Originated: 4/15/08
Revised: 7/15/14

Application Packet

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

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

Mercy Ministries

Application Packet Contents

Part One:

Introduction ii

Instructions for Application iv

Application 1

Part Two:

General Exam 8

Immunization Record (USA and Canada Only) 9

If You Are Pregnant 10

Medical History 11

Family History 13

Insurance Information 14

Release of Information Form 17

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

ICPC (USA Only) ....

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

Mercy Ministries
Lives transformed. Hope restored.

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 exists to offer young women the opportunity to have their ***lives transformed and hope restored*** in a program that is free of charge. 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 that requires on average, a six month commitment.
- *Choices That Bring Change* is the counseling curriculum 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 assists us in determining 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 to Mercy Ministries cannot be placed at Mercy Ministries involuntarily by parents or outside agencies and must desire true change in their life. The desire for personal change plays a significant part in the healing process while at Mercy Ministries. Applicants accepted to Mercy Ministries program will be asked to sign 30 Day and Six Month Commitment forms prior to entry.
- 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. While our program is free of charge to each girl, expenses cost Mercy Ministries $200 per day, per girl. Compare that cost to private treatment programs which charge $1000 to $2000 each day.
- 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 a resident 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.

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

Personal Spending Money While at Mercy Ministries:

The Mercy Ministries program is provided free of charge; however, each 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. 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.

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

INSTRUCTIONS

Step 1 **Application Form** – Complete Part One of the application (pages 1-7). The application must be completed by the applicant and filled out completely.
Please submit pages 1-7 of the application to the Intake Department via email **(preferred)**, fax or mail:

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

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.

Photograph – Along with Part One of the application, please send a recent head-to-toe photograph taken within the last three months to the Intake Department.

***Raising the Standard* and *It Is Finished* Teachings** – These teachings will be provided to by the Intake Department upon reviewing Part One of the application. You will be required to listen to two teaching assignments on our website (or the CDs can be mailed to you). You must submit a personal response to each teaching. Please be sure to follow all the instructions on the letter that accompanies the web link (or mailing).

Step 2 **Family & Medical History** – Please complete pages 11 through 15 in your own handwriting; submit these pages to the Intake Department upon completion. Also submit a copy of your immunization records.

Medical – The applicant will be instructed by the Intake Coordinator to proceed by completing a physical exam and TB test. There may be additional medical requirements as well, so please wait for instruction from your Intake Coordinator. Additional requirements may include, but are not limited to, a metabolic panel, dental cleaning, etc.

Phone Interview – **It is the applicant's responsibility to call the Intake Department** to schedule a telephone interview. Interviews last approximately one and a half hours and are scheduled in advance.

Professional Reports Submitted –The applicant will be instructed by the Intake Coordinator to submit all required medical reports, psychological reports and educational information.

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.

Mercy Ministries
Lives transformed. Hope restored.

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

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.

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

APPLICATION FOR 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 to whom you give us permission by signing a Release of Information as well as the individual who referred you to the program, on an as needed basis.

A "Release of Information Form" is found as the last page of this application. Please completely fill out this Release Form including the names of individuals whom you would like to allow access to information about your application *process*.

When completing your application below, please answer all questions honestly so we may know how best to help you. Please do not leave any blanks in your application. If a question is not applicable to you please put N/A.

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:____________

Primary Phone #: (______)__________________ Secondary Phone #: (______)__________________

Third Phone #: (______)__________________ Email:____

Mother's Name:______________________________ Father's Name:_____________________________

Legal Guardian's Name (if different):____

Address: ____

City:_________________________ State/Province:___________ Zip/Postal Code:_____________ Country:____________

Primary Phone #: (______)__________________ Secondary Phone #: (______)__________________

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

☐Parents ☐Church ☐Radio/TV ☐Internet ☐Court ☐Counselor ☐Friend ☐Other (specify)________________

With your permission we will share information regarding your application process with those whom you authorize via the Release of Information form (p. 17) as well as your referral source.

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:____________

Date of Birth:__________________________ Age:____________

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

Are you a U.S. citizen? ☐Yes ☐No If no, please explain:____

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

Social Security Number:_____________________________

Physical Characteristics: Height:________________ Weight:________________

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

Name: ___________________________________

Marital Status (Please check one)

☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced

If engaged, how long?_____________ Is a wedding date set?________ If yes, when 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:____

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

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.

