

Restoration Springs Application



Will Bright Foundation

The LORD will guide you continually, giving you water when you are dry and restoring your strength. You will be like a well-watered garden, like an ever-flowing spring.

Isaiah 58:11

Restoration Springs Application

Personal information

Legal Name:	Last Known Address:	Date:
Gender:	D.O.B.:	SSN:
Marital status:	Email if available:	Best way to reach you:
Additional contact name:	Additional contact number:	Relation of Contact to you:

Background/ Optional

Race:	Level of education completed:	Denomination Affiliation if Known:
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Legal

Are you presently probation, parole, TASC, Court referral, Community Corrections? If yes please list all below:	Supervisor/ Court Name and Contact Information?	Please any pending cases, charges and dates you currently have please list all below: <u>Charge:</u> <u>Date:</u> <u>County:</u> <u>Court date:</u>
Have you ever been to prison? If yes please list when, where and durations?	Are you a convicted sex offender? y/n	Please any past cases, charges and dates you currently have please list all below: <u>Charge:</u> <u>Date:</u> <u>County:</u> <u>Court date:</u>

Substance Abuse/ Rehab History

Primary drug of choice:	Second Drug of choice:	Please list all recent drugs used n the space below:
Have you previously attended a treatment center? y/n	If Yes Please, list the last location you attended and outcome or reason for leaving:	If Yes Please list the second to last location you attended and outcome or reason for leaving:

Medical

Please list any and all medical conditions :	List any all medications you are currently taking;																														
	<table border="1"> <thead> <tr> <th><u>Medication</u></th> <th><u>Dose</u></th> <th><u>RX date</u></th> <th><u>Quantity</u></th> <th><u>Physician</u></th> <th><u>Reason prescribed</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Medication</u>	<u>Dose</u>	<u>RX date</u>	<u>Quantity</u>	<u>Physician</u>	<u>Reason prescribed</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Job Skills

Last Job:	Work performed:	List all work skills:	Brief history:	Do you have current driver's license:
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Additional Questions

Question	Answer
How long have you been using?	
Please list your immediate family members and current status of your relationship with each:	
Where are you originally from?	
Do you have a spouse or significant other?	
Do you have children?	
How many, gender and ages of each?	
Where do they live?	
In your words what is your biggest and most immediate need?	
In the space provided below, please explain, in your words why you are seeking recovery and what you expect to get out of it:	Use an additional sheet of paper if necessary

Agreements:

- I understand that filling out this application does not guarantee admission to Restoration Springs.
- I understand that there may be additional background information needed at a later date.
- I understand that The Will Bright Foundation may look into the validity and accuracy of all information provided.
- I understand that failure to provide truthful and accurate information may result in my application being disqualified.
- I hereby authorize the release and use of all information pertaining to me for the purpose of obtaining the most qualified services available to help me. I agree to release from all liability and responsibility all persons and entities requesting or supplying such information. I realize that all information is to be used for the sole purpose to help me in my recovery process and reestablishing myself in the future.
- I understand that from time to time, The Will Bright Foundation may use my name, likeness and or picture for testimony and marketing purposes and I authorize such use.
- I acknowledge that I have read and understand all the statements that are made in herein.

Print Name: _____

Signature: _____

Date: _____

By signing I agree that all the above said statements and attest that all the information given is true to the best of my knowledge. I further understand that giving false statements or partially false information may result in disqualification from consideration.

First, thank you for considering the Will Bright Foundation as a potential partner in your recovery journey. Follow these instructions to apply to Restoration Springs. Please download this fillable pdf. or print it out. Once you have the application filled out, you can save the document to your device and email it to Judd Drake, our Program Director. No printer is needed. The email address for application submission is jdrake@willbrightfoundation.com