIR COLOR: _____ ETHNICITY: _____

SOCIAL SECURITY NUMBER: _____

ARE YOU A U.S. CITIZEN? _____ HAVE A VALID DRIVER'S LICENSE? _____

STATE OF DRIVER'S LICENSE ISSUE AND NUMBER _____

HAVE YOU EVER SERVED IN THE MILITARY? _____

WHAT BRANCH? _____ TYPE OF DISCHARGE? _____

DO YOU HAVE ANY ACTIVE OR RESERVE MILITARY OBLIGATIONS AT THIS TIME?

WHAT ARE YOU CURRENT LIVING ARRANGEMENTS? _____

HAVE YOU BEEN OR ARE YOU CURRENTLY HOMELESS? _____

WHAT WERE THE CIRCUMSTANCES THAT CAUSED YOU TO BECOME HOMELESS?

EAGLE'S WINGS MINISTRIES INTAKE FORM

WHY ARE YOU ADMITTING INTO EAGLE'S WINGS MINISTRIES PROGRAM AT THIS TIME? _____

3. CONFIDENTIAL INFORMATION

MARITAL STATUS: _____ SPOUSES FULL NAME: _____

IF MARRIED, HOW LONG? _____ EVER BEEN MARRIED? _____

NUMBER OF TIMES? _____ HAVE ANY CHILDREN? _____ HOW MANY? _____

ARE YOU CURRENTLY FULLY OR PARTIALLY RESPONSIBLE FOR THE FINANCIAL SUPPORT OF A MINOR? _____

ARE YOU CURRENTLY IN A RELATIONSHIP? _____

WHAT ARE THE CIRCUMSTANCES OF THIS RELATIONSHIP? _____

LIST ANY DEPENDENTS:

NAME/DOB/CUSTODY STATUS/SUPPORT PAYMENT, IF ANY:

