

## **APPLICATION TO BECOME A RESIDENT AT THE GOSPEL TLC** **MALES ONLY**

### **NOTE TO THE APPLICANT:**

If you want to be in our program, you must get your own transportation here (The Gospel TLC, 3404 Cross Pointe Blvd., Weston, WI 54476, 715-393-8575). We will not pick you up, unless there has already been a pre-arranged transportation in place that's been approved by the Executive Director, Yauo Yang. Once you've arrived, there is not a guarantee that you will be admitted into the program. If someone is taking you here, they should stay until you've completed the entire intake process which will take about 2-3 hours, just in case you don't get into the program.

There is a one-time, non-refundable "Return Transportation Fee" (cash or money order only) per application once you are admitted into the program. This fee must be paid before you are allowed into the program. This fee is used to cover the amount of what it would cost for return transportation to where they came from (see info below). This fee is required of all residents, even if a person comes into the program with their own car. If this application fee is not received, the applicant will not be able to be admitted into our program. The Return Application Fee is determined based on where you are coming from:

-If you live around the Wausau metro area, the fee will be \$25.

-If you live outside of the Wausau metro area, but still within Marathon County the fee will be \$65.

-If you live outside of Marathon County, but still within Wisconsin the fee will be \$100.

-If you live outside of Wisconsin, the fee will be determined based on how far you live from The Gospel TLC. Please call our phone number so we can tell you what that dollar amount will be.

**BEFORE YOU PROCEED TO FILL OUT THIS APPLICATION, IT IS VERY IMPORTANT THAT READ YOU AND UNDERSTAND THE INFORMATION BELOW ABOUT OUR PROGRAM.**

**YOU MUST KNOW THAT THE GTLC IS:**

1. A Christ-centered program because we believe that Jesus is the only answer. Everything that we do is based upon the Christian faith. You don't have to be a Christian to be here, but you must be:
  - 1.) Respectful to our Christian faith
  - 2.) Receptive to the Christian faith.
 We will learn about God through the Bible, go to church, sing to God, pray to God, etc. Here at The Gospel TLC, we believe that there is only one way to TRANSFORMATION and that is through Jesus Christ! If you are totally against this, The Gospel TLC will not be a good fit for your TRANSFORMATIONAL process.
2. A positive, sober living environment. The only way to help an addict is for them to be in a sober and positive environment that is free from all negativity and temptations. For this reason, we will not allow drugs (including Methadone & Suboxone). Doctor prescribed meds are okay. Smoking and vaping will be allowed outside the building when first entering the program but a program goal is to be off nicotine or nicotine substitutes before graduation). There will be no alcohol (including mouthwash), weapons, pornography, gambling, fighting, disrespect, sexual activities, clothing that are not Christ-like to be in our program and/or other activities/things that we may deem to not be appropriate. Individuals that break these rules may be removed from the program. You will be given random UA's and searches.
3. We cannot and will not force you to stay in our program. You are free to leave at any time. Having said that, we will contact the right authorities if you leave (probation & parole, etc.) if you are court ordered to be here. If you decide that you want to come back after you leave, that will be at the discretion of the Executive Director. You will have to go through a re-entry process to come back into the program.
4. A program that requires everyone to TRANSFORM their own lives for the better. You must first be willing to help yourself! When you do that, we will be able to better help you. You are the only person that can change yourself. You have to want this for yourself! If you are looking for another program to "just go through" because you're not done yet with your old ways, please save yourself and our staff the time and resources by not filling out this application. We are only here to help those who truly want to help themselves. We are not a temporary homeless shelter.

