



Application Packet

Mercy Ministries Intake Department:

P.O. BOX 111060

NASHVILLE, TN 37222-1060

615-467-0535

Email: intake@mercymministries.com

FAX: 615-831-9953

Mercy Ministries

Application Packet Contents

Part One:

Introduction	ii
Instructions for Application	iv
Application	1

Part Two:

Education Options	8
General Exam	9
Immunization Record (USA and Canada Only)	10
If You Are Pregnant	11
Medical History	12
Family History	14
Insurance Information	15
Release of Information Form	19

Part Three: (Only required after being placed on the Completed Application List)

ICPC (USA Only)	
Lab Work (STD Testing- If Applicable)	

Mercy Ministries

APPLICATION PACKET - PART ONE

INTRODUCTION

Thank you for your interest in applying to the Mercy Ministries program. **Please read all of the information carefully including this brief introduction.**

Mission Statement and Organization:

- Mercy Ministries exists to provide opportunities for young women to experience God's unconditional love, forgiveness and life-transforming power.
- Mercy Ministries is an independent organization that is not affiliated with any single church, organization, or denomination.

Our Program:

- Mercy Ministries offers a free of charge program for young women to have their lives transformed and hope restored! It is important that potential applicants take time to consider if they are truly serious about getting help through the Mercy program.
- Mercy Ministries is a Christian residential program designed to require a six month commitment to complete.
- *Choices That Bring Change* is the counseling resource that Mercy Ministries uses to help young women explore issues such as faith, forgiveness, family patterns, overcoming abuse, freedom from oppression, and general principles for life-long success.
- Mercy Ministries uses resources from a variety of Christian teachers and pastors including: Christine Caine, Louie Giglio, Joyce Meyer, Beth Moore, Joel Osteen, Paul Scanlon, and Priscilla Shirer.

Commitment:

- This application serves to help us determine if we can meet your specific need for help. If for some reason we cannot, we may be able to refer you to another organization.
- Applicants to Mercy Ministries should have a desire for help in a Christian atmosphere and should be willing to apply the principles of a biblical counseling program.
- Young women applying should desire true change, and therefore cannot be placed at Mercy Ministries involuntarily by parents or outside agencies. The desire for personal change plays a significant part in the healing process while at Mercy Ministries. Accepted applicants will be asked to sign 30 Day and Six Month Commitment forms prior to entry.
- While our program is free of charge to the girl, each bed costs Mercy Ministries \$200 per day, per girl. Compare that cost to private treatment programs which charge \$1000 to \$2000 each day. Generous individuals give to Mercy Ministries so that a girl can come free of charge. As stewards of these gifts and to be accountable to our donors, we want to ensure that each bed is filled with someone who wants help and is willing to work through the program.
- Applicants must determine if they are willing to commit to the Mercy Ministries program. Once an applicant has completed the application process, is accepted into the program and enters a Mercy Home, **she has only one opportunity to come to Mercy Ministries. If she decides to leave the program prematurely or is discharged due to not complying with program expectations, she will not be given an opportunity to re-apply to Mercy Ministries in the future.** We are here for you and desire to work with you in this process, but you have to make the choice to commit. Thousands of girls have committed to the Mercy program, and they are now living in freedom! That is our desire for you as well. Seize this chance to completely change your life forever.

Personal Spending Money While at Mercy Ministries:

- The Mercy Ministries program is provided free of charge; however, the resident or her parent/guardian is asked to be responsible for her personal expenses, whether through insurance, sponsorship, governmental benefits, or personal contribution. While the ministry generously provides the counseling program, food, and living accommodations, we are not a medical facility and we cannot be responsible for a resident's previous debt or third-party service expenses such as doctors' appointments, hospitalization, and medication costs incurred while the resident is living at our facility. You are asked to arrange in advance for your personal expenses and have these funds sent to you on a monthly basis in order to maintain your Personal Spending Account.

