



*Solus Christus*  
In Christ Alone

If you are able, please submit an application using our online application on our website. Otherwise call us about completing this application. Our number is 336-813-3007.

Full Legal Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Current Living Situation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Date Of Birth \_\_\_\_\_ State or Country of Birth \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Currently Valid? Yes \_\_\_ No \_\_\_\_\_

What addictive substances have you ever used? \_\_\_\_\_

\_\_\_\_\_

What substance did you last use? \_\_\_\_\_

When did you last use that substance? \_\_\_\_\_

Are you, or have you ever been an IV user? \_\_\_\_\_

How did you support your habit? \_\_\_\_\_

Do you smoke/vape? \_\_\_\_\_ What other addictive habits do you have? \_\_\_\_\_

\_\_\_\_\_

**Solus Christus is a smoke-free facility. No devices or products (vapes, gum, patches) containing nicotine are allowed. (We offer hard candy to help get through the cravings.)**

Marital Status (circle one) single married separated widowed divorced engaged living-together

Husband's Name (if applicable) \_\_\_\_\_

Husband's Phone Number \_\_\_\_\_

How many children do you have? \_\_\_\_\_ Ages? \_\_\_\_\_

Who has custody of your children? \_\_\_\_\_

What child support issues do you have? \_\_\_\_\_

\_\_\_\_\_

(If applicable) DSS worker name & #: \_\_\_\_\_

Reading ability \_\_\_\_\_

High School Graduate? Yes \_\_\_\_ No \_\_\_\_ Education beyond High School? \_\_\_\_\_

Have you ever been a victim of the following? (circle any that apply)

Physical Abuse    Verbal Abuse    Emotional Abuse    Sexual Abuse    Ritual Abuse

Have you ever been a victim of Rape? Yes \_\_\_\_ No \_\_\_\_ A victim of Incest? Yes \_\_\_\_ No \_\_\_\_

If yes to the above, how old were you? \_\_\_\_\_

Ever been involved in prostitution? Yes \_\_\_\_ No \_\_\_\_

Have you ever been involved in a same-sex relationship? Yes \_\_\_\_ No \_\_\_\_ If so, when? \_\_\_\_\_

Are you a sex offender? Yes \_\_\_\_ No \_\_\_\_

Have you ever attempted suicide? Yes \_\_\_\_ No \_\_\_\_ If so, when and Why? \_\_\_\_\_

\_\_\_\_\_

Have you ever self mutilated? Yes \_\_\_\_ No \_\_\_\_ If so, when was the last time? \_\_\_\_\_

Do you or have you ever had a problem with food/eating? Yes \_\_\_\_ No \_\_\_\_ If so, explain \_\_\_\_\_

\_\_\_\_\_

What pending legal matters do you have? \_\_\_\_\_

\_\_\_\_\_

Are you out on bond? \_\_\_\_\_

Are you on probation or parole? \_\_\_\_\_ Do you have an ankle monitor? \_\_\_\_\_

How much longer will you be on probation? \_\_\_\_\_

Attorney \_\_\_\_\_ Phone # \_\_\_\_\_

Probation Officer \_\_\_\_\_ Phone # \_\_\_\_\_

How much time have you spent in jail/prison? \_\_\_\_\_

Personal Reference \_\_\_\_\_ Phone # \_\_\_\_\_

Church Reference \_\_\_\_\_ Phone # \_\_\_\_\_

Church Denomination Preference \_\_\_\_\_

Are you open to going to a 12 month program? \_\_\_\_\_

When was your last medical examination? \_\_\_\_\_

Who did your medical tests? \_\_\_\_\_

Have you ever tested positive for any of the following (circle any that apply):

TB    HIV    STDs    Hep C

Is there a possibility you are pregnant? \_\_\_\_\_

Current medical issues/diagnoses \_\_\_\_\_

What if any medications do you take? What are they prescribed for? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have refills? \_\_\_\_\_

Past and present medical/psychological diagnoses \_\_\_\_\_

\_\_\_\_\_

Do you have insurance? Yes \_\_\_\_ No \_\_\_\_ If so, what kind? \_\_\_\_\_

Do you have allergies? (Food, Seasonal, Medications) \_\_\_\_\_

If so, what kind? \_\_\_\_\_

\_\_\_\_\_

Are you able to perform the following tasks

1) Housekeeping Chores (Vacuuming, mopping, laundry, dusting, cooking, cleaning, etc.)

2) Yard/Garden work (raking, hoeing, weeding, etc)

Yes \_\_\_\_\_ No \_\_\_\_\_

All bedrooms are on the second floor & we have bunkbeds. Is that a problem? Yes \_\_\_\_\_ No \_\_\_\_\_

Solus Christus is unable to provide medical or convalescent care on-site and all residents must be physically able to participate in the program; any medical condition lasting for longer than a week preventing participation may result in discharge from the program.

Describe your relationship with Jesus Christ \_\_\_\_\_

\_\_\_\_\_

Describe why you wish to come to Solus Christus \_\_\_\_\_

\_\_\_\_\_

Please provide emergency contact information (Name, phone #, relation) \_\_\_\_\_

\_\_\_\_\_

Solus Christus is a residential home providing temporary assistance to someone seeking long-term treatment for drug and/or alcohol addiction. While here, we help you find a program that is the best fit for you.

### **THIS IS NOT THE FINAL PROGRAM**

Read the following statement before submitting:

I have read this entire application and have provided truthful and accurate information about myself. I understand that my acceptance into the program requires a phone interview. I understand I may be dismissed from the program at any time if either my actions or my attitudes prove to be contrary to the rules. I give Solus Christus permission to use any pictures of me in publications for their ministry.

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