

# LOVE IN ACTION

*The Source*

*Residential Program Application*



# LOVE IN ACTION

Dear Friend,

Congratulations on beginning the application process for *The Source* Residential Program. It is encouraging and humbling to see people willing to make themselves vulnerable enough to admit they need help. In your recovery process we pray you will discover that God is the God of where you are right now. He will never bully you into doing things you're not ready for, but will gently and lovingly nudge you toward each successive step of faith. Take heart: the fact that you're about complete this application shows that God has already brought you a long way!

Many applicants to *The Source* program struggle with feeling isolated from other people, and some firmly believe that "God alone can heal me." The idea of opening up to someone else about their internal struggles, especially another Christian, may strike them as quite foreign. If you struggle with these feelings, you may find God challenging that mindset from the very start, even as you answer the questions on this form.

As He draws you out of isolation and takes you through the process of becoming honest about your brokenness, you will find (perhaps to your surprise!) that healing will begin to come through other people. God will use others to pour his mercy, grace and love into your life, and the more he pours out the more you will find you have something to give back to others. At Love in Action you will learn that God doesn't heal in a vacuum. He brings healing as we grow more deeply connected to others in the Body of Christ.

As you prayerfully answer the questions in this application, we want to encourage you: you are applying to be part of a redemptive Christian environment where other believers will be invested in your recovery. As you experience growth and healing, you will become invested in theirs as well. We pray that at this crucial time in your life you will press into God and his Body to find your true fulfillment, posturing yourself to receive the many blessings we know He has for you.

In His Grip,

*The LIA Staff*

admin@loveinaction.org

Revised 5/25/10

**LOVE IN ACTION INTERNATIONAL**

P.O. Box 343418 • Bartlett, TN 38184-3418

(901) 751.2468 • (877) 320.5217 • (901) 751.1922 (FAX)

**www.loveinaction.org**

## Application Instructions

**If you have received your application in the mail, please complete it within 30 days of receipt.** This will ensure that the information submitted is up to date and accurate. Please call or e-mail if you have any questions or concerns regarding the requirements.

**To submit the application by e-mail,** simply save this PDF file with your responses in your hard drive, then include it as an attachment in an e-mail to the address listed below.

### Completing the Application Process

Please carefully examine each section and its instructions. We will not be able to process your application unless all sections have been successfully completed. Please mail, e-mail, or submit your application online (see our contact information at the bottom of this page) along with the following items.

1. **Personal Biography** - Please include the following in your Personal Biography:
  - a. Some family history, including your current relationship with your father & mother
  - b. Your current relationship with your spouse and children
  - c. Your church/spiritual experience and/or salvation experience
  - d. Describe your sexual history, including:
    - 1) Sex with men and/or women
    - 2) Pornography
    - 3) Masturbation
    - 4) Visits to bookstores
    - 5) Anonymous sex
    - 6) Any other sexual activity
  - e. Please describe your history of any physical, sexual, and/or emotional abuse
  - f. Address specific areas of support and/or instruction you desire to receive in coming to *The Source* Residential Program
  - g. What are your expectations of *The Source* program? What changes do you expect to see in yourself as a result of your completion of the program?
2. A recent photo (taken within the last six months)
3. A photocopy of your driver's license and/or birth certificate
4. Authorization to Release Information form, found on page 13 of this packet. This form authorizes Data Facts, Inc. of Cordova, TN to perform a background check on you. Even if you are submitting your application by e-mail, this form must be printed out, signed by hand, and either mailed or faxed to our offices.
5. Three General Reference Forms filled out by three people whom you have known for at least two years and who are not related to you, including one spiritual leader/mentor. For male applicants, two references must be male. A copy of this form is found on pages 14-16 of this packet. The form may also be downloaded separately from our website should your references choose to submit their forms by e-mail.
6. **Married applicants:** have your spouse fill out and submit the Marital Reference Form. A copy of this form is found on pages 17-19 of this packet. The form may also be downloaded separately from our website should your spouse choose to submit his or her form by e-mail.
7. Application processing fee (non-refundable) of \$25.00 made payable to LIA. You may mail a check or money order or contact our offices to pay by credit or debit card. *This fee will be applied to your program fees upon the approval of your application.*

### Selection Process:

Once all requirements have been submitted to Love In Action, the Selection Committee will review your application and respond with a decision promptly. Space in *The Source* program is limited. If your application is approved, you may secure a place by submitting a non-refundable deposit (this deposit will count toward your program fees). If no space is available when you are accepted, you will be placed on a waiting list.