At minimum, incoming residents will be required to bring \$300 with them for their Personal Spending Account and must have that amount replenished if/when it is depleted. This amount was increased in 2011 due to cost

of living increases, and is derived from assessing the needs of residents presently in the program. Your personal expenses may include, but are not limited to:

- Travel to/from Mercy Ministries
- Pens and paper
- Toiletries (deodorant, makeup, etc)
- Batteries (for portable CD player)
- Phone cards
- Stamps
- Clothing, if needed
- One meal per week (on shopping day)

Mercy Ministries recommends that residents anticipate needing \$100 per month to maintain/replenish their Personal Spending Account.

In addition, some young women entering the program may have personal spending needs that relate to third-party expenses and should have a financial plan in place to cover these types of needs at Mercy. These types of expenses may include, but are not limited to:

- Monthly doctors' visits to monitor medication
- Prescription refills/medication costs
- ER visits/hospitalizations, if needed
- Additional doctors' visits, if you become ill or require medical attention

A resident's personal medical needs could exceed the recommended amount for a Personal Spending Account and can vary significantly based on insurance coverage, current prescriptions and medications, and medical needs during the program. During the application process, Mercy Ministries Intake staff can give general guidelines to applicants regarding a suggested monthly amount to have available for medical needs based on each applicants specific situation. Mercy Ministries Intake staff may recommend an applicant anticipate additional funds necessary due to medical needs that are present at time of application.

Mercy Ministries International, Inc.

INSTRUCTIONS

Step 1 Introduction – Read the Introduction on the previous page and then proceed to Step 2.

Step 2 Application Form – Complete Part One of the application (pages 1-7). The application must be completed by the applicant *in your own handwriting* and filled out completely; otherwise, there will be a delay in your application process. Please submit Part One of the application to the Intake Department using **ONLY ONE** of the following methods:

- Email to: intake@mercyministries.com (This is the PREFERRED METHOD) When emailing, please attach a scanned copy of the completed application - DO NOT copy and paste the application into the email.
- Fax to: 615-831-9953
- Mail to: P.O. Box 111060 Nashville, TN 37211

Please do not send your application more than once, simply choose one of the methods listed above. Email is the preferred method.

If you email or fax Part One, please call the Intake Department on the following business day for further instructions. If you mail Part One, please wait 4 days and call the Intake Department for further instructions. Contact information for the Intake Department is listed below:

Mercy Ministries Intake Department:

P.O. BOX 111060

NASHVILLE, TN 37222-1060

615-467-0535

Email: intake@mercyministries.com

FAX: 615-831-9953

Photograph – Along with Part One of the application, please email a recent head-to-toe photograph taken within the last three months to the Intake Department via intake@mercyministries.com by attaching a clearly scanned copy of your photo.

Step 3 You must first call the Intake Department to review your application.

Raising the Standard and It Is Finished Teachings – You will be required to listen to two teaching assignments on our website (or the CDs can be mailed to you). You will receive this web link via e-mail after you call in for further instructions. You must submit a personal response to each teaching before your phone interview (Step 4) can be scheduled. Please be sure to follow all the instructions on the letter that accompanies the web link (or mailing).

Step 4 Phone Interview – It is the applicant's responsibility to call the Intake Department again to schedule a telephone interview upon completion of Step 3. Interviews last approximately one hour and are scheduled in advance.

Step 5 Professional Reports Submitted – At a specific time, the applicant will be instructed by the Intake Coordinator to proceed with the application process and complete all of the medical and education information (where applicable) in Part Two of this packet. Submit all medical reports, psychological reports and educational information. Please sign and return the enclosed Release of Information Form if you give permission for Mercy Ministries to speak to others concerning your application.

Step 6 Call to confirm that all information has been received by the Intake Coordinator. When the application and medical information are complete, the Intake Coordinator will then

present the completed file to our Intake Committee. This committee will make a decision regarding approval and the appropriate placement for the applicant. Following this meeting, you will be contacted regarding the decision. If approved, you will be placed on the Completed Application List until a space becomes available.

