

PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS

APPLICATION TO **BURIED TREASURES HOME** (BTH) FOR WOMEN
Mail to: P.O. Box 720672 Byram, MS 39272

BTH is a Christ-centered residential recovery ministry for women focusing on *transition* from prison/addiction; *transformation* of mind, body and spirit; and *trusting* God, self and others. BTH provides a safe and realistic environment where a woman's Christian faith can grow and she can learn to live free and productively.

Applicant's name: _____ MDOC # _____

Other names used by you: _____

DOB: _____ Age _____ Social Security No. _____

Height: _____ Weight: _____

Current location: _____

How can we contact you? _____

Name, address and number of a relative we can contact: _____

_____ Do you give us permission to contact them? Yes No

Case Worker/Chaplain/MDOC assigned officer (probation/parole/A&D):

Names _____
county _____ telephone _____

Release/Parole date if still incarcerated: _____

Charges for current (and past) incarcerations (must list all; use back if necessary):

1. _____ (date) _____ (county) _____ (sentence) _____

2. _____ (date) _____ (county) _____ (sentence) _____

3. _____ (date) _____ (county) _____ (sentence) _____

Are you ordered to pay restitution or fines? _____ How much? _____

Attorney's name and number: _____

May we contact your attorney? Yes No

List all RVRs or other disciplinary actions: _____

(over)

INFORMATION ABOUT YOU:

- **Marital/Relationship status** (circle all that apply):

single married divorced separated co-habit (live together unmarried)

- **Name of current husband or partner:** _____ Number _____
May we contact this person? Yes No

- **Children/dependents:**

Name Age Birthdate Current Custody Your last visit-when-where

- **Ethnicity** (circle one)

White Black Hispanic Asian Native American Other _____

- **Spiritual/Religious Denomination or affiliation:** _____
Name and address of any church you consider yourself to be a member of _____

***Important:** I understand that while I am a resident at BTH, I will be required to attend a Christian church, Bible studies, Christian classes and fully participate in Christian activities. I agree to practice religion only from a Christian perspective while I am a resident at BTH. Signed: _____ Date: _____*

- **Education:** Highest Grade Level: _____ Year of HS graduation or GED _____ Any college credits? _____; can you read and write: _____

- **Employment History:**

Name and address of current (or last) employer: _____

Your position there: _____; how long? _____

When and why did you leave? _____

Past employments and reason for leaving: _____

If you had a job, could you work? _____

• **Current Income:** _____ source: _____

• **Medical History** (be specific)

Hep-C? _____ last tested _____

HIV/AIDS? _____ last tested _____

STD? _____ specify _____ last tested _____

TB? _____ last tested _____

Diabetes (sugar)? _____ last tested _____

High blood pressure? _____ last tested _____

Depression ever? _____ Take medicine? _____ what kind? _____ still take? _____
if stopped medicine, when and why? _____

Bi-Polar ever? _____ Take medicine? _____ what kind? _____ still take? _____
if stopped medicine, when and why? _____

Other mental/emotional illness or problem (like anxiety, insomnia, OCD)? _____
specify: _____
take medicine? _____ what kind? _____ still take? _____
if stopped medicine, when and why? _____

How do you rate your health: good fair poor

Current medical problems: _____

Health History (check all that apply):

- | | | | |
|------------------------|-----------------|-------------------------|--------------------------|
| Allergies (list below) | Diabetes | Heart | Sleep Disorder |
| Anxiety/Panic Attacks | Eating Disorder | Hepatitis: type____ | STD |
| Blackouts | Epilepsy | High Blood Pressure | Tuberculosis |
| Broken Bones | Eyes | HIV | Ulcers |
| Cancer | Hallucinations | Respiratory (breathing) | Liver Disease: Type_____ |
| Convulsions | Handicaps | Seizures | Hearing Voices |

Explain each item that you checked: _____

Have you ever attempted suicide? Yes No How many times? _____ Most recent: _____

Are you or might you be pregnant? Yes No

How are your teeth and gums? Good fair poor dentures

(over)

All prescription or over-the-counter medicines you currently take or have taken in the past (name, dosage, why taken, still take or stop date):

Have you ever been in the hospital? _____ When _____ How long _____
Where _____ Why _____

Have you ever been treated by a mental health facility? _____
Dates of treatment: _____
Name(s) of facility: _____
Diagnosis: _____
Inpatient? Yes No
Are you currently being treated for this? _____ How _____

Have you ever been in re-hab or a transitional program or treated for substance abuse? _____
How many times? _____
Name, address and number of all facilities: _____

May we contact them? Yes No

Do you have health insurance? _____ Medicaid? _____
Company Name and Policy Number: _____

• **History of Substance Abuse/Addiction**

Primary Addiction(s): _____

Secondary Addiction(s): _____

In the past 5 years, have you used or been addicted to (circle all that apply):

- | | | | |
|------------------|-----------------|---------------|------------------|
| Acid | Barbiturates | Inhalants | Tobacco/Nicotine |
| Alcohol | Benzodiazepines | Marijuana | Methadone |
| Amphetamines | Klonopin | Opiates | Suboxone |
| Methamphetamines | Valium | Heroin | PCP |
| Ice | Xanax | Oxycontin | Spice |
| Ritalin | Other _____ | Morphine | Pornography/sex |
| Adderall | | Fentanyl | |
| Crystal | | Cocaine/crack | |
| Other _____ | | other _____ | |

When was the last time you used any of the above? _____ Which one(s) _____
(over)

YOU MUST ANSWER AS TO WHETHER YOU ARE WILLING TO QUIT SMOKING OR NOT

Have you ever used tobacco? Yes No What kind? _____ Last used? _____

Are you willing to stop? Yes No

NOTE: *BTH is a tobacco-free campus (no vaping, e-cigs, smokeless, or any other form)*
*In certain controlled circumstances, residents trying to quit **may** be allowed to use the patch and/or gum for up to 30 days.*

- **Why did you choose to apply to BTH?** (an answer is required) *** You must give an answer** _____

I affirm and attest that the information given is true and accurate. I understand that my admission to BTH is based in part on the information given. Inaccurate information in this application can result in dismissal from BTH even after acceptance and residency. I agree to sign further release documents if needed by BTH to obtain other information about me. I further affirm and attest that I filled out this application in my own handwriting or that I gave the answers to _____ who wrote them down for me.

I understand and agree that my daily life at BTH will follow traditional Christian teachings found in the Bible. I further understand and agree to abide by all BTH Guidelines and Principles at all times. I have reviewed the Guidelines and Principles from the BTH website or attached to this application. I understand that I will be asked to agree in writing to the Guidelines and Principles if I am accepted as a resident of BTH.

I agree to submit to all drug/alcohol/nicotine testing at any time I am asked by BTH.

I understand and agree that my acceptance and residence at BTH is at the sole discretion of BTH. I will be evaluated frequently and I agree to willingly participate in evaluations.

Printed Name of Applicant

Signature (in ink) of Applicant

Date