

CONFIDENTIAL

SOZO Recovery House, Inc.
Central WV

804 Main Street Summersville, WV 26651

Phone (304) 872-9771

RETURN APPLICATION TO INFO@SOZORECOVERYWV.COM

APPLICATION FOR ADMISSION

1. Your Full Name _____ Age _____ Date of Birth _____
Height _____ Weight _____ Gender at Birth _____ S.S. # _____

2. Permanent Address _____
Street City State Zip
Phone Number (____) _____

3. Are you married ___ single ___ divorced ___ separated ___ ? Ethnicity _____

4. With whom are you presently living? _____

5. Are you, or have you ever been, involved in (check an and all that apply): pornography ___
homosexuality ___ bestiality ___ prostitution ___

6. Are you a registered sex offender? Yes ___ No ___

7. Are you presently employed? Yes ___ No ___

8. Have you been in institutions (medical, penal, etc.) before? Yes ___ No ___

9. Have you ever been involved with an occult? Yes ___ No ___

10. If we would ask your family members the following questions about you, how do you think they would most likely answer?

Does he lie when she feels the need to do so? Yes ___ No ___

Is he honest? Yes ___ No ___

Is he a manipulator? Yes ___ No ___

Does he usually blame others for her actions? Yes ___ No ___

Will he steal if given the opportunity? Yes ___ No ___

Has he ever stolen from you? Yes ___ No ___

11. Are you currently on probation or parole? Yes___ No___
 If yes, probation or parole officer's name _____
 Phone No. _____
 Address _____
12. Do you have any upcoming court appearances for any reason? Yes___ No___
13. Do you have any attorney? Yes___ No___
 If yes, attorney's name _____ phone no. _____
14. Are you or any member of your immediate family, currently or have you in the past, been involved in a civil lawsuit? Yes___ No___
15. Do you have any children? Yes___ No___ If yes, how many? _____
16. When you were a child, did you have any religious input? Yes___ No___ If yes, what denomination?

17. Did you thoroughly read the statement of faith? Yes___ No___ Did you personally sign it? Yes___
 No___
18. Are you aware that SOZO Recovery House, Inc. believes that only a personal relationship with Jesus Christ can help you overcome your life controlling problems? Yes___ No___
19. Are you willing and ready to allow Jesus to work in your life? Yes___ No___
20. Are you aware that SOZO Recovery House, Inc. is a Pentecostal based ministry? Yes___ No___
21. Are you aware that you will be taught per our interpretation of scripture, and that we will not debate your religious beliefs or permit you to teach them to any other student in the program? Yes___
 No___
22. Do you understand that you will be confronted regarding issues in your life, and that we will not apologize for doing so? Yes___ No___
23. How desperately do you need help? Desperately___ Somewhat___
24. Do you agree that your ways have not worked and that you need a complete change of lifestyle?
 Yes___ No___
25. Have you thoroughly read the Student manual? Yes___ No___ Did you personally sign it? Yes___
 No___
26. Do you understand that in the event you are found to have drugs, alcohol, or CBD in your possession while in the program, you could face immediate dismissal from our program? Yes___ No___

27. Are you aware that if at any time our staff determines that you are not interested in our training procedures you could be released from the program? Yes ___ No ___
28. Are you aware that we offer two types of residential programs; Non Residential and residential? Yes ___ No ___
29. Do you understand that you will have limited contact with your friends during the program? Yes ___ No ___
30. Does your family know you are applying for admission to our program? Yes ___ No ___
31. Is anyone pressuring you, holding anything over your head, or giving you an incentive to get you to come to our Training Center? Yes ___ No ___
32. How long do you plan to be at the Training Center? _____
33. Do you have any outstanding doctor appointments? Yes ___ No ___ If yes, when and where? _____

34. Do you have any abscessed teeth or other dental problems? Yes ___ No ___
35. When were your eyes last checked? _____ How are your eyes? _____
36. Are you currently using any prescribed medications? Yes ___ No ___
37. Do you understand that we cannot accept persons who are taking doctor prescribed drugs if we believe that those medications may hinder their ability to keep up with the rigors of our program? Yes ___ No ___
38. Are you aware that the SOZO Recovery House, Inc. is not a licensed clinical drug/alcohol treatment center or a medical/mental health facility? Yes ___ No ___
39. When did you last do an illegal drug? _____ What was it? _____
40. Do you feel that you will require medical treatment for drug/alcohol withdrawals? Yes ___ No ___
41. What are your parents' and spouse's (if applicable) occupations?
Father's _____ Mother's _____ Spouse's _____
42. Did you complete this application yourself or did someone do it for you? _____
43. Do you have a problem signing numerous liability releases before being admitted into our program? Yes ___ No ___
44. Please answer the following questions regarding your finances:
Do you own any tangible property? Yes ___ No ___
Have you ever or are you currently receiving any type of financial assistance? Yes ___ No ___
Do you currently have any income? Yes ___ No ___

Do you expect to receive any income while you are in our program? Yes ___ No ___

Do you have any money in a savings, checking, or personal account? Yes ___ No ___
If yes, how much? _____

Do you have any outstanding debts? Yes ___ No ___ If yes, how much? _____

45. How did you learn about us? _____

Thank you for completing this application. We want to help you, so the sooner you get this to us, the sooner we can do so.

Signed (Applicant)

Date

**THE FOLLOWING INFORMATION IS TO BE
COMPLETED BY OUR DIRECTOR OF ADMISSIONS**

Date received _____ Received by _____

Date of interview _____ Accepted ___ Not accepted ___ If not accepted, reason _____
