



Abel Ministries Program Application

Abel Ministries is a Christ-Centered 12 month transitional recovery program. Our program is a male only program. Our program teaches men with life controlling issues to take responsibility for themselves, be a part of community, and allow God to reshape their lives. The vision and goal of Abel Ministries transitional program is to provide a safe, Christ-filled environment for you to recover and grow in the Lord. We believe God has great plans for your life. To be accepted into the Abel Ministries Transitional Recovery Program it requires a one-year commitment. To help you prepare for the upcoming seasons of your life, we have three foundational standards you must agree to. This is known as our “Covenant” agreement. As you agree to the following, we are entering into a yearlong covenant.

Spiritual Life: You must be willing to participate in all church services, scheduled classes, program events and outreach initiatives.

Dating: This season is meant for you to establish yourself in the Lord and develop your capacity for responsibility in other areas of life. We are asking for a 1-year commitment to put dating off while in the transitional program.

Savings: In order to prepare for the next season of your life you must be willing to commit to a weekly savings plan.

If you are willing to participate in our program and abide by these 3 guidelines please fill out the following application. The following application is the beginning of the assessment process. Applications are responded to 48 hours after submission.

If you have a question, or would like to check the status of an application, please call or email the Abel help line. Abel help line number: 334-734-2365. Abel help email: help@abelministry.com

***WE ARE NOT A DETOX FACILITY.** However we can help coordinate a detox safety plan before entering into our program.

***PLEASE PROVIDE A PHONE NUMBER OR EMAIL ADDRESS THAT WE CAN CONTACT YOU WITH.**

Personal Information

Full Name (Including Middle Name): _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____

Marital Status: Single Married Divorced (Circle One)

Social Security #: _____

Do you have a valid Driver's License? (Circle One) Yes/No

Why are you interested in completing a recovery program?

Have you ever been to a faith-based recovery program before? (Circle One) Yes/No

If yes, please write something that impacted you for the better about the program. Also, please write something you think could have been better about the program.

Did you graduate from the program(s) you attended? (Circle One) Yes/No

What do you hope to accomplish by completing a recovery program? And what would you like your life to look like in the next 3 years?

Health Questions

Do you have any health concerns? (Circle One) Yes/No

Are you required to take any medications? (Circle One) Yes/No

If yes, what are the medications?

Are you required to see a doctor for any ongoing health issues? (Circle One) Yes/No

Are you disabled? (Circle One) Yes/No

Do you have any health issues that would restrict you from working? (Circle One) Yes/No

Have you ever been diagnosed with any mental health disorders? (Circle One) Yes/No

If yes, please explain the diagnosis. Do you have any concerns about your mental health at this time?

Please describe your Drug Use history:

Have you ever been in detox or had withdrawal symptoms? (Circle One) Yes/No

If yes, please explain:

Legal Questions

This will help us advocate with the court or probation if necessary. Please fill this out to the best of your ability.

Do you have any open court cases at this time? (Circle One) Yes/No

If yes, please list what county, state, and court dates.

What are your current pending charges?

Are you on probation, or any court ordered supervision? (Circle One) Yes/No

Do you have a probation officer? If yes, please put their information below (County, State, Probation Officer Name, Officer Contact Information-Phone Number, Email)

Have you ever been charged with domestic violence? (Circle One) Yes/No

Are you required to register as a sex offender? (Circle One) Yes/No

Work Questions

Are you willing to work full time? (Circle One) Yes/No

What is your ideal job?

Do you have any job training?

Are you willing to participate in job training classes? (Circle One) Yes/No

What was your last job?

What was your longest period of employment?

Did you graduate high school or receive a GED? (Circle One) Yes/No

Family Questions

Please explain what your family life was like growing up? Who did you grow up with? What town did you grow up in?

What is your family like now? Are you close?

Emergency Contact Information:

Name & Relation: _____

Phone Number: _____

How did you find out about the Abel Ministries Program?

Please list any other information we should know about you below:

Applicant's Signature: _____ **Today's Date:** _____