**Submitting an application does not mean automatic selection.**

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 P.O. Box 343418 • Bartlett, TN 38184-3418  
 901.751.2468 • 877.320.5217 • 901.751.1922 fax  
[www.loveinaction.org](http://www.loveinaction.org) • [admin@loveinaction.org](mailto:admin@loveinaction.org)

### The Source Financial Policy & Agreement

**Program Options** - *The Source* offers two initial program options to suit your needs. Please carefully read the program specifications below and check the program you are applying for.

1. **28-Day Residential:** Participants in the 28-day residential program live in the structured environment of one of our residential houses. Participants receive group instruction and counseling at the LIA campus from 10:00am to 5:00pm Monday through Friday, with one individual counseling session per week. After an initial period of assessment and skill-building, participants explore individual personal struggles and pursue spiritual change. Family participation may occur on a case-by-case basis, via face-to-face counseling and/or telephone support.

**Cost - \$3,000** ☐ **Non-refundable Deposit - \$500** **Application Fee - \$25.00 (both count toward fees)**

2. **Three-Month Residential:** Participants in the three-month residential program live in the structured environment of one of our residential houses. Participants receive group instruction and counseling at the LIA campus from 10:00am - 5:00 pm Monday thru Friday, with one individual counseling session per week. Participants benefit from extensive treatment plans and longer-term individual counseling, with the option of applying for a 3- or 6-month follow-up program. Family involvement occurs on a case-by-case basis, via face-to-face counseling and/or telephone support.

**Cost - \$6,000** ☐ **Non-refundable Deposit - \$1000** **Application Fee - \$25.00 (both count toward fees)**

**Follow-Up Programs** - In addition, three-month residential clients have the option to stay for an additional three- or six-month period to transition gradually back into self-sufficiency. If a graduate chooses to stay, the client will obtain full-time employment while continuing to live in the residential facility. If you desire to stay for a follow-up program, please mark your choice below. (Checking one of the options does not commit you to pursue this; it only gives us an indication of your present intentions.)

☐ 3-Month Follow-Up: \$1,500 to be paid at start of 4<sup>th</sup> month

☐ 6-Month Follow-Up: \$3,000 to be paid at start of 7<sup>th</sup> month

**Program Start Dates** - *The Source* program always begins on a Monday. Upon acceptance, we will offer you the earliest possible start date. Once a date is selected, your non-refundable deposit must be submitted to secure your placement.

**Program fees are due prior to your arrival or on your start date. Any exceptions must be approved by the Executive Director.**

**Financial Support** - At times, our clients choose to raise financial support to assist with their program fees. Your family and friends may contribute tax-deductible funds on your behalf to our Scholarship Fund. We purpose to use donations received into the Scholarship Fund as intended by the provider. The contributions are non-refundable and if the client chooses to leave the program prematurely, the funds will be used by Love in Action in other areas of need, including scholarships for other clients. **If your supporters would like to contribute to our Scholarship Fund, they must:**

1. Make their checks payable to Love in Action
2. Leave the "Memo" section blank and include a separate note stating they would like to support you
3. Mail their donation directly to us at: Love In Action, P.O. Box 343418 Memphis, TN 38184-3418

**No-Refund Policy** - Under no circumstances will refunds be offered for any segment of the fees for *The Source* program including the application fee, the deposit, the program fees, and any donations given on your behalf.

I (applicant's name) \_\_\_\_\_, am applying for the program selected above. If accepted, I agree to submit the entire balance of my program fees before arriving at Love in Action International, Inc. I recognize that fees are my responsibility, regardless of who may actually be paying the fees. I also acknowledge that my housing and/or start date will only be confirmed after Love in Action International, Inc. has received my non-refundable reservation deposit. I further acknowledge that I have read and accept Love in Action International, Inc.'s **No-Refund Policy**. I understand that, should I choose to break this contract, I may be dismissed from the program.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Philosophy of Ministry to Married Clients** - We are committed to the success of marriage and family. It is our goal as the staff of Love in Action to assist a client in reconciliation with his/her spouse whenever this is possible. In order to effectively repair a marriage broken through adulterous sexual activity, it is our belief that a completely new platform of trust must be built between the spouse and client. Based on this belief, it is the policy of Love in Action to require total abstinence from sexual intimacy with one's spouse during the entire time in *The Source* program. This physical separation is to promote emotional and spiritual renewal for both the client and his/her spouse.