Step 7 STD Testing STD test results may or may not be required for entrance into the Mercy Ministries program depending on state standards in individual cases. You may wish to complete this testing when you have your general medical exam to minimize medical costs and to expedite the Intake process. (All STD tests can be obtained through a blood test or a urine sample.)

Please understand that your cooperation in following these steps is the quickest way to enter the program. We understand that you want help quickly; however, we must abide by these guidelines in order to ensure that everyone is treated fairly. Thank you for your cooperation.

Remember: It will always be your responsibility to initiate contact with the Intake Department. If after six months your application has been inactive, it will be assumed that you are no longer interested in the program and your file will be closed. Thank you for considering Mercy Ministries.

Mercy Ministries International, Inc.

Name: _____

Please email a recent head-to-toe photo to intake@mercyministries.com

APPLICATION FOR ACCEPTANCE TO MERCY MINISTRIES

Please complete this application in your own handwriting. *This information is confidential.* We will share information that is pertinent to your application process with those whom you give us permission to release information to, as well as to the one who referred you to the program, on an as needed basis. Your permission for release of information can be given by completing the last page of the application that is entitled "Release of Information Form" and by including the names of those whom you would like to allow access to information about your application process on that form. The *information in this application will not be held against you or used to judge you in any way.* Mercy Ministries is dedicated to helping those who need emotional and spiritual healing and restoration. If for any reason Mercy Ministries cannot meet your particular need, we may be able to refer you to another program. Please answer all questions honestly so we may know how best to help you. Please do not leave any blanks in your application as this will delay processing. If a question is not applicable to you please put **NONE** or **N/A** next to it.

Please be sure to write your first and last name in the space provided at the top of pages 2-7.

Name: _____ Date: _____ Preferred Name: _____

Present Address: _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Cell phone #: (____) _____ Email: _____

Telephone #: Home (____) _____ Work (____) _____

Parent/Guardian Name(s): _____

Address: _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Telephone #: Home (____) _____ Work (____) _____

How did you hear about Mercy Ministries? (Check all that apply)

Parents Church Radio/TV Internet Court Other (specify) _____

Have you ever applied to Mercy Ministries in the past? Yes No If Yes, provide approximate date: _____

Have you ever been a resident at Mercy Ministries? Yes No If Yes, list home & approximate date: _____

Information About You

Date of Birth: _____ Age: _____

Ethnicity: African American Asian Caucasian Hispanic Native American Other (specify) _____

Nationality (What Country are you a citizen of?): _____

City, State/Province, and Country of Birthplace: _____

Passport Number (International Applicants only): _____

Physical Characteristics:

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____



Name: _____

Marital Status (Please check one)

Single Engaged Married Separated Divorced

If engaged, how long? _____ Is a wedding date set? _____ If yes, what is the wedding date? _____.

If married, for how long? _____

Children

If you have children, list names and ages:

1. _____	Age: _____
2. _____	Age: _____
3. _____	Age: _____
4. _____	Age: _____

Who has custody of your children? _____

What arrangements are being made for your children while you are at Mercy Ministries? _____

Will your coming to Mercy Ministries have any effect on your custody status? Yes No

If yes, explain: _____

Education

Name of last school/college/university attended? _____

Did you graduate? Yes No If not, highest grade completed? _____

Have you ever been in any special education classes? Yes No If yes, please list: _____

List any identified education-related problems (including learning disabilities, reading comprehension problems, behavioral problems): _____

(USA Applicants only) Teenagers must participate in a school option while at Mercy Ministries. Indicate your choice:

Home schooling Correspondence work from your school GED (age 17 and older)

Adults who have not graduated from high school are encouraged to work toward a GED (see page 9 for details).

Family

Who is your legal guardian (if under 18)? _____ With whom do you live? _____

Pregnancy

Are you pregnant? Yes No If yes, give approximate Due Date: _____

Has a doctor confirmed your pregnancy? Yes No

Is the birth father aware of your pregnancy? Yes No

Which are you considering? (Please check one) Parenting Placing for Adoption Undecided

Name: _____

Mercy Ministries firmly believes in allowing you to make the choice between parenting or placing your child for adoption. We believe that while you are here God will give you direction for your life and that of your unborn child.

