

# CROSSROADS



Crossroads Ministry  
P.O. Box 1592  
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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? \_\_\_\_\_

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