During the initial phase of a client's program there will also most likely be communication boundaries between the client and his/her spouse. These boundaries will be established and clearly laid out by the client's counselor.

We see the pain that can come in separation of families and separation of children from one or both parents. We also understand that there is time when it is clearly in the best interest of all concerned to take advantage of opportunities for parents to pursue physical, emotional and spiritual health for the welfare of the entire family. When there are children involved, it is our desire that the client maintain an effective and loving communication with his/her children. We will take this into consideration as we establish boundaries for the client's program. It is our belief that inappropriate sexual behavior is dangerous and destructive to the marriage and family relationships. If a client cannot maintain obedience to Christ and faithfulness to his/her spouse and children, the family is doomed to failure. Bearing this in mind, please understand that the client is our first priority. We will not allow any compromise in the safety or progress of any client based on outside relationships or family needs.

While a client is in *The Source* program, we suggest that the spouse seek personal counsel and healing for him/herself. The staff of Love in Action is available to support the spouse in this process. We offer additional support and counseling for spouses of those who are involved in *The Source*. Our reason for existing is to offer the finest Christian support and discipleship programming available, and we hope that the spouse will take advantage of the following services:

**Spouse One-on-One Counseling** - counseling can be done either via telephone or face-to-face.  
**\$50.00 per hour**

**Spouse 4-Day Intensive** - Counseling will take place at Love in Action campus.

I (applicant's name) \_\_\_\_\_, have read and understood Love In Action's Philosophy of Ministry to Married Clients and have shared it with my spouse, if applicable.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 6 - The Source Residential Program Application

Please answer each question as honestly as possible. Print legibly, using either blue or black ink.

### Part 1 - Personal Information

Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Sex: ☐ Male ☐ Female Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Social Security Number \_\_\_\_\_ DL #: \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

#### If Married/Separated:

Name of Spouse \_\_\_\_\_ Years Married \_\_\_\_\_

How long have you been separated or divorced (if applicable)? \_\_\_\_\_

Have you discussed with your spouse your desire to participate in *The Source* program? ☐ Yes ☐ No

If "Yes," is he/she supportive of your desire? ☐ Yes ☐ No If "No," why not?

#### Children (if more than 3, please attach a separate sheet):

Names	Ages	Public or Home-Schooled and Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Employment:

Name of Employer \_\_\_\_\_

Address (w/City, State, Zip) \_\_\_\_\_

Title \_\_\_\_\_ How long have you held this position? \_\_\_\_\_

### Part 2 - Education

Did you graduate from high school? ☐ Yes ☐ No If "Yes," what year did you graduate? \_\_\_\_\_

Did you attend college or continuing education? ☐ Yes ☐ No

If "Yes," where did you attend? \_\_\_\_\_

Did you graduate? ☐ Yes ☐ No If "Yes," year you graduated and GPA: \_\_\_\_\_

If "No," years completed and GPA: \_\_\_\_\_

Have you attended any type of religious school or training? ☐ Yes ☐ No

Name of school: \_\_\_\_\_ Denomination: \_\_\_\_\_

Dates attended: \_\_\_\_\_ City/State: \_\_\_\_\_

**Part 3 - Spiritual Formation**

Do you attend a local church now? ☐ Yes ☐ No If "No," please explain why not:

If "Yes," give the name of the church: \_\_\_\_\_

Denomination: \_\_\_\_\_

How long have you been attending this church? \_\_\_\_\_

Please check all that apply to your church involvement:

☐ Sunday Attendance ☐ Mid-Week Service ☐ Weekly Bible Study Group

☐ Other Activities: \_\_\_\_\_

Name of pastor you are closest to (first & last name): \_\_\_\_\_

Have you told your pastor about your interest in *The Source* program? ☐ Yes ☐ No If "No," please explain why not:

**Part 4 - Relational/Life-Dominating Issues**

Describe your relationship with male authority figures:

☐ Appreciative ☐ Comfortable ☐ Distant ☐ Fearful ☐ Anxious ☐ Other

Describe your relationship with female authority figures:

☐ Appreciative ☐ Comfortable ☐ Distant ☐ Fearful ☐ Anxious ☐ Other

Are you, or have you ever been in an emotionally dependent/exaggerated relationship?