Medical

Do you have any allergies (food, medicine, animal)? Yes No

List all known allergies: _____

List any and all medication or supplements that you take:

Medication/Supplement	Dosage	Reason	For How Long
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have been prescribed medications, please do not stop them on your own, but continue to take them as prescribed by your physician(s). Mercy Ministries is not a medical facility and will require a statement from the doctor/psychiatrist/specialist who prescribed your medication fully explaining the need for this (these) prescription(s). While we do not have a physician on staff, we are blessed with and work directly with doctors in the community who see the residents and provide professional guidance to evaluate and adjust medications when appropriate.

List any dietary restrictions/limitations: _____

Was this prescribed by a doctor? Yes No Doctor's name and telephone #: () _____

Do you eat (check all that apply) Poultry? Fish? Red Meat?

Do you have, or have you ever had, a problem with food or eating? Yes No If yes, explain: _____

Have you been diagnosed or treated by a physician for an eating disorder? Yes No

If yes, provide doctor's name: _____ and telephone #: () _____

List any physical limitations and/or medical conditions (asthma, migraines, thyroid, diabetes, blood pressure, weight issues, heart problems, etc.) that you may have as indicated by a physician: _____

List all past surgeries or medical hospitalizations (include dates and reasons for hospital stays): _____

Financial

Are you on government or financial assistance? Yes No

Will your coming to Mercy Ministries have any effect on this assistance? Yes No

Do you have outstanding debts? Yes No If yes, explain: _____

Name: _____

What arrangements will you make for their payment while you are in the program? _____

Who will assist you with finances for your personal and/or third-party medical needs while at Mercy Ministries (church, ministry, family or individual)? _____

LEGAL DISCLAIMER

Mercy Ministries will not make any requests for payments in regards to the program (except for our home schooling course fees for minors), living accommodations, or catering arrangements. Please understand that Mercy Ministries expects all those accepted into the program to ensure that arrangements are made for the payments of personal bills/loans outside of the program, as we do not accept any liability for personal debts accrued during your stay at Mercy Ministries.

Legal Background

Have you ever been arrested? Yes No How many times? _____ Dates, charges, etc.: _____

Do you have any pending court dates? Yes No Explain: _____

Are you currently incarcerated? Yes No How long? _____ Length of Time Remaining? _____

Name of Attorney or Legal Representative: _____

Telephone #: () _____

Have you ever been on probation or parole? Yes No

Are you now? Yes No How long? _____ Length of time remaining: _____

How often do you report? _____ In person or through mail? _____

Name of probation or parole officer: _____

Address: _____

Telephone #: () _____

Please sign Release of Information forms (see last page of application packet to copy) with the above lawyers/law enforcement/probation officers, etc. (if needed) and have your records forwarded to Mercy Ministries.

Substance Use

Check any substances with which you have experimented.

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Hallucinogenic (Acid, LSD, etc.) | <input type="checkbox"/> Morphine |
| <input type="checkbox"/> Amphetamines (uppers) | <input type="checkbox"/> Crank | <input type="checkbox"/> Opium |
| <input type="checkbox"/> Barbiturates (downers) | <input type="checkbox"/> Crystal Meth | <input type="checkbox"/> Heroin |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Marijuana | <input type="checkbox"/> Ecstasy |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Methamphetamines | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Inhalants (Glue, Paint Thinner, etc.) | | <input type="checkbox"/> Other: _____ |

Drug of Choice:

1) _____ Length of Use _____ Date last used _____

2) _____ Length of Use _____ Date last used _____



Name: _____

Counseling and Treatment

Have you ever been diagnosed or treated for:

- ADD/ADHD Yes No
- Bi-Polar Disorder Yes No
- Borderline Personality Disorder Yes No
- Dissociative Identity Disorder Yes No
- Obsessive Compulsive Disorder Yes No
- Oppositional Defiant Disorder Yes No
- Post Traumatic Stress Disorder Yes No

- Reactive Attachment Disorder Yes No
- Schizophrenia Yes No

Have you ever dissociated (a state of voluntary or involuntary emotional or mental separation from current reality caused by stress or painful situations)? Yes No If yes, briefly explain: _____

Have you ever received counseling? Yes No (Please list facilities/counselors below)

Please list any type of care you have received within the last 2-3 years that fall within these general categories: psychiatrist care, psychiatric hospital, counseling/therapy, rehabilitation center of any kind, dietician oversight, substance detoxification program, etc.

<u>Date of Entry</u>	<u>Counselor or Program Name</u>	<u>City/State or Province</u>	<u>Reason for Leaving</u>	<u>Date of Discharge</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please sign Release of Information forms with the above facilities/programs/counselors from the past two years only and have your records forwarded to Mercy Ministries.

Have you ever been a victim of rape? Yes No How old were you? _____

Have you ever been a victim of incest? Yes No How old were you? _____

Have you ever been the victim of sexual abuse (including molestation)? Yes No

Have you ever been the victim of physical abuse? Yes No

Have you ever been involved in prostitution? Yes No

Have you ever experienced confusion about your sexuality? Yes No If yes, explain: _____

Name: _____

Have you ever tried to commit suicide? Yes No When? _____ How? _____

Why? _____

Have you ever self-harmed? Yes No How? _____

If yes, for how long? _____ Ever required medical treatment for self-harm? Yes No

Spiritual

Have you ever witnessed or been involved in occult activities? Yes No

If yes, write a detailed explanation of your involvement with occult activities: _____

Have you ever been abused in any of these activities? Yes No If yes, explain: _____

Have you ever committed your life to God? Yes No

Date: _____ Place: _____

In what Denominational/Church Affiliate were you raised? _____

How active were your parents in their faith and beliefs? _____

Are you a member of any church? Yes No

If not a member, do you regularly attend a church? Yes No

If yes to either, list name of church and Pastor: _____

Do you read the Bible? Yes No How often? _____

Do you ever pray? Yes No How often? _____

Do you feel that you have a need for God? Yes No Explain: _____

What is your present relationship with God? _____

Why would you like to come to Mercy Ministries? _____

What would you like to see happen in your life while in a Mercy Ministries' home? _____



Name: _____

DECLARATION

I agree to comply and cooperate with the staff of Mercy Ministries. I understand that if I have failed to answer these questions truthfully or knowingly withheld any information, it may negatively impact my application with Mercy Ministries or be considered grounds for discharge from the program.

Signature: _____

Print Name: _____

Date: _____

Mercy Ministries International, Inc.

Mercy Ministries

APPLICATION PACKET - Part Two

Part Two is to be completed only after Part One of the application has been received and reviewed by Mercy Ministries.

Education

Section One – Required by all applicants

Your name: _____ Age: _____

Name of last school attended: _____

Dates of attendance: _____ Did you graduate? Yes No GED

If no, what is your current grade level? _____

Section Two – USA applicants only

If you are **seventeen years old or younger** you are required to remain in school while in the program of Mercy Ministries. You have three basic options: 1) correspondence work with your current school, 2) continuing with your current course of study through your own home schooling curriculum, or 2) enrolling in the “Switched-On Online” education curriculum used by Mercy Ministries which allows for a smooth transition back to their former school or allows minors the opportunity to further their studies with Alpha Omega Academy to complete their studies and receive their diploma. <http://www.aoademy.com> If you choose to do correspondence work, you are responsible for making the arrangements with your school prior to your entrance into the program. Please direct the individual with whom you are working at your school to contact the Director of Education at (615) 831-6987 if they have any questions. Please submit a current transcript with your application and the graduation requirements of your school, along with completing the following information.

