Lazarus Project Application

INSTRUCTIONS:

1. Fill out the application completely. Incomplete applications will not be accepted. You may or may not be contacted again if your application is incomplete. Be sure to answer every question. If you are accepted into the program and it is later discovered that you have provided false information on your application, disciplinary action will result up to and including termination from the program. If a termination is enforced, it is not the responsibility of the Lazarus Project Program to provide transportation for the terminated resident/applicant. Upon termination, the individual terminated will be permitted to make the necessary phone calls to arrange pickup/transportation by that days end.

2. Return application to:

Mail to: The Lazarus Project
13855 Plank Rd.
Baker LA, 70714

Fax to: 225-775-7478

Or scan and send to

Lazarus@Bethany.com

You may drop applications off in person, but you will not be interviewed at that time.

3. Once your application is reviewed in a timely manner, you will receive a phone call setting up a time for a phone or personal interview with the Program Manager.

If for some reason we are not able to accept your application at the present time, we will contact you and let you know and not leave you wondering the status of your application.

SPECIAL NOTE: Your application is confidential. It will be reviewed by authorized personnel only and secured properly. No one answer on this application will necessarily disqualify an individual from being accepted. The Lazarus Project is an equal opportunity institution and opposes discrimination in any form.

Before you complete the application, please note that the Lazarus Project is a faith-based drug rehab/Christian discipleship program and may not be for everyone.
Financial Agreement
And Responsibility
Acknowledgement
Statement

Non-refundable Registration Fee: $100.00

Although we do not charge for the program, there is a $100 Non-refundable Registration / Administration Fee.

This fee in no way covers the cost that this ministry incurs to house, feed, transport and do the day-to-day operations that must be done for the program to succeed.

If you are accepted into the program and it is later discovered that you have provided false information on your application, disciplinary action will result up to and including termination from the program.

I have read the above Financial Agreement and Responsibility Acknowledgement Statements and understand them. Also, I understand that all fees are due the first day you are officially enrolled.

Printed name: _________________________________ Date: __________

Signature: ____________________________________ Date: __________
GENERAL INFORMATION

Application Date: _______________

Full Name: ___________________________________________________

Current Street Address: _________________________________________

City: _________________________________ State: _____ ZIP: ______

Home Phone: __________________________

Cell Phone: ____________________________

Email Address: ________________________________________________

Date of birth: ______________

Age: ______

Social Security Number: _____ - _____ - _____

Gender: □ Male    □ Female

Race/Ethnicity: ________________________

Marital Status: □ Single    □ Married    □ Divorced

Do You Have Children? □ Yes    □ No

Please list the names and ages of your children:

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
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Do you have a high school diploma or G.E.D.? □ Yes    □ No

Who referred you to the program?: ________________________________

What is your relationship to your referral? _________________________

Referral’s Phone Number: ________________________________

Referral’s email address if available: ______________________________
**FINANCIAL INFORMATION**

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>ESTIMATED DEBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Support (per month)</td>
<td>$</td>
</tr>
<tr>
<td>Probation Fees</td>
<td>$</td>
</tr>
<tr>
<td>Student Loan Amount</td>
<td>$</td>
</tr>
<tr>
<td>Alimony (per month)</td>
<td>$</td>
</tr>
<tr>
<td>Court Cost</td>
<td>$</td>
</tr>
<tr>
<td>Law Suit Amounts</td>
<td>$</td>
</tr>
<tr>
<td>Other Expense</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$</strong></td>
</tr>
</tbody>
</table>

Driver’s license number: _________________________________________

State driver’s license is issued in: _____

Driver’s license status: ☐ Valid ☐ Revoked

**SUBSTANCE ABUSE INFORMATION**

Years I have battled substance abuse: ____

Specific drug(s) of choice: _______________________________________

List all illegal drug(s) you have used in the past: __________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

List all alcoholic beverages you have abused in the past: _______________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

# of DUI's on your police record: ________________________

Do you currently smoke tobacco? ☐ Yes ☐ No

Do you currently use smokeless tobacco? ☐ Yes ☐ No

Have you abused prescription medication? ☐ Yes ☐ No

If yes, please list all: ________________________________________________
_________________________________________________________________
_________________________________________________________________
Are you currently detoxed?  ☐ Yes  ☐ No
Have you ever been arrested?  ☐ Yes  ☐ No
Please give details of your arrest(s):
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Have you been convicted of a felony or pled no contest to a felony?  ☐ Yes  ☐ No
Please give details of your felony conviction:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
List any felony charges:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Have you spent time in jail or prison?  ☐ Yes  ☐ No
If yes, how long were you incarcerated at each occurrence?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Do you currently have any outstanding warrants for your arrest?  ☐ Yes  ☐ No
Are you on probation?  ☐ Yes  ☐ No
If yes, where?
_________________________________________________________________
If yes, who is your Probation Officer?
_________________________________________________________________
Please give your Probation Officer’s Phone Number:
_________________________________________________________________
Are you a registered sex offender?  ☐ Yes  ☐ No
Do you have health insurance?  ☐ Yes  ☐ No
You will be required to take a physical exam; do you have a problem with this?  ☐ Yes  ☐ No
Are you willing to release the results of the physical to the Lazarus Project administrators?  ☐Yes  ☐No