Education

Name of last school/college/university attended?____

Dates attended?_________________ Did you graduate? ☐ Yes ☐ No ☐ GED Current grade?_________________

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) Minors who do not have their GED or have not graduated must participate in a school option while at Mercy Ministries. Indicate your choice:

☐ Mercy Ministries Online Home schooling program ☐ Correspondence work from your school/homeschool

☐ GED (age 17 and older)

Mercy Ministries
Lives transformed. Hope restored.
© 2010 Mercy Ministries International, Inc. All Rights Reserved.

Name: ____________________________________

Adults who have not graduated from high school have the opportunity to work toward a GED while at Mercy Ministries.

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 “Ignitia” 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.aopschools.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 “Ignitia” 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.

Medical

Do you have any allergies (food, medicine, animal)? ☐Yes ☐No
List all known allergies:____

____

Do you require an EpiPen? ☐Yes ☐No

List any and all medication or supplements that you take:

Medication/Supplement	Dosage	Reason	For How Long

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

Name: ___________________________________

If you have been prescribed medications, please do not stop them on your own. 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).

List any dietary restrictions/limitations:____

____

Were these restrictions/limitations recommended by a doctor? ☐Yes ☐No

You will be required to eat chicken and beef in addition to fruits and vegetables.

Are you willing to do this? ☐Yes ☐No Are you currently eating these? ☐Yes ☐No We do not have an all vegetarian option.

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, 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:____

____

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 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:____

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

Name: ______________________________

Attorney's telephone #:(_____)________________

Are you currently on: Probation? ☐Yes ☐No Parole? ☐Yes ☐No

If so, how long?________________ Length of time remaining:________________

Substance Use

Check any substances with which you have experimented.

☐ Alcohol
☐ Amphetamines (uppers)
☐ Barbiturates (downers)
☐ Cocaine
☐ Crack
☐ Inhalants (Glue, Paint Thinner, etc.)
☐ Hallucinogenic (Acid, LSD, etc.)
☐ Crank
☐ Crystal Meth
☐ Marijuana
☐ Methamphetamine
☐ Morphine
☐ Opium
☐ Heroin
☐ Ecstasy
☐ Tobacco
☐ Other:____________
☐ Other:____________
☐ Other:____________
☐ Other:____________
☐ Other:____________
☐ Other:____________

Drug of Choice:

1)______________________ Length of Use____________________ Date Last Used______________

2)______________________ Length of Use____________________ Date Last Used______________

Counseling and Treatment

Have you ever been diagnosed or treated for:

ADD/ADHD ☐Yes ☐No
Anxiety ☐Yes ☐No
Asperger's Syndrome ☐Yes ☐No
Bi-Polar Disorder ☐Yes ☐No
Borderline Personality Disorder ☐Yes ☐No
Depression ☐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
Schizoaffective Disorder ☐Yes ☐No
Schizophrenia ☐Yes ☐No

Have you ever dissociated (a state of involuntary separation from reality caused by stress or trauma)?
☐Yes ☐No If yes, briefly explain:____

____

Have you been in any in/outpatient counseling therapy in the last 2 years? ☐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, dietitian oversight, substance detoxification program, etc.

Date of Entry	Counselor or Program Name	City/State or Province	Reason for Leaving	Date of Discharge
________	____________	__________	____________	________
________	____________	__________	____________	________
________	____________	__________	____________	________
________	____________	__________	____________	________

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

Name: ___________________________

Date of Entry	Counselor or Program Name	City/State or Province	Reason for Leaving	Date of Discharge
________	____________	__________	____________	________
________	____________	__________	____________	________

Personal History

Have you ever tried to commit suicide? ☐Yes ☐No When?__________ How?__________________

Why?____

Have you ever self-harmed? ☐Yes ☐No How?_____________________________

At what age did you start and is this a current struggle?________________________

Ever required medical treatment for self-harm? ☐Yes ☐No

Have you ever been a victim of rape? ☐Yes ☐No Age?__________

Have you ever been the victim of sexual abuse? ☐Yes ☐No Age?__________

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

Have you ever been involved in prostitution? ☐Yes ☐No

Have you ever been involved in sex trafficking? ☐Yes ☐No

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

____

Spiritual

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?__________________________

Do you regularly attend a church? ☐Yes ☐No

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?______________________________

____

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

Name:____

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 during any of these activities? ☐ Yes ☐ No If yes, explain:______________________
____
____

Tell us why you would like to come to Mercy Ministries.____
____
____
____

What are the top 3 areas you want to work on while at Mercy?