Name of School District: _____

Name of School: _____

Name, Address, and Phone of School Counselor:

The “Switched-On Online” program presents students courses of study in Math; Science, Language Arts, History and Geography. Also offered along with these core courses are 35 electives including the Bible. The cost to residents will be an average of \$60.00 per course. We will do our best to match your current courses with our curriculum, focusing on the main subjects (English, Math, Science, and History). Parents are responsible for the costs of the curriculum. Parents will be billed for these costs as materials are ordered. Please understand that the focus of our program is not your schooling, and therefore you may not be able to keep up with your class. How much of the curriculum you complete will be up to you and how hard you work on it. Public schools will generally not accept credits from a non-accredited school such as ours, but they will test a student when she returns to determine if she has covered the appropriate material for her grade level and then place her accordingly. In general we have found that our students do well enough on these exams to remain at the appropriate grade level.

If you are **seventeen or older**, you have a third option of pursuing your GED. Please obtain a letter from the last school you attended (on school letterhead) that verifies your withdrawal date and bring that with you when you enter the program. **You will also need to bring a certified copy of your birth certificate, along with a photo identification card.**

We take very seriously our commitment to see you through the level of education that is appropriate for where you are in school and life (excluding college). It is our desire to see you graduate Mercy Ministries well equipped to contribute to society as a healed and whole individual.

Mercy Ministries

GENERAL EXAM

NOTE TO PHYSICIAN: For your convenience, if your office has a standard general exam form, it may be used instead of this form. Simply attach the completed document from your office to this form.

Name of Applicant: _____

General Appearance:

Height _____

Weight _____

Vital Signs:

Blood Pressure _____

Temp. _____

Pulse _____

Resp. _____

Eyes: Appearance of Vision

Without Glasses R-20 _____ L-20 _____

With Glasses R-20 _____ L-20 _____

Teeth: Appearance of teeth

Dental Curves etc. _____

Ears: Appearance

RTM _____ LTM _____

Right Ear Canal _____ Left Ear Canal _____

Nose:

Throat:

Cardiovascular:

Neurological:

GI/GU:

Extremities:

Physician's Signature: _____ **Date:** _____

Physician's Name: _____

Physician's Address: _____

Physician's Telephone #: (_____) _____

Mercy Ministries (USA and Canada only)

TB TEST/IMMUNIZATION RECORD

NOTE: If you have an official copy of your immunization record, you may submit that instead of this form.

Name of Applicant: _____

Tuberculin Test

a. Date Test Given: _____

b. Date checked: _____

Results of Test: _____

(Enter Dates)

	NONE	1	2	3	4	UNKNOWN
1. Inactivated Polio						
2. Diphtheria, Pertussis, Tetanus						
3. MMR or separate immuns. of: Red Measles, Rubella, Mumps						
4. HPV Vaccine (optional)						

The following **additional** immunizations are recommended for applicants between the ages of 13 and 17, but are not required:

(Enter Dates)

	NONE	1	2	3	4	UNKNOWN
1. Hepatitis B						
2. MMR or separate immuns. of: Red Measles, Rubella, Mumps: second dose						
3. Tetanus						

Is this patient current on their immunization schedule? Yes No

Physician's Signature: _____ Date: _____

Physician's Name: _____

Mercy Ministries

MEDICAL HISTORY

(To be completed by the applicant)

Name of Applicant: _____ Ethnicity/Nationality: _____

Date of Birth: _____

For a resident to enter the home of Mercy Ministries it is important that we receive as much medical information as possible. *Thank you for filling out this form in detail. If you check yes to any question, please explain your symptoms in the same box as the condition and write in your age at the time of illness.*

CONDITION	YES	NO
Severe or persistent headaches		
Blurred vision or Pain in the eyes		
Hearing loss		
Hay fever/Seasonal allergies		
Sinus trouble		
High blood pressure or Low blood pressure (specify)		
Severe chest pain		
Racing of the heart		
Heart trouble		
Shortness of breath or Asthma (specify)		
Swelling of ankles		
Leg cramps		
Teeth or jaw pain/discomfort		
Lacerations (indicate where located)		
Scales/Sores (ongoing or difficult to heal)		
Digestive tract problems		
Rheumatic Fever		
Blood in urine or Burning on urination		
Frequent kidney infections or Kidney stones		
Vomiting blood		

