



# Anchor Men's Center



PO Box 124, 705 Vanduser St., Vanduser, MO 63784  
Ph (573) 471-2900, Fax (573) 471-2922

*Please read and follow these important guidelines:*

1. Complete the 5-page application. Mail or fax it back to us at the address or number above.
2. After sending the application, the man who wants to enroll must call the Admissions Office. Office hours are Mon. through Fri. 9:00 AM—5:00PM
3. If the pre-program criteria are met, the man enrolling must have the following work done.  
A. Physical Exam B. HIV Blood Test C. TB Test D. Hepatitis Test E. Hepatitis C Test  
*After we receive the test results, we can discuss an entry date.*

*Upon entry, please bring these two types of valid identification:*

1. Photo ID (driver's license, passport, or state photo id)
2. Social Security Card or (Birth Certificate with embossed seal if you do not have a SS card)

## ADULT APPLICATION FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Have you ever applied before? yes no Who referred you to AMC? \_\_\_\_\_

Social Security # \_\_\_\_\_

Drivers License # \_\_\_\_\_ Valid? yes no

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Are you a High School Graduate? yes no

Occupation or Trade \_\_\_\_\_

Physical Problems \_\_\_\_\_

Special Needs \_\_\_\_\_

Upcoming Court Dates \_\_\_\_\_

Emergency Contacts

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_



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## The Problem

What is your main problem, as you see it? \_\_\_\_\_  
\_\_\_\_\_

What is your main problem, as others see it? \_\_\_\_\_  
\_\_\_\_\_

What would improve your situation? \_\_\_\_\_  
\_\_\_\_\_

Is change something you look forward to? \_\_\_\_\_

Have you ever participated with an in-house treatment facility? yes no If yes, how many? \_\_\_\_\_

Were they spiritual in any way? yes no other \_\_\_\_\_

Have you ever "honestly" considered the direction your life is headed? yes no

Do you feel you struggle with one or more of these? drugs alcohol pornography homosexual activity

Do you smoke or use tobacco? yes no If yes, would you like to stop? yes no not really

Have you ever received any form of mental health treatment? yes no If yes, please list:

Date	Clinic	Reason for Treatment	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any special psychiatric needs? yes no

What prescription drugs are you currently taking? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever considered suicide as a possible solution for all your problems? yes no

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## Family Matters

Parents:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Would you say that you have a strong Christian background? \_\_\_\_\_

Is there anyone in your family that has experienced any of the problems that stem from alcohol or drug abuse?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been married? yes no

Wife's Name \_\_\_\_\_

Children's Names \_\_\_\_\_

\_\_\_\_\_

Would you say that your marriage is/was based on Christian principles? \_\_\_\_\_

Do you think that God can and will repair any damaged or strained relationships? yes no

Do you actively participate in a personal devotional time? yes no sometimes

How is your prayer life? great fair poor



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## Legalities

Are you currently incarcerated? yes no

Have you been arrested recently? yes no If yes:

Date \_\_\_\_\_

Arrested for \_\_\_\_\_

Are any of the following pending against you? Check all that apply:

Arrest Warrant Court Appearance Criminal Charges Sentencing other

Briefly explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Probation How long? \_\_\_\_\_ Parole How long? \_\_\_\_\_

Method of Reporting \_\_\_\_\_ How often? \_\_\_\_\_

List probation/parole officers:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

If you are currently incarcerated, please provide a contact person in your jail that we can set up an interview with:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Are you legally mandated to participate in a recovery program? yes no If yes, list by whom:

\_\_\_\_\_

Would it be possible for you to have your probation transferred to this state/county? yes no



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## Request for Release of Confidential Information

Date \_\_\_\_\_

To \_\_\_\_\_

From: Anchor Men Center

Address \_\_\_\_\_

PO Box 124

City \_\_\_\_\_ State \_\_\_\_\_

705 Vanduser St.

Phone \_\_\_\_\_

Vanduser, MO 63784

Fax \_\_\_\_\_

Re: \_\_\_\_\_

Anchor Men Center (AMC) is requesting the disclosure of information pertinent to the placement of the above person to the Recovery Center's Recovery Program. The following information is requested:

Medical Reports

Psychological Reports

Counseling Reports

Diagnostic Reports

Academic Reports

Education/Transcripts

Social History

Family History

IEP's

Other \_\_\_\_\_

It is understood that the information forwarded will be used only by AMC and is confidential and may be protected by federal and state law. Any further disclosure of the forwarded information without specific consent is prohibited. The signature on this request for information document has been freely and voluntarily given.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of AMC Representative

\_\_\_\_\_  
Date