5. You will not be able to use your cellphone when you are first initially here, but if you have to call out, we will have our program phones for that purpose (will be monitored). Access to cellphones and other devices will be permitted gradually over time.
6. A program where you need to abide by our rules and schedules. If you want to play by your own rules, we will not be the right program for you and you could possibly be removed. We have established our program rules because we feel this is what is best for the program. If you don't like the rules, you don't have to be here.
7. All residents must pass a 30-day probation period to show us that they are wanting to commit to TRANSFORMATION. If you don't pass the probation period, you will be asked to leave our program at the 30-day mark or sooner. Each resident must also show progress towards achieving their phase goals. These goals will be discussed with the resident.
8. When you get admitted into the program, you have the option to sign up for our "Short Term Program" (1-3 months) or our "Long Term Program" (12-18 months, most ideal).
9. The program fee is \$2,000 per resident, per month. There will be scholarship opportunities available for those that qualify. If you do receive a monthly income, we ask that you please contribute 33% of your income towards the program cost on a monthly basis. If someone (family, friends, church, etc.) that can help pay for your stay, we encourage them to help on a monthly basis. This can be discussed with the Executive Director.
10. You must not be in any type of courting relationship (seeing someone, dating someone, "talking with someone", etc.). If you are currently in a courting relationship, this program won't work for you. We want you to be completely focused on yourself TRANSFORMATION when you are staying at GTLC. The only exemption to this rule is if you are legally married and/or possibly engaged.

By signing below, I have read the above information, understand and agree to the program requirements.  
 Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HONESTY IS THE BEST POLICY AS YOU FILL OUT THIS APPLICATION!** *We are not looking for you to fake or lie with your answers so we need you to please be truthful. The more honest you are in the application, the better it will be for you to be admitted into our program and for us to assist you. If we find out later that there is dishonesty in your application, you could be denied and also later that could be grounds for removal from the program. We will CCAP your name and do a background check. Please write legibly. If you need help filling out this form, please let us know so we can help you. Please complete the entire application before turning it in. We will need to see a government issued ID. This application will only remain with the staff of GTLC.*

### **1. THE GOSEPL TLC**

Is this the first time you're applying to become a resident at GTLC?

YES \_\_\_\_\_

NO \_\_\_\_\_

How many times have you applied? \_\_\_\_\_ When was the last time you applied: \_\_\_\_\_

Which program are you applying for?

-Short Term (3 or less months) \_\_\_\_\_

-Long Term (12-18 months) \_\_\_\_\_

How did you hear about The Gospel TLC? \_\_\_\_\_

Did someone refer you here?

YES \_\_\_\_\_

Name of person and organization: \_\_\_\_\_

NO \_\_\_\_\_

Are you being court ordered to be here?

YES \_\_\_\_\_

Name of lawyer & judge & contact info: \_\_\_\_\_

NO \_\_\_\_\_

When are you able to start the program?

NOW \_\_\_\_\_

LATER \_\_\_\_\_

Please provide date and explain: \_\_\_\_\_

Have you stayed at The Gospel TLC before?

YES \_\_\_\_\_

When were you last here? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Why should we allow you back? \_\_\_\_\_

NO \_\_\_\_\_

Did someone help you to fill out this application?

YES \_\_\_\_\_

First and last name of person and their position or title of their organization: \_\_\_\_\_

NO \_\_\_\_\_

## **2. PERSONAL INFORMATION**

First/Last Name: \_\_\_\_\_ Nickname(s): \_\_\_\_\_

Today's date: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Your age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Best phone number to reach you: \_\_\_\_\_

Email (if you have one): \_\_\_\_\_

If you are on Facebook, what's your Facebook name(s)? \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address of where you're currently staying (if applicable): \_\_\_\_\_

What city were you living in before coming to The Gospel TLC? \_\_\_\_\_

Why do you want to leave that place? \_\_\_\_\_

Please list the different types of help that you are needing: \_\_\_\_\_

What types of abuse have you been through? \_\_\_\_\_

Who has abused you in the past: \_\_\_\_\_

Are you a cutter?

YES \_\_\_\_\_

How long have you been cutting? \_\_\_\_\_ Date you last cut yourself: \_\_\_\_\_

NO \_\_\_\_\_

Growing up, who did you live with? \_\_\_\_\_

What do you enjoy doing for fun (hobbies)? \_\_\_\_\_

What are some things that you are good at? \_\_\_\_\_

Have you been homeless before (includes couch surfing and staying with other people)?