**IMPORTANT: The Lazarus Project is not responsible for any healthcare bills. It is solely your responsibility to arrange a verifiable contact person (spouse, parent, etc.) and address for healthcare professionals to send any medical bills you might incur during your residency at the Lazarus Project. Your designated person will be contacted to verify that they will be responsible for any of your medical bills.**

Have you read and do you understand the above statement?  ☐Yes  ☐No

Person responsible for your healthcare bills: _______________________________

Person responsible for healthcare bills phone number: ______________________

Person responsible for healthcare bills address:
Street address: ________________________________________________________
City: ___________________________  State: __________  ZIP: ________________

I wear glasses or contacts.  ☐Yes  ☐No

I feel like I need to see an eye doctor:  ☐Yes  ☐No
If yes, give reason: ___________________________________________________

I feel like I need to see a dentist.  ☐Yes  ☐No
If so, give reason: ___________________________________________________

Do you currently have any of the following health issues?

I have tested positive for HIV / AIDS?  ☐Yes  ☐No
Communicable disease?  ☐Yes  ☐No
If yes, please list: _____________________________________________________
Hepatitis?  ☐Yes  ☐No
If yes, what type of hepatitis: _____________
Sexually Transmitted Disease?  ☐Yes  ☐No
If yes, list: _________________________________________________________
Undergoing or completed treatment for STD?  ☐Yes  ☐No
If yes, explain: _____________________________________________________

List any other current diseases not listed above: ____________________________
_____________________________________________________________________
_____________________________________________________________________

Do you have any current injuries?  ☐Yes  ☐No
If yes, please list: _____________________________________________________
_____________________________________________________________________

Do you have any currently allergies?  ☐Yes  ☐No
If yes, please list all allergies: ___________________________________________
Do you have any current disabilities? □ Yes  □ No
If yes, please list: __________________________________________________
__________________________________________________________________

Are you currently taking a doctor prescribed medication? □ Yes  □ No
If so, list each medication, dosage, and frequency you take medication: _______
__________________________________________________________________
__________________________________________________________________
List each physician’s name who prescribed you this medication(s): _____________
__________________________________________________________________
__________________________________________________________________

Do you have any special dietary needs? □ Yes  □ No
If yes, please list: __________________________________________________
__________________________________________________________________

IMPORTANT! Unless a physician instructs otherwise, you will be required to
exercise your body 5 days/week at 6:00 a.m. each weekday morning. Like boot
camp is to the Army, physical training is also important to the Lazarus Project and
is a mandatory part of our program.

Are you willing to submit to the physical training part of our program? □ Yes  □ No
If no, explain: ______________________________________________________

Have you been diagnosed with any of the following mental health issues?

Bi-polar: □ Yes  □ No
If yes, explain: ______________________________________________________

Paranoid: □ Yes  □ No
If yes, explain: ______________________________________________________

Schizophrenic □ Yes  □ No
If yes, explain: ______________________________________________________

Depression: □ Yes  □ No
If yes, explain: ______________________________________________________

BEHAVIORAL INFORMATION

IMPORTANT! Submission to authority doesn’t even occur until you first disagree
with an authority figure but agree to what he/she asks despite your
disagreement.

How will you cope with the many layers of authority over you giving you daily
instruction? ______________________________________________________
IMPORTANT! We have found that people battling life controlling issues only change when one of two things happens: (1) they are hurting bad enough that they have to or (2) they are hungry enough that they want to change.

In which condition are you? □ Hungry for change □ Hurting bad enough to change

List any previous drug rehabilitation programs that you have been involved with:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Why do you want to enroll in the Lazarus Project? __________________________

__________________________________________________________________

The Lazarus Project is a Christ-centered, faith-based program. Why would you want to attend a Christian discipleship program? __________________________

__________________________________________________________________

Do you want to be free from addictive behaviors? □ Yes □ No
If yes, explain: _________________________________________________________

__________________________________________________________________

Our program is very strict with stringent rules, regulations, and restrictions. How would you deal with such a structured environment? __________________________

__________________________________________________________________

In addition to classroom instruction, our men perform physical labor every weekday and virtually every Saturday. How will you cope with such a physically demanding environment? _____________________________________________

__________________________________________________________________

Are you aware that the Lazarus Project is a minimum 12-month program? □ Yes □ No

What makes you think you can complete a one year program? __________________________

__________________________________________________________________

IMPORTANT! The Lazarus Project curriculum operates on a semester (quarterly) basis. If you enter the program more than one month (4 weeks) after the classes have already started, you will be automatically enrolled in the “Ground Level.” This level consists of up to 2 months depending upon when you entered into the program. None of your time will count against your 1 year of classes while enrolled in the Ground Level.
Do you understand that although you may be accepted into The Lazarus Project, if you enter during the Ground Level phase, your 365 day count does not begin until you start classes the next semester? □ Yes □ No

Are you aware that you will not be able to work and earn an income while in the project? □ Yes □ No

How do you feel about that? ________________________________________________

How can we be sure that you will, if accepted, fully commit to complete the 12-month program and won’t waste our time and yours? __________________________________________________________

This is your one chance to say anything you would like to us: __________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

By signing my name below, I am certifying that all information here is accurate and true.

Printed name: _________________________________ Date: __________

Signature: ________________________________ Date: __________

OFFICE USE ONLY:

Date application received: ________________

Processed by: ____________________________
Notes: