Apply Now

First Name _____ Last Name _____

Email _____ Phone _____

Street Address/Box # _____

City _____ Province/State/Region/ _____

Postal/Zip Code _____ Country _____

Birthday _____ Age _____

How did you hear about us?

- ☐ Parents
- ☐ Friend
- ☐ Internet
- ☐ Church
- ☐ Friend
- ☐ Other

Do you have provincial health coverage? Yes / No (circle)

What Province/State/Region? _____

Health Number _____

What is your marital status?

- ☐ Single
- ☐ Married
- ☐ Divorces
- ☐ Separated
- ☐ Common Law

Do you have children? Yes / No (Circle)

Are you Pregnant? Yes / No (Circle)

If yes, when is your due date? _____

Did you graduate high school? Yes / No (Circle)

What was the last grad you completed? _____

Do you have any allergies? Yes / No (circle)

If yes, please list all allergies _____

_____

Are you on any medications? Yes / No (Circle)

If yes, please list all medications _____

_____

Have you ever been arrested? Yes / No (Circle)

Do you have any court cases pending? Yes / No (Circle)

Please list all the substances you have experimented with:

- ☐ Alcohol
- ☐ Amphetamines (Uppers)
- ☐ Barbituates (Downers)
- ☐ Cocaine
- ☐ Crack
- ☐ Crystal Meth
- ☐ Inhalants (Glue
- ☐ Ecstasy
- ☐ Hallucinogens (Acid
- ☐ Heroin
- ☐ Marijuana
- ☐ Methamphetamines
- ☐ Morphine
- ☐ Opium
- ☐ Prescription Medication
- ☐ Tobacco
- ☐ Pornography
- ☐ Sex
- ☐ None of the Above

Other _____

Drug of Choice _____

Describe your lifestyle concerning drugs and alcohol concerning the past 6 months

_____

Select all you have received as an official diagnosis

- ☐ Anxiety
- ☐ ADD/ADHD
- ☐ Bi-Polar
- ☐ Borderline Personality Disorder
- ☐ Depression
- ☐ Dissociative Identity Disorder
- ☐ OCD
- ☐ Eating Disorder
- ☐ PTSD
- ☐ Schizophrenia
- ☐ Sexual Addiction
- ☐ Non of the Above

Other _____

Have you ever received counselling? Yes / No (circle)

Have you ever attempted to commit suicide? Yes / No (circle)

Have you ever attempted to harm yourself? Yes / No (circle)

Did you grow up in a Christian Faith group? Yes / No (circle)

What is your present relationship with Jesus Christ?

- ☐ Non-existent
- ☐ Distant
- ☐ Somewhat Active
- ☐ Active
- ☐ Important
- ☐ Significant
- ☐ Defines Who I am

Why would you like to come to Choose Life Ministry?

_____

_____

_____

_____

What would you like to see happen in your life while at the Choose Life home?

_____

_____

_____

_____

☐ I understand that Choose Life Ministry is a Christian faith based organization and recognize that this topic will guide the program. I agree to comply with the standards and co-operate with the staff of Choose Life Ministry. I understand that if I have not answered these questions truthfully or have knowingly withheld any information, it may be considered grounds for refusal to the program or discharge from the program due to noncompliance.

Your Signature _____

Date _____

Please submit completed application forms to:
E: executivedirector@chooselifeministry.ca
M: P.O. Choose Life Ministry Box 426 Carnduff, SK S0C 0S0