



## **BIG FISH MINISTRIES ENTRY ASSESSMENT**

Big Fish Ministries is a 501(c)3 non-profit organization that seeks to meet the needs of the homeless and addicted in south Baldwin County. We do this by providing long-term residential, Christ-centered recovery solutions. We offer both men's and women's long-term recovery programs. Our goal for each individual that comes into our ministry is for them to successfully return to society as productive, responsible citizens with hope and a vision to fulfill God's will for their lives.

*"Therefore if anyone is in Christ, he is a new creation the old is gone and the new has come."  
2 Corinthians 5:17*

Please be advised that in order to be accepted the entry assessment form must be completed by the individual applying for the program. **We are not a medical and/or a detox facility. If you need detox, you will need to be detoxed before entering our program.**

For applicants who are currently incarcerated: **Please do not use staples or metal paper clips when mailing entry assessment.** After receiving your application, we will review it and send a letter of acceptance or denial back to you. After receiving a letter of acceptance, you will have 14 days to write back or call to hold your bed and/or be placed on the waitlist.

For applicants who are not incarcerated: After receiving your application, our program staff will be in contact to conduct a phone interview within two

business days of receiving your application.

**Mail all applications to:  
Big Fish Ministries  
PO BOX 895  
Foley, AL 36536**

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

(PLEASE LIST 2 METHODS OF CONTACT)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PLEASE PROVIDE A BRIEF PERSONAL BIOGRAPHY (INCLUDING INFORMATION REGARDING YOUR CURRENT SITUATION AND ANY LIFE HISTORY THAT HAS CONTRIBUTED TO YOUR SITUATION):

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HAVE YOU EVER BEEN TO A RECOVERY PROGRAM? YES/NO

IF YES, PLEASE PROVIDE ADDITIONAL INFORMATION:

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ARE YOU WILLING TO SPEND 12-18 MONTHS IN RESIDENTIAL RECOVERY? YES/NO

ARE YOU INCARCERATED? YES/NO WHERE? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL HEALTH ISSUES THAT MAY PREVENT YOU FROM WORKING? YES/NO  
IF YES, PLEASE EXPLAIN:

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LIST ANY ALLERGIES: \_\_\_\_\_

DO YOU HAVE ANY MENTAL HEALTH ISSUES? YES/NO  
IF YES, PLEASE EXPLAIN (INCLUDING INFORMATION REGARDING DIAGNOSES AND ANY INPATIENT  
HOSPITAL STAYS):

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ARE YOU DISABLED? YES/NO IF YES PLEASE EXPLAIN:

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ARE YOU PREGNANT(FEMALE)? \_\_\_\_\_

DO YOU RECEIVE DISABILITY OR SSI OR ANY FUNDS FROM THE GOVERNMENT? YES/NO

AMOUNT YOU RECIEVE: \$ \_\_\_\_\_

LIST ANY MEDICATIONS THAT YOU TAKE AND REASON FOR TAKING THEM:

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WE DO NOT PERMIT ANY NARCOTICS, BENZODIAZEPINES, OR PSYCHOTROPIC MEDICATIONS IN  
OUR PROGRAM. ALL MEDICATIONS WILL BE REVIEWED DURING INTAKE INTERVIEW TO DETERMINE  
IF THEY WILL BE APPROVED.

**LEGAL INFORMATION**

ATTORNEY NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_

PO NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

COURT REFFERAL

OFFICER: \_\_\_\_\_ PHONE: \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A SEXUAL OFFENSE OR DO YOU CURRENTLY HAVE CHARGES PENDING REGARDING CRIMES OF A SEXUAL NATURE?**

\_\_\_\_\_

ARE YOU REQUIRED BY A JUDGE TO COMPLETE A RECOVERY PROGRAM? \_\_\_\_\_

JUDGE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE: \_\_\_\_\_

LIST ALL CASES THAT YOU HAVE BEEN ARRESTED FOR:

CHARGE: \_\_\_\_\_ COURT DATE: \_\_\_\_\_

CHARGE: \_\_\_\_\_ COURT DATE: \_\_\_\_\_

CHARGE: \_\_\_\_\_ COURT DATE: \_\_\_\_\_

**DRUG HISTORY**

WHAT IS YOUR DRUG OF CHOICE: \_\_\_\_\_

WHEN IS THE LAST TIME YOU USED: \_\_\_\_\_

DO YOU CONSIDER YOURSELF AN ADDICT? YES/NO

PLEASE EXPLAIN:

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

**THERE IS A ONE TIME INTAKE FEE OF \$500.00 WHEN ENTERING THE PROGRAM.**

I \_\_\_\_\_ **AGREE TO PAYMENT OF \$500.00 INTAKE FEE.** (IF YOU ARE UNABLE TO PAY THE \$500 INTAKE FEE DUE TO FINANCIAL HARDSHIP AND WANT TO APPLY FOR A FEE WAIVER PLEASE CONTACT OUR OFFICE OR INCLUDE A LETTER DESCRIBING THE REASON YOU ARE UNABLE TO PAY.)

**I AGREE THAT ALL INFORMATION IS TRUE AND COMPLETE ON THIS FORM.**

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**APPLICANT SIGNATURE**

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**DATE**

**MENS CLOTHING ALLOWANCE:**

10-PANTS 4-TIES 10-SOCKS 15-SHIRTS 3-BELTS 3-HATS 1-BACKPACK 4-SHOES 2-SUITS 10-UNDERWEAR 2-JACKETS  
1 SET OF TWIN SHEETS, BLANKET, AND A PILLOW  
MEN CAN BRING SNACKS AND DRINKS

**WOMENS CLOTHING ALLOWANCE:**

10-PANTS 4-SHOES 1-MAKEUP BAG 15-SHIRTS 3-BELTS 10-UNDERWEAR 3-JACKETS 10-SOCKS 1-BACKPACK  
3-BRAS 1-PURSE 1-SWIMSUIT  
WOMEN CAN BRING SNACKS AND DRINKS

**MEN AND WOMEN WILL NEED TO BRING:**

LAUNDRY DETERGENT

TOILETRIES:

SHAMPOO, CONDITIONER, TOOTHPASTE, TOOTHBRUSH, SHAVING CREAM, ETC.  
ABSOLUTELY NOTHING WITH ALCOHOL(EXAMPLE HAND SANTIZER, MOUTHWASH)

APPROVED MEDICATIONS

BIBLE

IF FROM OUTSIDE OF BALDWIN COUNTY, \$50 (IN ADDITION TO ARRANGED INTAKE FEE)  
FOR TRANSPORTATION COSTS IN THE EVENT OF DISMISSAL.

NICOTINE PATCHES AND/OR GUM, IF NEEDED

**DO NOT BRING:**

CELL PHONES

ANYTHING ELECTRONIC: TABLETS, COMPUTERS, ETC.

SECULAR BOOKS OR MUSIC

ENERGY AND/OR WORKOUT SUPPLEMENTS

NARCOTICS

**\*\* Do not include this sheet with your application, please keep for your records \*\***