



Resident Application

Jacob's Ladder at Brookside Farm, LLC

(Office Use Only)

Rec. Date:		Rec. By:	
Accepted:	Y N	Deposit:	Y N
Approved:		Start:	

Application Instructions

Please complete this entire form so that we may review your situation for consideration of admission to the program. All sections and questions are important to the overall qualification and review process. In the event there are items which cannot be answered, please enter "N/A" (not applicable) or "I have a question".

When complete, please scan and email the application and the front and back of your insurance card to: info@jacobs ladderbrookside.com. Additional intake questionnaires will follow acceptance in to the programs.

Questions: Please call us at (304) 239-1214.

Applicant Information

First Name:		Last Name:	
Birth Date:		SSN:	
Address 1:			
Address 2:			
City, State:		Zip:	
Home Ph:		Cell Ph:	
Email:			
Shirt Size:		Shoe Size:	



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Guarantor Information

First Name:		Last Name:	
Relationship:		SSN:	
Address 1:			
Address 2:			
City, State:		Zip:	
Home Ph:		Cell Ph:	
Email:			

Family Information

Mother			
First Name:		Last Name:	
Address 1:			
Address 2:			
City, State:		Zip:	
Home Ph:		Cell Ph:	
Email:		Stepfather Name:	
Father			
First Name:		Last Name:	
Address 1:			
Address 2:			
City, State:		Zip:	
Home Ph:		Cell Ph:	



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Email:		Stepmother Name:	
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Emergency Contact Information

First Name:		Last Name:	
Relationship:			
Address 1:			
Address 2:			
City, State:		Zip:	
Home Phone:		Cell Phone:	
Work Phone:		Email:	

Use History

Primary Substance(s):		Amount/Frequency:	
Date of Last Use:		Additional Comments:	
Secondary Substance(s):		Amount/Frequency:	
Date of Last Use:		Additional Comments:	
Additional Substance(s):		Amount/Frequency:	
Date of Last Use:		Additional Comments:	

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Insurance Information

Policy Holder First Name:		Policy Holder Last Name:	
Relationship to Applicant:		Policy Holder Date of Birth:	
Policy Holder Employer:			
Insurance Company Name:			
ID #		Group #	

Background Information

1. Please summarize the applicant's treatment history.

2. Please summarize active addiction in the applicant's home/family (parents, siblings, etc.)

3. Please summarize any additional behavioral health disorders.

4. Please summarize the applicant's legal/criminal history including pending or unresolved charges.

5. Please summarize any/all psychiatric history, specifically addressing any suicidal or aggressive histories (define # attempts, most recent, etc.).

6. Why are you interested in residence at Jacob's Ladder at Brookside Farm recovery program?

7. Has the applicant expressed a willingness to participate in the Jacob's Ladder at Brookside Farm recovery program? Y N

Medical & Fitness Information

1. Please summarize any existing medical conditions.

2. Please summarize any allergies.

3. Please summarize current medications.

4. Please summarize special needs (deaf, blind, etc.)

5. Please summarize any physical limitations to participating in an active farming environment or outdoor recreation programs.



6. When was the applicant's last physical examination by a medical doctor?

7. Are there any additional items you can share about the applicant's medical condition and overall fitness?

Commitments and Requirements

Jacob's Ladder at Brookside Farm, LLC (JLBF) requires active participation in a number of physically demanding scenarios. **All residents are expected to participate fully in all program activities.**

JLBF believes that unconditional positive regard for self, others and the earth is a critical element of successful program outcomes. Jacob's Ladder will provide services to residents without regard to race, color, or national origin. **All residents are expected to accept and carry forth that sentiment through their commitments, actions, words, and behaviors.**

JLBF is a community of peers and other residents facing their challenges together. Though each situation is different and individually-customized, it is critical that all participants focus on their challenges without distracting others. **All residents must comply with rules and regulations in order that they do not adversely affect the experience of others in the program.**

Acknowledgements

I, _____ (**applicant**), acknowledge understanding that there are general risks and dangers associated with a program of this nature; that I have a personal desire and willingness to commit to the program, it's schedule, it's rules and requirements; and that the program is a minimum 6-months long.

Applicant Printed Name

Applicant Signature

Date



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I, _____ (**guarantor**), acknowledge understanding that there are general risks and dangers associated with a program of this nature; that JLBF requires family participation according to program guidelines; and that I am financially responsible for a 6-month minimum commitment.

Guarantor Printed Name

Guarantor Signature

Date