☐ Yes ☐ No If "Yes," was it with: ☐ Men ☐ Women ☐ Both

I have struggled or am currently struggling with:

☐ Alcohol ☐ Drugs ☐ Co-Dependency ☐ Emotional Dependency  
☐ Pornography ☐ Heterosexual Sex Addiction ☐ Same-Sex Attraction ☐ Sexual Promiscuity  
☐ Homosexual Sex Addiction ☐ Other: \_\_\_\_\_

Do you drink alcohol to excess or struggle with wanting a drink? ☐ No ☐ Drink to excess ☐ Struggle

Do you use illegal drugs or struggle with wanting to use? ☐ No ☐ Still use ☐ Struggle

If "Still use," what are you using? \_\_\_\_\_

What illegal drugs have you used in the past? \_\_\_\_\_

Do you consider yourself to be in recovery from an alcohol/drug problem? ☐ Yes ☐ No

If "Yes," how long have you been completely sober? \_\_\_\_\_

Have you ever contemplated or attempted suicide? ☐ Yes ☐ No If "Yes," please explain:

Have you ever practiced self-mutilation (cutting, burning, etc.)? ☐ Yes ☐ No If "Yes," please explain:

## Part 5 - Health and Other Information

In the event of an emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address (w/City, State, Zip) \_\_\_\_\_

Best phone number to reach your emergency contact: \_\_\_\_\_

Do you have any physical limitations that might keep you from functioning in *The Source*? (You need to be able to sit upright in a chair; be roused from sleep without difficulty; walk without assistance; focus for up to 1.5 hours; hear, understand, read and write English; digest food properly, etc.) ☐ Yes ☐ No If "Yes," please explain:

Have you ever been hospitalized? ☐ Yes ☐ No If "Yes," for what reason?

Do you have any allergies to medications? ☐ Yes ☐ No If "Yes," please list each one:

Have you ever had, been diagnosed with, or been treated for any of the following?

### STDs

☐ Crab lice

☐ Genital warts (HPV)

☐ Gonorrhea

☐ Herpes

☐ Syphilis

☐ Other \_\_\_\_\_

### Mental/Emotional

☐ Anorexia

☐ Bulimia

☐ Bipolar disorder

☐ Anxiety attacks

☐ Depression

☐ Schizophrenia

☐ Other \_\_\_\_\_

### Medical

☐ Asthma

☐ Diabetes

☐ Heart disease

☐ High blood pressure

☐ Insomnia

☐ Migraine headaches

☐ Menopause/Peri-Menopause

☐ Pre-Menstrual Syndrome

☐ Ulcers

☐ Other \_\_\_\_\_

If "Yes" on any of the above, when and for how long were you treated?

Have you ever experiences loss of time or loss of memory of past events? ☐ Yes ☐ No If "Yes," please explain:

Are you currently taking any medications? ☐ Yes ☐ No If "Yes," please list below:

**Name of Medication**

**Prescribed/Recommended Dosage**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you taking the medication as prescribed? ☐ Yes ☐ No

Have you ever abused or are you currently abusing prescription medication? ☐ Yes ☐ No If "Yes," what and for how long?



**Female Applicants:**

Have you ever been or are you currently pregnant? ☐ Yes ☐ No If "Yes," when did you deliver or when are you due? \_\_\_\_\_

How many full-term pregnancies have you had? \_\_\_\_\_ Have you ever had an abortion? ☐ Yes ☐ No

If "Yes," please explain the reason: \_\_\_\_\_

**Family History:**

Is there any history of psychiatric or addiction problems in your family? ☐ Yes ☐ No If "Yes," please explain:

**Part 6 - Counseling/Treatment History**

Please provide a chronological history, beginning with the earliest, of any attempts you have made at recovery or counseling. Please include the dates, type of care provided, the name of the counselor, pastor, or group leader, the reason you sought help or counseling, the duration of the counseling, the reason for termination and what you accomplished through each attempt.