CONDITION	YES	NO
Diarrhea or Constipation (specify)		
Arthritis		
Blackout spells/Fainting		
Convulsions/Seizures/Epilepsy		
Dizziness		
Chronic/Excessive fatigue		
Are you depressed often?		
Do you sleep well?		
Do you bruise easily?		
Medication allergies or sensitivities		
Blood transfusion		
Infectious diseases such as Scarlet Fever, Measles, Chicken Pox, Mumps		
Infectious diseases such as Whooping Cough, Smallpox, Typhoid Fever		
Cancer		
Anemia		
Diphtheria		
Hepatitis		
Tuberculosis		
Pneumonia		
Nervous Breakdown		
Goiter		
Sexually transmitted diseases (Syphilis, Gonorrhea, Herpes)		
HIV-AIDS		

Indicate any other past or present illness(es) not listed: _____

List medicines you take (bring medicine with you): _____

Do you have a regular menstrual cycle? Yes No If no, please explain: _____

Days between periods: _____ How many times have you been pregnant? _____

Number of miscarriages: _____ Number of full term deliveries: _____

Number of preterm deliveries (less than 37 weeks): _____

FAMILY HISTORY
(Whether living or deceased)

Relative/Name	Age	Condition of Health	Age at Death	Cause of Death
Mother:				
Father:				
Sisters:				
Brothers:				
Children:				
List known Birth Family (if adopted)				
Birth Mother:				
Birth Father:				
Birth Sibling(s):				

Mercy Ministries International, Inc.

Mercy Ministries (USA only)

Medical Insurance Information Form Section A

1. Name, address and telephone number of family practitioner:

2. Do you have current individual insurance coverage? Yes No

Dental _____ Vision _____ Medical _____

OR

If you are a dependent, are you covered by your parent/legal guardian's policy? Yes No

Dental _____ Vision _____ Medical _____

3. Social Security Number: _____ - _____ - _____

Please call your insurance provider for assistance in answering the following questions. If you do not have insurance, please proceed to Section B of this form.

4. Name of insurance provider: _____

Policy number: _____ Group number: _____

5. Does your policy provide medical coverage outside of your network for both emergency and non-emergency visits? Yes No If yes, what % does it cover? _____

6. What is your doctor visit co-pay inside of the network? _____ Outside the network? _____

7. Do you have prescription drug coverage? Yes No

If yes, are prescriptions covered outside of the policy network? Yes No What %? _____

8. Will your insurance policy cover all of the following possible medical needs while at Mercy Ministries?

Please check those that are covered:

- | | |
|--|---|
| <input type="checkbox"/> Normal Pregnancy* | <input type="checkbox"/> Complicated Pregnancy* |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Lab Work | <input type="checkbox"/> Psychiatric Visits |

***Please note that coverage for these needs is only required for applicants who are pregnant.**

Mercy Ministries will require your insurance, prescription and social security cards upon arrival into the program to assist with processing medical claims. No copies please.

Medical Insurance Information Form

Section B

Throughout your stay at Mercy Ministries, you are responsible to pay for your own expenses from any third-party medical needs that may arise, whether through insurance (if applicable), sponsorship, government benefits, and/or personal contribution.

In summary:

1. **Personal Spending Accounts are set up to assist all residents with covering personal needs and third-party medical expenses. The account must be replenished as needed (more frequently, if receiving psychiatric services). Any remaining balance will be returned to the resident upon departure from the program.**
2. **If you are not pregnant and have no means of financial support in providing your medical expenses, please contact the Intake Coordinator (phone number is listed on the cover page).**
3. **If you are pregnant, our Medical Coordinator will help you apply for insurance with state Medicaid after you arrive. If you are not accepted for state insurance, then you will be responsible for any and all medical bills.**
 - **(For pregnant applicants) I agree with Mercy Ministries on the importance of me making the right decision with God's guidance for me and my baby's future without pressure from others. Should I decide to place my baby for adoption, I understand that the adoptive couple will assume all pregnancy related costs.**

Remember, the resident is responsible for any third-party medical costs for services used outside of the Mercy Ministries program, and that are not covered by insurance. Please be aware that for our Mercy Ministries locations, the initial (and ongoing) costs for psychiatric visits and prescriptions (whether a resident has full or partial insurance coverage) will vary and can quickly deplete a resident's spending account due to higher charges in some cities.