YES \_\_\_\_\_

How long have you been homeless before? \_\_\_\_\_

NO \_\_\_\_\_

Do you have a way of getting back to where you came from?

YES \_\_\_\_\_

How can you get back to where you're coming from? \_\_\_\_\_

NO \_\_\_\_\_

Are you on the ankle bracelet?

YES \_\_\_\_\_

How long will you be on it until? \_\_\_\_\_

NO \_\_\_\_\_

Circle your highest level of education that you have completed:

8<sup>th</sup> Grade or lower      9<sup>th</sup> Grade      10<sup>th</sup> Grade      11<sup>th</sup> Grade      12<sup>th</sup> Grade  
 Tech Degree & degree received: \_\_\_\_\_ Associates Degree & degree received \_\_\_\_\_  
 Bachelor's Degree & received: \_\_\_\_\_ Master's Degree & degree received \_\_\_\_\_  
 Doctorates & degree received: \_\_\_\_\_

Did you have a diagnosed learning disability in school?

YES \_\_\_\_\_

What subject(s) did you have a learning disability in? \_\_\_\_\_

NO \_\_\_\_\_

Did you enjoy school and why? \_\_\_\_\_

Marital status: Married \_\_\_\_\_ Divorced \_\_\_\_\_, how many times divorced? \_\_\_\_\_ Never been married \_\_\_\_\_

Do you currently have a courting relationship with a: Boyfriend \_\_\_\_\_ Girlfriend: \_\_\_\_\_ Engaged: \_\_\_\_\_ None: \_\_\_\_\_

Explain: \_\_\_\_\_

Do you have any biological children?

YES \_\_\_\_\_

How many? \_\_\_\_\_ What are their ages? \_\_\_\_\_ Where do they live? \_\_\_\_\_

What are your custody rights to your children? \_\_\_\_\_

Do you still owe child support?

YES \_\_\_\_\_, how much a month? \_\_\_\_\_

NO \_\_\_\_\_

NO \_\_\_\_\_

Your father's full name: \_\_\_\_\_ Is he deceased? YES \_\_\_\_\_ NO \_\_\_\_\_

Where does he live? \_\_\_\_\_

What's your relationship like with him? \_\_\_\_\_

Your mother's full name: \_\_\_\_\_ Is she deceased? YES \_\_\_\_\_ NO \_\_\_\_\_

What's your relationship like with her? \_\_\_\_\_

Where does she live? \_\_\_\_\_

Are your parents divorced? YES \_\_\_\_\_ NO \_\_\_\_\_

How many siblings do you have? \_\_\_\_\_

What's your relationship with your siblings like? \_\_\_\_\_

Are you a convicted felon?

YES \_\_\_\_\_

What are your felonies? \_\_\_\_\_

Dates of your felony conviction(s)? \_\_\_\_\_

NO \_\_\_\_\_

Have you been incarcerated before?

YES \_\_\_\_\_

If "YES," when was your last release date? \_\_\_\_\_

If "YES," what have you been incarcerated for? \_\_\_\_\_

If "YES," how many months or years have you been locked up for? \_\_\_\_\_

If "YES," what years were you locked up? \_\_\_\_\_

NO \_\_\_\_\_

Do you have any "Open Case(s)?"

YES \_\_\_\_\_

If "YES," what is the case related to? \_\_\_\_\_

If "YES," who is your lawyer and/or a probation officer we can talk to?

Lawyer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do we have your permission to contact your lawyer? YES \_\_\_\_\_ NO \_\_\_\_\_

PO's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If "YES," are you looking at potentially being incarcerated in the future related to your open case(s)? Explain: \_\_\_\_\_

Where are your open cases located in? \_\_\_\_\_

NO \_\_\_\_\_

Have you ever been convicted of a sex crime?