**1. Date:** From \_\_\_\_\_ To \_\_\_\_\_ Type: ☐ Group or ☐ Individual

**Name of Counselor:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Reason it Ended:** \_\_\_\_\_

**Accomplishments:** \_\_\_\_\_

**2. Date:** From \_\_\_\_\_ To \_\_\_\_\_ Type: ☐ Group or ☐ Individual

**Name of Counselor:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Reason it Ended:** \_\_\_\_\_

**Accomplishments:** \_\_\_\_\_

**3. Date:** From \_\_\_\_\_ To \_\_\_\_\_ Type: ☐ Group or ☐ Individual

**Name of Counselor:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Reason it Ended:** \_\_\_\_\_

**Accomplishments:** \_\_\_\_\_

***If you have seen more than three counselors, please provide the information on a separate sheet of paper.***

Please list any books or literature you have read in order to promote your recovery:

What things (tools, techniques, books, etc) have been the most and least beneficial in your recovery?

## Part 7 - Legal Information

Have you ever been arrested for any reason? ☐ Yes ☐ No If "Yes," please explain:

Are you currently on probation? ☐ Yes ☐ No

Name of probation officer: \_\_\_\_\_ Phone number: (       ) \_\_\_\_\_

Do you have any legal matters pending at this time (warrants, unpaid tickets, criminal investigations, etc.)? ☐ Yes ☐ No

If "Yes," please explain:

Are any of the pending legal matters drug-related? ☐ Yes ☐ No Are any sexually related? ☐ Yes ☐ No

Before answering the remaining questions in Part 7, **please carefully read the following notice.**

**Confidentiality:** A federal law mandates that we honor your confidentiality. This means that we cannot share any of your personal information unless you sign a release for us to do so. There are some exceptions to confidentiality. We may disclose personal information without your consent or authorization in the following circumstances:

**1. Child Abuse:** If we have knowledge of any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition of such a nature as to reasonably indicate brutality, abuse, or neglect, we are required by law to report such harm immediately to the Tennessee Department of Children's Services or to the judge having juvenile jurisdiction, or to the office of the sheriff or the chief law enforcement official of the municipality where the child resides. Also, if we have reasonable cause to suspect that a child has been sexually abused, we must report such information.

**2. Adult and Domestic Abuse:** If we have reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, we are required by law to report such information to the Tennessee Department of Human Services. An example of adult abuse might be abuse by nursing home staff. In case of domestic abuse (TCA 36-3-62), voluntary reporting may be done without disclosing the name or identity of the client.

**3. Serious Threat to Health or Safety:** If you communicate to us an actual threat of bodily harm against a clearly identified victim (including yourself) and we determine or reasonably suspect that you have the apparent ability and/or are likely to commit such an act unless prevented from doing so, we are required to take reasonable care to predict, warn of, or exercise precautions to protect the identified victim from your stated or suspected intention of violent behavior.

Have you been involved in any of the following activities? Please check all that apply.

☐ Pedophilia ☐ Sex with minors ☐ Child pornography

If you checked any of these, have these activities been reported to and dealt with by the proper authorities?

☐ Yes ☐ No If "No," please explain why not:

Are you required to register as a sex offender? ☐ Yes ☐ No If "Yes," for which offense?

**Part 8 - Financial Information**

Do you have a checking account? ☐ Yes ☐ No      Do you have a savings account? ☐ Yes ☐ No

Do you struggle with compulsive spending? ☐ Yes ☐ No

Have you filed an income tax return for each of the last five years? ☐ Yes ☐ No      If "No," please explain:

Please list your current debts:

	Amount Due	Monthly Payment
<b>Car Loan</b>		
<b>Student Loan</b>		
<b>Mortgage/Rent</b>		
<b>Major Credit Card 1</b>		
<b>Major Credit Card 2</b>		
<b>Other Credit Card 1</b>		
<b>Other Credit Card 2</b>		
<b>Alimony/Child Support</b>		
<b>Other</b>		

## **Part 9 - Release of Liability**

I, \_\_\_\_\_, acknowledge that I have voluntarily applied to *The Source* residential program at *Love In Action International, Inc.* to participate in worship, teaching, discipleship, and mutual support.

