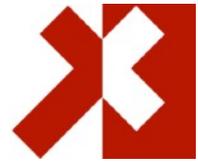


CROSSROADS



Crossroads Ministry
P.O. Box 1592
Poplar Bluff, MO 63902

Jimi Waggoner, Director
Mobile 573-529-7692
LaDonna Waggoner, Asst. Dir.
Mobile 573-529-6691
FAX 573-778-0069

Thank you for expressing interest in The Crossroads Ministry Residential program.

Our program is a six-month, residential discipleship program for adult men who are in bondage to drugs or alcohol that has taken control of their lives. Our goal is to provide a safe and secure, Jesus-centered environment and to assist them in the process of gaining freedom from the chains of addiction.

It is essential that incoming participants are willing to live in right relationship with staff, volunteers, and fellow participants. We can only assist men who have come to the point in their lives where they are ready for life change through Jesus' power and truth!

Attached is an application packet used to help us evaluate your appropriateness for our program. Completed applications can be mailed to the address above or faxed to 573-686-0699. Please call and let us know that you have faxed the application so we can make sure we receive it.

Please answer all questions on your application as specific as possible. BE HONEST!

Jimi Waggoner

Name_____Age_____ Date_____

Address_____ City_____

State_____ Zip_____

Please place an X in the appropriate box that describes the above address:

Permanent Address

Treatment Facility

Temporary Address

Jail/Prison

Other

If other, please explain:_____

If jail or prison release date:

IPO Name:_____ DOC#_____

Date of Birth_____ Social Security #_____

Are you currently on probation or parole Yes No

Name of Probation or Parole Officer _____

Phone()_____ FAX()_____

Are you Married Divorced Widowed Single

Do you have children_____ If so how many_____

Do You receive any of the following services? .

SS Disability Monthly amount_____

SSI Monthly amount_____

Food Stamps Monthly Amount _____

What is your primary drug of choice?_____

Secondary?_____

Have you been diagnosed with any psychiatric or mental disorders?_____

If so, what was the diagnosis and when_____

Are you taking prescription medication for anxiety, depression or pain?_____

Do you have any physical disabilities that would prevent you from physical

work?_____

Have you been convicted of any violent crimes? _____

If so describe_____

Are you a registered sex offender? Yes No

Do you have any pending legal cases ? Yes No

If yes, check appropriate one or ones

Traffic Violations

Civil Involvements

Criminal Involvements

How do you believe The Crossroads Ministry can help you and what are YOU willing to do? _____

Signature _____ Date _____