YES \_\_\_\_\_

When? \_\_\_\_\_

How many times have you been convicted? \_\_\_\_\_

Who were these sex crimes against? \_\_\_\_\_

NO \_\_\_\_\_

Are you a registered sex offender?

YES \_\_\_\_\_

I need to be registered until? \_\_\_\_\_

I'm on the lifetime registry. \_\_\_\_\_

NO \_\_\_\_\_

Are you allowed to use technology devices (Examples: phone, Ipad, computer, etc.) to access the internet?

YES \_\_\_\_\_

NO \_\_\_\_\_

Explain: \_\_\_\_\_

Do you have any court ordered classes during the daytime?

YES \_\_\_\_\_ Days &amp; Time: \_\_\_\_\_ What Classes? \_\_\_\_\_

When will you be done with these classes? \_\_\_\_\_

NO \_\_\_\_\_

Do you have a valid driver's license?

YES \_\_\_\_\_

NO \_\_\_\_\_

How did you lose your driver's license? \_\_\_\_\_

How long ago? \_\_\_\_\_

Have you tried to get your license back? \_\_\_\_\_

What do you need to do to get your license back? \_\_\_\_\_

Have you served in the U.S. Armed Forces?

YES \_\_\_\_\_

What branch of the military? \_\_\_\_\_

What was your MOS (military occupational specialty)? \_\_\_\_\_

What years did you serve? \_\_\_\_\_

Were you honorably discharged? YES \_\_\_\_\_ NO \_\_\_\_\_, explain: \_\_\_\_\_

Have you worked with the VA? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you been diagnosed with a military related disability?

YES \_\_\_\_\_

List your disability: \_\_\_\_\_

NO \_\_\_\_\_

Do you receive any monthly VA disability compensation?

YES \_\_\_\_\_

Compensation amount per month: \_\_\_\_\_

List your compensated disability: \_\_\_\_\_

NO \_\_\_\_\_

NO \_\_\_\_\_

Do you have medical insurance?

YES \_\_\_\_\_

Name of the medical insurance: \_\_\_\_\_

NO \_\_\_\_\_

Do you have a health care provider?

YES \_\_\_\_\_

Name of the medical facility: \_\_\_\_\_

Name of the doctor: \_\_\_\_\_

NO \_\_\_\_\_

In the past, what health issues have you been seen for? \_\_\_\_\_

Do you have any current medical issues that our staff needs to know about for your safety and wellbeing?

YES \_\_\_\_\_

Explain: \_\_\_\_\_

NO \_\_\_\_\_

Are you currently taking any doctor prescribed medications?

YES \_\_\_\_\_

Name of medication: \_\_\_\_\_ What is it used for? \_\_\_\_\_

Name of medication: \_\_\_\_\_ What is it used for? \_\_\_\_\_

Name of medication: \_\_\_\_\_ What is it used for? \_\_\_\_\_

NO \_\_\_\_\_

Are you currently taking any NON-doctor prescribed medicine?

YES \_\_\_\_\_

Name of medicine: \_\_\_\_\_ What is it used for? \_\_\_\_\_

NO \_\_\_\_\_

Do you have a DIAGNOSED disability?

YES \_\_\_\_\_

What diagnosis? \_\_\_\_\_

NO \_\_\_\_\_

Do you think you have a disability that HAS NOT BEEN DIAGNOSED?

YES \_\_\_\_\_

What diagnosis? \_\_\_\_\_

NO \_\_\_\_\_

Do you have a bank account?

YES \_\_\_\_\_

Name of bank? \_\_\_\_\_

How many people are on this bank account? \_\_\_\_\_

NO \_\_\_\_\_

Are you currently attending any counseling services in the community?

YES \_\_\_\_\_

Where?: \_\_\_\_\_ How long have you been going there? \_\_\_\_\_

When?: \_\_\_\_\_ How often?: \_\_\_\_\_

What are you being seen for? \_\_\_\_\_

If you get accepted into GTLC, do you want to continue to see your counselor? YES\_\_ NO\_\_

NO \_\_\_\_\_

### **3. SPIRITUALITY**

What spiritual belief(s) have you believed in the past?

A. Christianity      B. Jewish      C. Islam      D. Wicca/Satanism      E. Shamanism

F. Buddhism      G. Agnostic      H. Atheist      I. Other: \_\_\_\_\_

What spiritual belief(s) do you have right now?

A. Christianity      B. Jewish      C. Islam      D. Wicca/Satanism      E. Shamanism

F. Buddhism      G. Agnostic      H. Atheist      I. Other: \_\_\_\_\_

If you are a Christian, what is the church that you would say you attend or has last attended?

Name of church: \_\_\_\_\_

City & state of church: \_\_\_\_\_

Name of pastor of the church: \_\_\_\_\_

When did you last attend this church?: \_\_\_\_\_

The most important aspect of GTLC is that we believe in Jesus Christ as our Lord and Savior. Again, you don't have to be a Christian or a believer of Jesus to be a part of The Gospel TLC. That being said, a major part of our program centers around doing Christian activities such as: singing songs of praise and worship to God, going to church, reading the Bible, praying to God, etc. If you aren't a believer of the Christian faith, but still want to be in our program, we ask two things: 1.) Respect to the Christian faith 2.) Receptive (open to the idea) to Christianity. A resident could be denied/dismissed, if these two critical components are not met. Please print name and then sign below acknowledging that you understand and agree to being Respectful and Receptive while being here at GTLC. I will be 1.) Respectful and 2.) Receptive to this Christian program. YES \_\_\_\_\_ NO \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **4. DRUG & SUBSTANCE ABUSE HISTORY**

What drugs/chemicals have you used in the past: \_\_\_\_\_

At what age did you start to experiment with: Drugs \_\_\_\_\_ Alcohol: \_\_\_\_\_ Sex: \_\_\_\_\_ Criminal: \_\_\_\_\_

Other (Please explain): \_\_\_\_\_

What was your last date of relapse? \_\_\_\_\_ What did you relapse on? \_\_\_\_\_

What is your drug of choice? \_\_\_\_\_

What are your triggers for relapse? \_\_\_\_\_

How do you know your slipping back into relapse? \_\_\_\_\_

What are your effective coping strategies? \_\_\_\_\_

Who do you use with? \_\_\_\_\_

Where do you usually use at? \_\_\_\_\_

How have you tried to stay sober in the past? \_\_\_\_\_

What's the longest you have stayed sober? \_\_\_\_\_

Have you ever overdosed before?

YES \_\_\_\_\_

What have you overdosed on? \_\_\_\_\_

How many times have you overdosed? \_\_\_\_\_

Date of your last overdose? \_\_\_\_\_

NO \_\_\_\_\_

Have you been to a detox facility before?

YES \_\_\_\_\_

How many times? \_\_\_\_\_

Where? \_\_\_\_\_

When? \_\_\_\_\_

How was it? \_\_\_\_\_

NO \_\_\_\_\_

What side effects have you experienced while detoxing? \_\_\_\_\_

Have you been to drug treatment centers before?

YES \_\_\_\_\_

Where? \_\_\_\_\_

When? \_\_\_\_\_

What drug issues did you address? \_\_\_\_\_

Did the treatment help you?

YES, \_\_\_\_\_, Explain: \_\_\_\_\_

NO, \_\_\_\_\_, Explain: \_\_\_\_\_

NO \_\_\_\_\_

Have you attended NA or AA before?

YES \_\_\_\_\_

I have attended in the past, but don't right now. \_\_\_\_\_

I still attend NA or AA. \_\_\_\_\_

NO \_\_\_\_\_

\*\*\*We provide our own "in house" recovery meeting. Residents at GTLC will not be allowed to attend community recovery group meetings.

Do you currently have a sponsor?