I am aware that this program is not a substitute for psychiatric treatment, psychotherapy, or professional therapeutic counseling. I am voluntarily participating in the activities of *Love In Action International, Inc.* with full knowledge of the facts stated herein, and I hereby agree to accept complete responsibility for my own psychological, mental, and emotional well-being, and any and all risks attendant thereto.

If *Love In Action International, Inc.* or one of its affiliated organizations accepts me for participation in its activities, I hereby agree that I, my heirs, assigns, guardians, administrators, executors, legal representatives, and the like, shall not make any claim against, sue, or seek to attack the property of *Love In Action International, Inc.* or any of its affiliated organizations, as a result of my participation in these activities; nor shall I, my heirs, assigns, guardians, administrators, executors, legal representatives, and the like make any claim against, sue, or seek to attack the property of *Love In Action International, Inc.* or any of its affiliated organizations as a result of the negligence or any other acts of any of *Love In Action International, Inc.*'s employees, agents, officers, directors, participants, volunteers, or other affiliates.

I, on behalf of myself, my heirs, assigns, guardians, administrators, executors, legal representatives, and the like, hereby release *Love In Action International, Inc.* and any of its affiliated organizations from liability for any injury (physical, emotional, or mental) or damage resulting from my participation in *The Source* residential program; I furthermore release *Love In Action International, Inc.* and any of its affiliated organizations from any and all actions, claims, or demands, that I, my heirs, assigns, guardians, administrators, executors, legal representatives, and the like may, at any time, make.

If accepted to *The Source* residential program, I will do my best to adhere to the program policies, structures, and rules.

**I have read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and *Love In Action International, Inc.*, and/or its affiliated organizations and I sign it of my own free will.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Did you complete this application yourself? ☐ Yes ☐ No If "No," who helped you?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **Part 10 - Reference Forms and Other Materials: Completing Your Application**

On page 13 of this packet, you will find the **Authorization to Release Information form**, which authorizes Data Facts, Inc. of Cordova, TN to perform a background check on you. Even if you are submitting your application by e-mail, **this form must be printed out, signed by hand, and either mailed or faxed to our offices.** You may type in the non-signature fields before printing.

On pages 14-16 of this packet you will find one confidential **General Reference Form** which may be copied. Please give one copy to each of **three people** whom you have known for at least **two years** and who are **not related to you**. Please include your pastor or spiritual authority for at least one of these references. **For male applicants, two of the three references must be male.** It is important that these forms remain confidential so that your reference people can be completely frank and honest in their assessment of you. Therefore, please instruct them to mail, fax, or e-mail the forms directly to our office.

**Married clients** must also have their spouse submit the **Marital Reference Form**, found on pages 17-19 of this packet.

**We will not process your application until we receive the Authorization to Release Information form, all three General References, and the Marital Reference, if applicable.** You may download separate PDF files of the General and Marital Reference Forms from our website if your references prefer to submit their forms via e-mail.

Please be sure to submit all the items in the Application Checklist on page 3 directly to our offices. Don't forget your **Personal Biography**, your **recent photo**, a **photocopy of your driver's license and/or birth certificate**, and your **\$25.00 application fee**. Thank you for your submission, and we look forward to being in touch with you as soon as possible!



## APPLICATION AND AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, authorize Love In Action International to run a background check on me to include but not limited to criminal record searches, personal references and any other sources, if Love In Action staff deem it necessary, as appropriate in consideration for Love In Action programs. I authorize Data Facts to release the investigative report to Love In Action International, the Christian discipleship ministry.

I hereby authorize and request any law enforcement agency, companies, institutions, agencies or other persons having personal knowledge about me to furnish Data Facts with any and all information in their possession regarding me, in connection with this application.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration. I understand that information collected for this background check will be limited to those individuals that will determine my suitability for *The Source* Residential Program and that all such information will be kept confidential.

