Restart Training Center Ministry, Inc.

"Loving People To Spiritual Renewal"

Thank you for your interest in Restart Training Center Ministry, Inc's program services we offer. Please fill out the Intake Personal Inventory Form in its entirety. If, a line item does not apply to you please enter "not applicable" in the space provided.

If, you are applying for our residential program service your intake fee of $1000.00 is required along with the completed Intake Form. You can snail-mail your intake form along with your intake fee, fax it and snail-mail your intake fee, or drop both your intake form and fee in person to our ministry location. Please note a bed date will not be assigned or reserved for a client until the completed intake form and fee are both received from the client at our ministry.

For those applying for our out-patient program service your $50.00 per counseling hour (45-50 minutes) session fee is to be paid at every counseling session you meet with our counselor three times per week for a total of 24 sessions, Please complete the intake form and bring it to your first counseling intake session along with your first counseling session fee payment.

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PERSONAL INFORMATION INVENTORY

Please complete this inventory as carefully as possible. Answer each item that applies to you. All information you provide will be treated confidentially and will become party of your record. If you have a question about a particular area, please put a mark by it and ask your counselor when it is complete.

DEMOGRAPHIC INFORMATION

Name: _____ Date: _____

Home Address: _____

_____

Phone (Home) _____ (Work) _____ (Cell) _____

S.S. #: _____-_____-_____ Sex: ____ Date of Birth: _____ Age: _____

E-Mail Address: _____

Occupation: _____ Hours Per Week: _____

Employed By: _____

Referred Here By: _____ Phone: _____

Referral's Address: _____

Emergency Contact: _____ Phone: _____

Contact's Address: _____

How did you hear about this counseling program? _____

MARRIAGE INFORMATION (Circle One)

❒ Single ❒ Engaged ❒ Married ❒ Separated
❒ Divorced ❒ Remarried ❒ Living Together ❒ Widowed

Please list your relationships below. List your children beginning with the oldest. (Place a check by the child's name if from a previous marriage.)

Relationship	Name	Age	Grade/Occupation
SPOUSE			
EX-SPOUSE			
CHILDREN			
(or siblings if			
under 18 yrs.)			
MOTHER			
FATHER			

What Year Married?: _____ How Long Did you Date?: _____
How Did You Meet?: _____
Did Your Parents Approve of Your Marriage? _____ Spouse's Parents?: _____
Have You Ever Been Married Before? _____ Number of Divorces? _____ How Long Divorced? _____

FAMILY INFORMATION

Father Living? Yes____ No____ Mother Living? Yes____ No ____ If so, where? _____
What kind of relationship do/did you have with your father? (Circle One)

Excellent Good Fair Poor Nonexistent

What kind of relationship do/did you have with your mother? (Circle One)

Excellent Good Fair Poor Nonexistent

Did anyone else have a key role in your upbringing? (If so, who and why):

_____

_____

How many children are/were in your family? (Brothers and sisters) _____
What child are you by number? (Circle One)

❒ Oldest ❒ Second ❒ Third ❒ Fourth ❒ Fifth ❒ Sixth ❒ Youngest ❒ Other

EDUCATION

Highest Level/Grade of Education Completed:

❒ Not Complete ❒ HS ❒Some College ❒ AA Degree
❒College (Major: _____) ❒Graduate (Major: _____)

How well did you do in elementary school? _____
How well did you do in HS? _____
How well did you do in College? _____
How well did you do in Graduate School? _____

RELIGION/FAITH

Religious Affiliation: _____ Church/Synagogue Name: _____
Circle Your Level of Church Activity: **Active** **Inactive**
Briefly describe how important your faith is to you: _____
_____
Do you want a Christian counseling approach? ❒ Yes ❒ No
Do you want the counselor to pray with you? ❒ Yes ❒ No

HEALTH

Health Status: ❒ Excellent ❒ Good ❒ Average ❒ Poor ❒ Very Poor
Height: _____ Weight: _____ How you gained or lost any weight in last six months? (Circle One)
How Much? _____
Describe any physical problems you have that require medication or physical care: _____
_____
_____
Are you currently under a doctor's care? _____ (If yes, please describe) _____
_____
Physician's name: _____ Address: _____
_____
If you are currently taking any medication please complete below:

Name of Medication	**Dosage**	**Date Prescribed**	**By Who**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever used drugs other than for medical purposes? _____
(If yes, what and when) _____
_____
Please describe your use of alcoholic beverages:

❒Never ❒ 1-4 Times Year ❒ 1-2 Times Month
❒ 1-2 Times Week ❒ 4 Times Week ❒ Daily

What medical and emotional problems existed in your family in which you grew up? _____
_____
Have you previously had counseling/therapy? ❒ Yes ❒ No When? _____
With Whom? _____ For How Long? _____
Why Did You Stop? _____

PRESENTING PROBLEM (S)

In your own words, briefly describe the main problem that prompted you to seek counseling at this time:

_____

_____

How long have you faced these problems? _____

Have there been times when the problems got better or disappeared? ❒ Yes ❒ No

If so when? _____ What do you think helped? _____

_____

Were there times when the problem was especially bad? ❒ Yes ❒ No

When? _____ What made it bad? _____

_____

Are there other people who play a role in: ❒ Causing your problems? ❒ Helping your problem?