☐ Anger	☐ Legal Issues	☐ Sexual Abuse	☐ Other_____________
☐ Anxiety	☐ Occult	☐ Suicidal Thoughts	☐ Other_____________
☐ Chemical Dependency	☐ Pregnancy	☐ Bi-Polar Disorder	☐ Other_____________
☐ Depression	☐ Self-Harm	☐ OCD	☐ Other_____________
☐ Eating Disorder	☐ Physical Abuse	☐ PTSD	☐ Other_____________

What would you like to see happen as a result of coming to Mercy Ministries?___________________________________
____
____
____

DECLARATION

By signing below I am indicating that the info I have provided is truthful to the best of my knowledge and I have not knowingly withheld information.

Signature:____

Print Name:____

Date:____

Mercy Ministries
Lives transformed. Hope restored.

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

Mercy Ministries
Lives transformed. Hope restored.

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 #: (__________)________________________________

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

Mercy Ministries
Lives transformed. Hope restored.

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)						

Is this patient current on their immunization schedule? ☐ Yes ☐ No

Physician's Signature: __________________________ **Date**: __________

Physician's Name: ____

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

Mercy Ministries
Lives transformed. Hope restored.

IF YOU ARE PREGNANT
(To be completed by your physician)

Name of Applicant: ____

Gynecological exam: Date of LMP ____

Results of Pelvic Exam: Cervix ____

Uterus ____

Vagina ____

Breasts: Shape and appearance of breasts and nipples ____________________________________
____

Pregnancy: Date of LMP __________________________ Weight _____________________

Due Date ____________________________

Fundal Height _________________________ Cervix _____________________

Ultrasound results (if done): ____

Any abnormalities such as vaginal bleeding or vaginal secretions not related to a normal pregnancy? If so, what? ____
____

Recommendations for care (bed rest, physical limitations, dietary limitation, etc.): ______________
____

Were any medications prescribed, if so what and for what reason? __________________________
____

Physician's impressions, comments, and diagnosis of applicant's health: _____________________
____

Physician's Signature: ___________________________ **Date**: _________

Physician's Name: ____

Physician's Address: ____

Physician's Telephone #: (__________)_____________________________

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

Mercy Ministries
Lives transformed. Hope restored.

MEDICAL HISTORY

(To be completed by the applicant)

Name of Applicant: ____

It is important that we receive as much medical information as possible from residents entering Mercy Ministries. Please check yes or no to each medical condition and **if you check yes, 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 eye pain		
Hearing loss		
Hay fever/seasonal allergies		
Sinus trouble		
High or low blood pressure (specify)		
Severe chest pain		
Heart palpitations		
Heart trouble		
Asthma or shortness of breath (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 upon urination		
Frequent kidney infections or kidney stones		
Vomiting blood		
Diarrhea or constipation (specify)		

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

Mercy Ministries
Lives transformed. Hope restored.

CONDITION	YES	NO
Arthritis		
Blackout spells/fainting		
Convulsions/Seizures/Epilepsy		
Dizziness		
Chronic/excessive fatigue		
Often depressed		
Frequent trouble sleeping		
Bruise easily		
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 all current prescribed medication as well as supplements you take:______________________________

List all medication allergies and/or sensitivities: ____
____

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): __________________

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

Mercy Ministries
Lives transformed. Hope restored.

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):				

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

Mercy Ministries
Lives transformed. Hope restored.

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 of policy holder: _____________-_____________-_____________

4. Date of Birth of policy holder: _____________________

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.

5. Name of insurance provider: _______________________________

   Policy number: ____________ Group number: ____________

6. 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? ________

7. What is your doctor visit co-pay inside of the network? __________ Outside the network? __________

8. 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:

   ☐ Normal Pregnancy* ☐ Complicated Pregnancy*
   ☐ Emergency Room ☐ Hospitalization
   ☐ Lab Work ☐ 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.

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

Mercy Ministries
Lives transformed. Hope restored.

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 Department.**

3. **If you are pregnant, our Medical Director 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.

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

Mercy Ministries
Lives transformed. Hope restored.

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

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 ensure 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

© 2010 Mercy Ministries International, Inc. All Rights Reserved.

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) Date
and relationship to applicant

____ ________________
Signature of Witness **(Required)** Date
Must be an individual other than those listed above

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

© 2010 Mercy Ministries International, Inc. All Rights Reserved.