I have read and understand this disclosure and consent form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (please print) \_\_\_\_\_

Please print other names you have used \_\_\_\_\_

**The following is for identification purposes (to perform the background check) and will not be used for any other purpose.**

Driver's License #/State Issued: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address	City/State	Zip Code	County	Length at Address
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Former Address	City/State	Zip Code	County	Length at Address
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Former Address	City/State	Zip Code	County	Length at Address
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Former Address	City/State	Zip Code	County	Length at Address
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# LOVE IN ACTION

*The Source Residential Program »*



## GENERAL REFERENCE FORM

The applicant named below is applying for admission into *The Source* Residential Program at Love in Action International, Inc. We are a Christ-centered residential discipleship program designed to assist clients in overcoming life-dominating issues. We would like you to complete this form and return it directly to our office. We cannot complete the application process without the information requested below. All your comments will be completely confidential and we will not share specific comments with the applicant. We may use your comments in our interview process but will not in anyway reveal your identity or the source of our information. Thank you for supporting this applicant by taking the time to share your thoughts with us.

**Please answer each question as honestly as possible. Please print legibly, using either blue or black ink.**

Name of Applicant: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Title: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Rev.

Your First & Last Name: \_\_\_\_\_

Address (w/City, State, Zip) \_\_\_\_\_

Phone number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Please give a brief description of the type of relationship you have with the applicant (boss, friend, neighbor, etc.):

How long have you known him or her? \_\_\_\_\_

What is the level of your relationship with the applicant? Please describe:

Please describe the life-dominating issue the applicant is struggling with:

How did you become aware of this applicant's life-dominating struggle?

To the best of your knowledge, what is the level of this struggle?

**15 - The Source Residential Program Reference Form**

Recognizing that *The Source* residential program is based on Christian principles, from your standpoint, as a

☐ Christian   ☐ Non-Christian, is there evidence of salvation or spiritual growth in his or her life?

☐ Yes   ☐ No   What makes you feel this way?

In your opinion, what are the applicant's motives in coming to *The Source* residential program?

Does the applicant have problems submitting to corrective guidance from others?

☐ Yes   ☐ No   If "Yes," please explain:

To your knowledge, does the applicant exhibit responsibility in the area of personal finances?

☐ Yes   ☐ No   If "No," please explain:

Knowing the applicant as you do, what is (are) the greatest problem(s) you anticipate the applicant will have while in our program?

What is the applicant's level of commitment (if any) to the church with which he or she is involved?

☐ Involved in church activities   ☐ Attends Sunday service only   ☐ Not involved   ☐ Unsure

Our program is spiritually and emotionally stressful. Do you think the applicant is able to walk through this commitment? Please select one:

- ☐ The commitment will be no problem.  
☐ He or she may struggle with the commitment but *will* succeed.  
☐ He or she may struggle with the commitment and *may not* succeed.  
☐ I cannot say.

Are you aware of other problems in the applicant's life not mentioned above that we should know about?

☐ Yes   ☐ No   If "Yes," please explain:

Consider each of the following areas. Would you say this is an area of strength or weakness in the applicant's life? Mark either an "S" for Strength or a "W" for Weakness. Please mark as many as apply.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Initiative                         | <input type="checkbox"/> Communication skills             | <input type="checkbox"/> Communication skills    |
| <input type="checkbox"/> Self-discipline                    | <input type="checkbox"/> Family relationships             | <input type="checkbox"/> Family relationships    |
| <input type="checkbox"/> Sensitivity and concern for others | <input type="checkbox"/> Submission to authority          | <input type="checkbox"/> Submission to authority |
| <input type="checkbox"/> Cooperative                        | <input type="checkbox"/> Follows instructions             | Others:  |
| <input type="checkbox"/> Work habits/Industry               | <input type="checkbox"/> Openness to receiving counsel    | _____  |
| <input type="checkbox"/> Handles anger                      | <input type="checkbox"/> Physical condition and health    | _____  |
| <input type="checkbox"/> Dependability & Responsibility     | <input type="checkbox"/> Personal appearance and grooming | _____  |
| <input type="checkbox"/> Ability to cope with stress        | <input type="checkbox"/> Disposition/Enthusiasm           |  |

Would you recommend this applicant for acceptance into the program?