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4. DRUG HISTORY

DO YOU HAVE A HISTORY WITH DRUGS OR ALCOHOL? _____ HOW LONG? _____

DO YOU CONSIDER YOURSELF AN ADDICT? _____

WHY DID YOU BEGIN YOUR SUBSTANCE ABUSE? _____

WHAT WAS YOUR DRUG OF CHOICE? _____ FREQUENCY OF USE? _____

HOW LONG? _____ HISTORY OF SUBSTANCE ABUSE IN YOUR FAMILY? _____

LONGEST PERIOD CLEAN: _____ CLEAN NOW? _____ HOW LONG? _____

HAVE YOU EVER BEEN IN ANOTHER PROGRAM? _____

HOW MANY TIMES HAVE YOU BEEN IN A PROGRAM? _____

LIST OTHER PROGRAMS YOU HAVE BEEN TO: _____

ARE YOU CURRENTLY IN DRUG COURT? _____ WHERE? _____

NAME OF COUNSELOR OR CASE WORKER: _____

PHONE NUMBER: _____ DO YOU REPORT TO DRUG TESTING? _____

WHEN? _____ WHERE? _____

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5. LEGAL STATUS

HAVE YOU EVER BEEN ARRESTED? ____ NUMBER OF TIMES? _____

DATE: ____ CHARGE: _____ CONVICTED: ____ SENTENCE: ____ SERVED: ____

DATE: ____ CHARGE: _____ CONVICTED: ____ SENTENCE: ____ SERVED: ____

DATE: ____ CHARGE: _____ CONVICTED: ____ SENTENCE: ____ SERVED: ____

DATE: ____ CHARGE: _____ CONVICTED: ____ SENTENCE: ____ SERVED: ____

DO YOU CURRENTLY HAVE ANY PENDING CHARGES? ____ CHARGE: _____

COURT DATE: _____ WHERE? _____

DO YOU CURRENTLY HAVE ANY WARRANTS? ____ WHERE? _____

WHAT ARE THE CHARGES? _____

NAME AND CONTACT INFORMATION OF YOUR ATTORNEY (IF APPLICABLE): _____

HAVE YOU BEEN ON, OR CURRENTLY ON PROBATION? ____

TIME REMAINING ON PROBATION: _____

NAME OF PROBATION OFFICER: _____

ADDRESS: _____ PHONE NUMBER: _____

HOW DO YOU REPORT TO YOUR PO? _____ FREQUENCY: _____

EAGLE'S WINGS MINISTRIES INTAKE FORM

6. EDUCATION

HIGHEST LEVEL OF EDUCATION COMPLETED OR DEGREE EARNED: _____

TECHNICAL TRAINING OR EDUCATION: _____

LIST ANY SPECIAL SKILLS OR EXPERIENCE YOU MAY HAVE: _____

7. FINANCIAL STATUS

HOW DO YOU CURRENTLY SUPPORT YOURSELF FINANCIALLY? _____

DO YOU RECEIVE WELFARE, UNEMPLOYMENT COMPENSATION, DISABILITY,
WORKER'S COMPENSATION, ALIMONY, VA BENEFITS OR ANY OTHER TYPE OF
INCOME? _____ AMOUNT RECEIVED: _____

EXPLAIN: _____

8. SPECIAL CONDITIONS AND CONFIDENTIALITY ISSUES

WHAT IS PRESENTING A PROBLEM IN YOUR LIFE TODAY AS YOU SEE IT? (EXPLAIN IN
YOUR OWN WORDS WHY YOU ARE HERE AND WHAT HELP DO YOU WANT FROM OUR
PROGRAM) _____

LIST YOUR GREATEST NEEDS IN ORDER OF PRIORITY: _____

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HAVE YOU EVER HAD THOUGHTS OF ENDING YOUR OWN LIFE OR THE LIFE OF SOMEONE ELSE? _____ EXPLAIN: _____

HAVE YOU EVER BEEN SEXUALLY, EMOTIONALLY, OR PHYSICALLY ABUSED? _____

WHEN DID THE ABUSE OCCUR? _____

WAS IT REPORTED? _____ WERE THERE ANY ARRESTS OR CHARGES FILED AS A RESULT? _____ DID YOU RECEIVE TREATMENT OR COUNSELING? _____

ARE YOU CURRENTLY SEEING A COUNSELOR OR THERAPIST? _____

NAME OF COUNSELOR/THERAPIST: _____

PHONE NUMBER _____

9. MEDICAL INFORMATION

RATE YOUR GENERAL HEALTH: EXCELLENT _____ GOOD _____ FAIR _____ POOR _____

DO YOU HAVE ANY CURRENT MEDICAL CONCERNS ABOUT YOUR HEALTH? _____

EXPLAIN: _____

DO YOU HAVE, OR HAVE YOU HAD ANY MEDICAL CONDITION THAT WOULD KEEP YOU FROM WORKING? _____

EXPLAIN: _____

LIST ANY CONTAGIOUS OR COMMUNICABLE DISEASES YOU MAY HAVE: _____

EAGLE'S WINGS MINISTRIES INTAKE FORM

LIST ANY HEALTH PROBLEMS OR HANDICAPS: _____

NAME OF DOCTOR: _____ PHONE NUMBER: _____

DO YOU HAVE MEDICAL INSURANCE? _____

NAME OF PROVIDER: _____ POLICY NUMBER _____

LIST ALL CURRENT MEDICATIONS THAT YOU ARE TAKING:

MEDICINE	DOSE	FREQUENCY	DOCTOR	REASON

LIST ANY MEDICATIONS YOU FEEL YOU SHOULD BE OR NEED TO BE TAKING:

MEDICINE	DOSE	FREQUENCY	DOCTOR	REASON

DO YOU HAVE ANY ALLERGIES? _____

EAGLE'S WINGS MINISTRIES INTAKE FORM

HAVE YOU EVER BEEN HOSPITALIZED? _____ EXPLAIN: _____

HAVE YOU EVER UNDERGONE ANY TYPE OF SURGERY? _____ EXPLAIN: _____

HAVE YOU EVER BEEN DIAGNOSED WITH A MENTAL ILLNESS? _____ WERE YOU HOSPITALIZED? _____

HOSPITAL/INSTITUTION: _____

DOCTOR: _____ PHONE: _____

10. AGREEMENT

I, _____, ACKNOWLEDGE THAT THE PRECEDING INFORMATION IS CORRECT AND TRUTHFUL. I UNDERSTAND THAT ANY FALSE OR WITHHELD INFORMATION MAY BE GROUNDS FOR IMMEDIATE DISMISSAL FROM THE PROGRAM.