YES \_\_\_\_\_

Name of person: \_\_\_\_\_ Their cell phone number: \_\_\_\_\_

NO \_\_\_\_\_

Do you currently have any drugs, alcohol, weapons in your possession or anything else that we need to know of that is illegal or could cause harm? Before you are admitted into the program, we will check you and your belongings to make sure that there is nothing that you are not supposed to have. If you do have anything that will be banned by our program, we will take these items from you and you will not get them back. Please be honest with us now. We don't want to find these banned items later from you. It's better for you to be honest and upfront with us. Just because you have these items with you now, does not mean that you will be denied into the program. We want you to be honest with us from the start of this TRANSFORMATIONAL program.

YES \_\_\_\_\_

Please List: \_\_\_\_\_

NO \_\_\_\_\_

### **5. WORK HISTORY**

Do you currently have a job?

YES \_\_\_\_\_

Where?: \_\_\_\_\_

Full Time? \_\_\_\_\_ or Part Time? \_\_\_\_\_ How long have you worked there? \_\_\_\_\_

Are you willing to leave that job to come so you can be in our program?

YES \_\_\_\_\_

NO \_\_\_\_\_, explain: \_\_\_\_\_

NO \_\_\_\_\_

What types of jobs have you had in the past? (examples would be factory, retail, restaurant, hotel, etc.)

What types of jobs (example welding, assembly, line work, customer service, cleaning etc.) are you good at?

What are the names of some places that you have worked before? \_\_\_\_\_

Explain why you left at these job(s) or why you have been let go? \_\_\_\_\_

When you are at work, what might you struggle with?

Reading

Writing

Math

Speaking

Listening/Hearing

Others

If you circled any of these, explain: \_\_\_\_\_

Do you have any other work limitations or restrictions?

YES \_\_\_\_\_

Explain: \_\_\_\_\_

NO \_\_\_\_\_

**PLEASE UNDERSTAND THAT IF YOU ARE ADMITTED INTO OUR LONG TERM "TRANSFORMATIONAL PROGRAM" (12-18 MONTHS), YOU MUST LEAVE THE CURRENT JOB THAT YOU ARE AT RIGHT NOW. LATER IN THE PROGRAM WE WILL HELP YOU TO GET A JOB.**



### **6. REFERENCES**

Who are three people that know you that we should talk to so we can find out more information about you? (friend, family member, co-worker, former supervisor, probation officer, pastor, etc.)

Person #1: \_\_\_\_\_ Who is this person to you? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ Phone number: \_\_\_\_\_

Person #2: \_\_\_\_\_ Who is this person to you? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ Phone number: \_\_\_\_\_

Person #3: \_\_\_\_\_ Who is this person to you? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_ Phone number: \_\_\_\_\_

### **7. PROGRAM COST**

Do you have a monthly source of financial income?

YES \_\_\_\_\_

Where does your money come from? \_\_\_\_\_

How much a month? \_\_\_\_\_

NO \_\_\_\_\_

Do you have people (family, friends, church, etc.) in your life that can help pay for your program cost?

YES \_\_\_\_\_

Who? \_\_\_\_\_

How are they related to you? \_\_\_\_\_

Why do they choose to support you? \_\_\_\_\_

How much a month can they contribute? \_\_\_\_\_

NO \_\_\_\_\_

### **8. HEALTH**

1. Do you have any of these symptoms that are not caused by another condition or have not been diagnosed?

Please circle all that you are experiencing right now:

- Fever or chills      • Cough      • Shortness of breath or difficulty breathing      • Fatigue
- Muscle or body aches      • Headache      • Recent loss of taste or smell      • Sore throat
- Congestion      • Nausea or vomiting      • Diarrhea      • Other: \_\_\_\_\_

2. If you are NOT fully vaccinated, have you been in close contact with anyone with COVID19 in the past 14 days?

Close contact is being within 6 feet for 15 minutes or more over a 24-hour period with a person; or having direct contact with fluids from a person with COVID-19 with or without wearing a mask (i.e., being coughed or sneezed on, etc.). YES \_\_\_\_\_ NO \_\_\_\_\_

3. Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test? YES \_\_\_\_\_ NO \_\_\_\_\_

4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection? YES \_\_\_\_\_ NO \_\_\_\_\_

5. Do you have lice or have been in close proximity to a person that has lice? YES \_\_\_\_\_ NO \_\_\_\_\_

6. Have you recently stayed at a place that had bed bugs? YES \_\_\_\_\_ NO \_\_\_\_\_

7. Do you have any diet restrictions or food allergies?

YES \_\_\_\_\_ Please explain: \_\_\_\_\_

NO \_\_\_\_\_

### **9. YOUR TRANSFORMATION**

What strengths do you come with to help you to make your TRANSFORMATION? \_\_\_\_\_

If you're accepted to become a resident at GTLC, what kind of help do you need in order to TRANSFORM your life? \_\_\_\_\_

Please explain in the space below why you should be admitted into our TRANSFORMATIONAL program? \_\_\_\_\_

How do you know you are done with your old life and are ready to TRANSFORM for the positive?

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How will you help yourself to TRANSFORM when you are staying at GTLC?

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How can we as GTLC staff help you TRANSFORM while you are staying here?

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List 3 specific goals that you have in order to TRANSFORM your life:

Goal #1: \_\_\_\_\_

Goal #2: \_\_\_\_\_

Goal #3: \_\_\_\_\_

Please use the space below to write anything else that we need to know about you or anything else that you want to explain or share with us so we can know more about you.

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**Next steps after filling out this application:**

1. Make sure that this application is completely filled out. Having an incomplete application will delay your intake process.
2. Mail or bring the completed application to: The Gospel TLC, 3404 Cross Pointe Blvd., Weston, WI 54476.
3. Once the application has been received and reviewed, we will contact you for an intake interview.
4. Arrive on time for your intake interview (will take 30-60 minutes).
5. Within 24 hours after your intake interview, we will contact you to let you know if you're admitted or not into our program.

\*\*\*Just because you've filled out an application and gone through the intake interview, it doesn't guarantee that you will be admitted into our program.

\*\*\*\*\*

THE PART BELOW IS TO BE FILLED OUT BY THE GOSPEL TLC STAFF ONLY.

Date application received: \_\_\_\_\_

Staff name receiving the application: \_\_\_\_\_

Name(s) of person(s) conducting intake interview and date: \_\_\_\_\_

INTAKE NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CCAP/BACKGROUND CHECK – PERFORMED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

REFERENCE CHECKS – PERFORMED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

RECEIVED COPY OF GOVERNMENT PHOTO ID? YES \_\_\_ NO \_\_\_

ID TYPE? \_\_\_\_\_ PHOTOCOPY OF ID ATTACHED TO APPLICATION: YES \_\_\_ NO \_\_\_

DID WE RECEIVE THEIR RETURN TRANSPORTATION FEE?:

YES: \_\_\_\_\_ TOTAL AMOUNT RECEIVED: \_\_\_\_\_ CASH? \_\_\_\_\_ CHECK? \_\_\_\_\_

NO: \_\_\_\_\_

CITY THEY COME FROM AND HOW DID THEY GET HERE? \_\_\_\_\_

DESCRIPTIONS OF THEIR PERSONAL BELONGINGS: \_\_\_\_\_

\_\_\_\_\_

WHICH PROGRAM ARE THEY DOING? SHORT TERM \_\_\_\_\_ LONG TERM \_\_\_\_\_

DECISION BELOW MUST BE APPROVED AND SIGNED BY EXECUTIVE DIRECTOR, YAUO YANG

APPROVED \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_ ADMITTANCE DATE: \_\_\_\_\_

NOT APPROVED \_\_\_\_\_ DATE: \_\_\_\_\_

REASONS WHY: \_\_\_\_\_

\_\_\_\_\_

EXEC. DIR. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES: \_\_\_\_\_

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