☐ Yes ☐ No Please elaborate:

Please sign below to signify that you have read and filled out the preceding reference form to the best of your knowledge.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this form directly to our offices:

By mail: **LOVE IN ACTION INTERNATIONAL**  
P.O. Box 343418  
Bartlett, TN 38184-3418

Fax: (901) 751-1922

Or e-mail: [admin@loveinaction.org](mailto:admin@loveinaction.org)

To e-mail the form, simply save this PDF file with your responses in your hard drive, then include it as an attachment in an e-mail to the address above.

Thank you for your willingness to be a reference for this applicant to *The Source* residential program!

# LOVE IN ACTION

Revised 5/25/10

**LOVE IN ACTION INTERNATIONAL**  
P.O. Box 343418 • Bartlett, TN 38184-3418  
901.751.2468 • 877.320.5217 • 901.751.1922 fax  
[www.loveinaction.org](http://www.loveinaction.org) • [admin@loveinaction.org](mailto:admin@loveinaction.org)



# LOVE IN ACTION

*The Source Residential Program »*



## MARITAL REFERENCE FORM

Your spouse is applying for *The Source* residential program at Love In Action. We ask our married applicants to have their spouse fill out and submit a reference form. Please share honestly without conferring with your spouse. This form will remain confidential. We will *not* share specifics of your responses with the applicant, although we may share some concepts included in your answers anonymously. Thank you for supporting your spouse by giving your input.

**Please answer each question as honestly as possible. Please print legibly, using either blue or black ink.**

Name of Applicant: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Title: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Rev.

Your First & Last Name: \_\_\_\_\_

Address (w/City, State, Zip) \_\_\_\_\_

Phone number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Your Gender: ☐ Male ☐ Female Your Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

How long were you/have you been married? \_\_\_\_\_

To your knowledge, is your spouse a "born again" Christian? ☐ Yes ☐ No

Were you sexually active prior to your marriage? ☐ Yes ☐ No

Were you sexually unfaithful during your marriage? ☐ Yes ☐ No

How long have you known about your spouse's struggles with inappropriate sexual behavior and attractions?

Did you know of your spouse's struggles prior to your marriage? ☐ Yes ☐ No

If "Yes," what were your thoughts and hopes as you entered the marriage?

How did you learn of his or her struggles?

## 18 - The Source Residential Program Marital Reference Form

Describe specifically what it is that you believe your spouse is struggling with (attractions, behaviors, falls, etc.).

What are your honest feelings regarding your spouse's struggles and behavior?

--

Is your spouse clearly aware of your honest feelings? ☐ Yes ☐ No

If "No," have you honestly attempted to communicate the above feelings to him or her? ☐ Yes ☐ No

What was his/her response?

--

Have you shared your family situation and struggles with others? ☐ Yes ☐ No If "No," why not?

--

If "Yes," with whom have you shared? ☐ Family ☐ Pastor or spiritual leadership ☐ My children

☐ My church      ☐ My counselor      ☐ Close friends

Would you say that you have the support you will need during your spouse's absence? ☐ Yes ☐ No

Please explain:

--

If you think there is any other pertinent information that we should be aware of, please explain:

While your spouse is in *The Source* program, we suggest that you seek personal counsel and healing for yourself. The staff of Love In Action is available to support you in this process. We offer additional support and counseling for the spouses of those who are involved in *The Source*. Our reason for existing is to offer the finest Christian support and discipleship programming available, and we hope that you will take advantage of the following services:

**Spouse One-on-One Counseling** - counseling can be done either via telephone or face-to-face.  
**\$50.00 per hour**

**Spouse 4-Day Intensive** - Counseling will take place at Love in Action campus.

☐ Please check this box if you would like to be contacted with further information about **one-on-one counseling** or the **4-Day Intensive** program for spouses.

How can we pray for you?

Please sign below to signify that you have read and filled out the preceding reference form to the best of your knowledge.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this form directly to our offices:

By mail: **LOVE IN ACTION INTERNATIONAL**  
P.O. Box 343418  
Bartlett, TN 38184-3418

Fax: (901) 751-1922

Or e-mail: [admin@loveinaction.org](mailto:admin@loveinaction.org)

To e-mail the form, simply save this PDF file with your responses in your hard drive, then include it as an attachment in an e-mail to the address above.

Thank you for your willingness to support your spouse's application process by being a reference!

**LOVE IN  
ACTION**

Revised 5/25/10

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