PARTICIPANT: _____ **DATE:** _____

DIRECTOR/STAFF: _____ **DATE:** _____

EAGLE'S WINGS MINISTRIES INTAKE FORM

CONSENT FOR RELEASE OF INFORMATION

I, _____, HEREBY AUTHORIZE EAGLE'S WINGS MINISTRIES TO RELEASE ANY COURT, PROBATION OR COURT REFERRAL OFFICE, ANY INFORMATION PERTAINING TO ME FOR THE PURPOSE OF COURT. I AGREE TO RELEASE FROM ALL LIABILITY AND RESPONSIBILITY ALL PERSONS OR CORPORATIONS REQUESTING OR SUPPLYING SUCH INFORMATION. I REALIZE THAT ALL INFORMATION WILL BE KEPT CONFIDENTIAL AND IS TO BE USED FOR THE SOLE PURPOSE OF THE COURT. THIS AGREEMENT IS IN EFFECT UNTIL I LEAVE EAGLE'S WINGS MINISTRIES, OR REVOKE IT IN WRITING.

I ACKNOWLEDGE THAT I HAVE READ FULLY UNDERSTAND THE ABOVE AGREEMENT.

CLIENT: _____ **DATE:** _____

STAFF: _____ **DATE:** _____

EAGLE'S WINGS MINISTRIES INTAKE FORM

RELEASE OF INFORMATION

I, _____, HEREBY CONSENT AND/OR AUTHORIZE
EAGLE'S WINGS MINISTRIES TO RELEASE ALL PERTINENT INFORMATION OF MY
WELL-BEING AND PROGRESS TO THE PERSON/PERSONS LISTED BELOW.

NAME: _____

NAME: _____

NAME: _____

NAME: _____

NAME: _____

NAME: _____

CLIENT: _____ **DATE:** _____

STAFF: _____ **DATE:** _____

EAGLE'S WINGS MINISTRIES INTAKE FORM

DRUG TESTING CONSENT FORM

I, _____, HAVE REVIEWED AND READ THE EAGLE'S WINGS MINISTRIES POLICY ON RANDOM DRUG TESTING OF CLIENTS PARTICIPATING IN THE PROGRAM AND ITS IMPLEMENTING RULES. I UNDERSTAND THAT AS A CONDITION OF PARTICIPATING IN THE EAGLE'S WINGS MINISTRIES PROGRAM I WILL BE SUBJECT TO RANDOM URINALYSIS TESTS FOR DETECTION OF PROHIBITED SUBSTANCES AND MAY ALSO BE TESTED ON THE BASIS OF REASONABLE SUSPICION. I ACCEPT THE METHOD OF OBTAINING URINE SPECIMENS, TESTING AND ANALYSIS OF URINE SPECIMENS AND ALL OTHER RULES OF EAGLE'S WINGS MINISTRIES, WHICH INVOLVE RANDOM DRUG TESTING OF CLIENTS INVOLVED IN THE PROGRAM. I AGREE TO FULLY COOPERATE WITH THE TESTING PROCEDURES.

I CONSENT TO THE LIMITED DISCLOSURE OF THE SAMPLING, TESTING AND RESULTS OF THE TESTING AS PROVIDED FOR IN THE POLICY AND THE RULES, AND TO THAT EXTENT ANY RIGHT TO NON-DISCLOSURE PROVIDED FOR BY STATE OR FEDERAL STATUTE.

CLIENT: _____ DATE: _____

STAFF: _____ DATE: _____

EAGLE'S WINGS MINISTRIES INTAKE FORM

RANDOM SEARCH CONSENT FORM

I, _____, HEREBY UNDERSTAND THAT AS A CLIENT OF EAGLE'S WINGS MINISTRIES THAT I AM SUBJECT TO RANDOM SEARCH AND SEIZURES OF ANY ILLEGAL CONTRABAND NOT ALLOWED BY THE CENTER OR ITS DIRECTORS. I FULLY UNDERSTAND THAT THE AREAS OF THE SEARCH INCLUDE BUT ARE NOT LIMITED TO PERSONS, PERSONAL SPACE, BELONGINGS, ETC. I UNDERSTAND THAT AS A CLIENT I WILL FOLLOW ALL RULES AND REGULATIONS OF EAGLE'S WINGS MINISTRIES AND NOT DOING SO IS CAUSE FOR DISCIPLINARY ACTION TO INCLUDE DISMISSAL FROM THE PROGRAM.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT.

CLIENT: _____ DATE: _____

STAFF: _____ DATE: _____

EAGLE'S WINGS MINISTRIES INTAKE FORM

PASTORAL COUNSELING CONSENT FOR RELEASE

I, _____, AUTHORIZE EAGLE'S WINGS MINISTRIES TO RELEASE TO MY ASSIGNED PASTORAL COUNSELOR, ANY INFORMATION PERTAINING TO ME FOR THE PURPOSE OF OBTAINING THE MOST QUALIFIED SERVICES FOR ME. I AGREE TO RELEASE FROM ALL LIABILITY AND RESPONSIBILITY ALL PERSONS OR CORPORATIONS REQUESTING OR SUPPLYING SUCH INFORMATION. I REALIZE THAT ALL INFORMATION WILL BE KEPT CONFIDENTIAL AND IS TO BE USED FOR THE SOLE PURPOSE TO HELP ME IN MY PERSONAL CHRISTIAN COUNSELING AND REESTABLISHING MYSELF WITHIN THE COMMUNITY. THIS AGREEMENT IS IN EFFECT UNTIL I LEAVE THE PROGRAM OR REVOKE IT IN WRITING.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT.

CLIENT: _____ DATE: _____

STAFF: _____ DATE: _____

EAGLE'S WINGS MINISTRIES INTAKE FORM

STATEMENT OF VOLUNTEER

I HEREBY STATE THAT I AM VOLUNTEERING TO PERFORM WORK DUTIES FOR EAGLE'S WINGS WITHOUT EXPECTATION THAT I WILL BE PAID WAGES OR SALARY OR ANY TYPE OF COMPENSATION FOR THIS WORK. I AM SERVING AS A VOLUNTEER AND **NOT** AN EMPLOYEE.

AS A VOLUNTEER, I REALIZE THAT I HAVE NO LEGAL CLAIMS FOR MINIMUM WAGE, OVERTIME, UNEMPLOYMENT COMPENSATION, OR ANY OTHER PROVISIONS OF LAW FOR EMPLOYEES. RATHER, IT IS MY DESIRE TO HELP EAGLE'S WINGS ACCOMPLISH ITS CHRIST CENTER PURPOSE WHILE A CLIENT OF EAGLE'S WINGS MINISTRIES PROGRAM.

I ALSO ACKNOWLEDGE THAT THIS PROGRAM AND THE GUIDANCE AND THE TRAINING IT PROVIDES IS AN OPPORTUNITY THAT IN MOST SECULAR AND MEDICAL PROGRAMS COULD COST AS MUCH AS \$500.00 PER DAY. I AGREE TO WORK WITH AND FOR THIS PROGRAM IN A SPIRIT OF EXCELLENCE AND GRACE TO HELP COMPENSATE FOR THE COST OF ME BEING HERE.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE AGREEMENT.

CLIENT: _____ DATE: _____

STAFF: _____ DATE: _____

EAGLE'S WINGS MINISTRIES INTAKE FORM

EAGLE'S WINGS MINISTRIES CLIENT AGREEMENT

I, _____, HAVE READ THE RULES, REGULATIONS, POLICIES, PROCEDURES AND CONSENTS THAT HAVE BEEN PROVIDED TO ME IN THE EAGLE'S WINGS GUIDELINES. I UNDERSTAND FULLY THAT THE PROGRAM FOUNDER, PROGRAM DIRECTOR(S), OR BOARD OF DIRECTORS MAY AMEND THESE RULES AT ANY TIME. I ALSO UNDERSTAND THAT THESE RULES ARE NOT "ALL-INCLUSIVE" AND THAT THE OTHER RULES MAY BE IMPOSED THROUGH POSTED NOTICE OR VERBAL INSTRUCTIONS TO CLIENTS BOTH INDIVIDUALLY AND CORPORATELY. ANY DISCIPLINARY ACTION, REGARDLESS OF STATED POLICY, WILL BE ADMINISTERED ON A CASE-BY-CASE BASIS AND SOLELY AT THE DISCRETION OF THE DIRECTORS. I UNDERSTAND THAT I AM A GUEST HERE, AND SUCH AS; I VOLUNTEER MY SERVICES TO EAGLE'S WINGS MINISTRIES TO AID IN MY RECOVERY AS WELL AS THAT OF THE OTHER CLIENTS. AS A GUEST I ALSO UNDERSTAND THAT I AM SUBJECT TO DISMISSAL FROM THE PROGRAM AT ANY TIME.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT.

CLIENT: _____ DATE: _____

STAFF: _____ DATE: _____