Briefly explain: _____

Please check any of the following that are currently troubling you. Put **two** checks by those items that are most important. You may add any comments you would like:

____ Abortion/Adoption
____ Adjustment Problems
____ Anger/Temper
____ Anxiety (worry)
____ Apathy (the "blahs")
____ Assertiveness
____ Bitterness (Resentment)
____ Breathing Difficulty
____ Change of Lifestyle
____ Child Abuse
____ Children (Discipline)
____ Children (School)
____ Communication
____ Concentration
____ Confusion
____ Death of Loved One
____ Dependent on Others
____ Depression
____ Divorce
____ Dizziness
____ Eating Problems
____ Envy (Jealousy)
____ Exhaustion
____ Failure
____ Family Conflict
____ Family Violence
____ Father
____ Fatigue
____ Fear
____ Finances
____ Forgiveness
____ Frustration
____ Guilt
____ Health
____ Headaches
____ Homosexuality
____ Honesty
____ Impotence
____ Inability To Relax
____ In-Laws
____ Irritability
____ Loneliness
____ Loss of Interest
____ Loss of Pleasure
____ Lust
____ Mother
____ Marriage
____ Memory Difficulty
____ Muscle Tension
____ Occupation Issue
____Opposite Sex
____ Overactivity
____ Perfectionism
____ Pride
____ Rape
____ Rebellion
____ Rejection
____ Religious/Spiritual Issues
____ Repetitive Ideas
____ School Problems
____ Separation
____ Sex
____ Sexual Abuse
____ Shy/Awkward
____ Single Parenting
____ Sleep Problems
____ Spouse Abuse
____ Stomach/GI Disturbance
____ Stress
____ Substance Use
____ Substance Use in Family
____ Suicidal Thoughts
____ Suspiciousness
____ Troubling Memories
____ Troubling Habit
____ Trust
____ Underactivity
____ Unfairly Treated
____ Unusual Experiences
____ Wish to Hurt Someone
____ Withdrawal

Thank you for your interest in the Restart Training Center Ministry, Inc residential program service. **RTCM is an average stay of 4 to 6 month residential training center. Students are not allowed to have a job while at RTCM.** The intake forms need to be filled out **completely** and student handbook read and signed. Admission cannot be done until all this information is completed and returned to us.

Once **ALL** the above is sent to us, you will be placed on our waiting list. The waiting period may be just a couple days, weeks, or months. You must call the intake coordinator once a week to keep us informed of your desire to enter. This is a general application and consists of the basic requirements of the Restart Training Center Ministry, Inc.

Belongings Checklist:

____ 1 Bible
____ 1 set of linens for a twin bed (sheets)
____ 1 comforter
____ 1 pillow
____ 2 sets of dress clothes (this includes 2 button-up shirt, 1 polo-type shirt, 2 pairs of dress pants, 2 pairs of dress socks, dress shoes, 2 neckties)
____ Pair of work gloves
____ 5 sets of casual clothes
____ 2 sets of work clothes
____ 7 pair each underwear and socks
____ 2 towels
____ 2 washcloths
____ 1 pair shower shoes
____ 1 bath robe
____ 1 pair work boots
____ 1 pair sneakers / gym shoes

Toiletries/Misc:
____ Toothbrush
____ Toothpaste
____ Deodorant
____ Shaving Supplies
____ Soap
____ Shampoo
____ Mouthwash (Non-alcoholic)
____ Hangers
____ Laundry Bag-**full-vent/heavy duty only**
____ Writing paper / Notebooks
____ Pens / Pencils / Highlighers
____ Hand Sanitizer (non-alcoholic)
____ Case of Toilet Paper
____ Facial Tissue

*$50 + USPS Personal Money recommended (cash ok)

____ **$1000 Intake Fee (non-refundable)**
**certified check or money order only*

Do Not Bring:
____ Jewelry *(only a watch, wedding ring or a medical ID bracelet)
____ Medical, dental or legal/court appointments *(must be taken care of before you begin RTCM)
____ Cigarettes, chew, snuff, drugs, alcohol, nicotine withdrawing substances of any kind, etc.
____ Magazines, books or any literature *(only your Bible)
____ Radios, mp3 player, clock radios, alarm clocks, etc.
____ Guns, knives, scissors, any other sharp instruments, or any other weapon
____ Food, snacks, drinks, etc.
____ Nutritional supplements, vitamins, etc.
____ No aerosols of any kind (body spray, deodorant, hair spray, etc.)
____ No checkbooks, credit cards, debit cards, or ATM cards.

*All medications are to be announced to the Intake Coordinator or Director prior to your arrival at the Training Center. **No mind-altering narcotic medications allowed!** OTC medications may be provided by the center.