All applicants please read and sign the following:

I, _____ (print name), have read the above information. I also understand that the total of all third-party medical expenses acquired while staying at Mercy Ministries is my responsibility to pay in full (except if pregnant and choosing adoption).

Applicant's Signature

Date

If you are a minor applying to Mercy Ministries, a parental/guardian signature is required in addition to your signature.

Signature of Parent/Guardian

Date

If you have any questions concerning medical related issues, please call our Intake Department.

Mercy Ministries (USA only)

The following information is only applicable to applicants UNDER 18 years of age. Please read the below information carefully.

Dear Parent or Agency of Minor:

Any minor who is accepted into our program from outside the state of Tennessee must complete and receive approval from the Interstate Compact on the Placement of Children (from this point forward referred to as ICPC) to enter Tennessee for care. ICPC oversees the placement of minors in out-of-state residential treatment care to help ensure that the child receives the most effective help available.

Completing the Interstate Compact process helps assure a proper placement and oversight for your child's stay with Mercy Ministries. The ICPC process **IS NOT** a relinquishment of custody of your child, nor does it provide temporary custody to Mercy Ministries or any other agency. The process helps assure both that you authorize placement of your child into our facility, as well as helping ensure our compliance with care requirements.

Upon your child's acceptance into the ministry, Mercy Ministries will provide the telephone number to the Interstate Compact Office for your state. This process may not be initiated until the child has been formally accepted into the ministry. Minors may not enter the home until formal approval has been initiated by you with ICPC and granted **both** by the child's sending (home) state **and** by the receiving state (Tennessee). The length of time required for this approval process varies.

Please feel free to contact my office with any questions you may have about this important process.

Thank you,

Director of Intake

Mercy Ministries

APPLICATION PACKET – Part Three

STD test results may or may not be required for entrance into the Mercy Ministries program depending on state standards in individual cases. Below is a listing of STD tests that could be required. Please note – if required, all tests listed below must be completed.

LAB WORK

Name of Applicant: _____

STD Testing: **If testing is requested, we require copies of all lab work to be submitted.**

Results:

Syphilis _____
Gonorrhea _____
Hepatitis A _____
Hepatitis B _____
Hepatitis C _____
HIV _____

Physician's Signature: _____ Date: _____

Physician's Name: _____

Physician's Address: _____

Physician's Telephone #: (_____) _____

Mercy Ministries

RELEASE OF INFORMATION FORM

All matters relating to applicant records and information are considered confidential and are treated as such by the staff of Mercy Ministries. Information regarding such matters cannot be given without the written consent of the applicant or parent/guardian.

Name of Applicant: _____ DOB: _____

I, _____, do hereby give permission for Mercy Ministries to share information related to my application to the program with:

(For example, you may want to include family members, youth workers, etc.)

1. _____
2. _____
3. _____
4. _____

I also give the following professional(s), pastoral staff, and/or facility(ies) permission to exchange the following information with Mercy Ministries for the purpose of application to the program.

1. _____
2. _____
3. _____
4. _____

- medical records and information personal history information
 educational information and records
 psychological records, psychiatric records, discharge summaries, treatment records and summaries, counseling records

This release will expire on (date) _____ unless written notification by the applicant or parent/guardian (if applicable) indicates otherwise.

Signature of Applicant

Date

Signature of Parent/Guardian (if applicable)
and relationship to applicant

Date

Signature of Witness (required)

Date

Please send all information to:

Mercy Ministries Intake Department
P.O. BOX 111060
NASHVILLE, TN 37222-1060
615-467-0535
FAX: 615-831-9953

