



THE BETHESDA MENS GROUP- A 14 WEEK MEN'S PROBLEM SOLVING GROUP
"Men who walk with God, Never Walk Alone"

BACKGROUND INFORMATION:

*When Jesus saw him lying there and learned that he had been in this condition for a long time,
He asked him, "Do you want to get well?"
John 5:6*

The Bethesda Group for men consists of 12 sessions, held once a week, designed to bring men into their total being through mentoring and training. There will be one or more facilitators to strengthen and support you through your process.

Applications will be deemed confidential and reviewed by The Bethesda Group Staff. Upon completion of the review process, you will be contacted prior to the commencement of the next 12-week program for an interview and then the status of your acceptance. Please note: Several applications are received; therefore, acceptance into The Bethesda Group program cannot be guaranteed.

For additional information, please contact Delavago Scruggs via e-mail at delavago@gmail.com

GENERAL INFORMATION:

Name: _____ Date: _____

Last home address: _____ City: _____ County: _____

How long did you live at this address? _____ Date of Birth: _____/Age _____

Are you homeless? yes no If yes when did you become homeless _____ and for how long? _____

E-mail address _____

Telephone number where you can be reached: Home () _____ Work or other () _____

In case of emergency, please contact _____ Phone number _____

Are you in counseling now? yes no If yes where? _____

Marital status: Married Divorced Separated Never Married

List names and ages of children you are helping to support: _____

Are you currently in a relationship? yes no If yes, with whom and for how long? _____

Highest grade of education completed? _____



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EMPLOYMENT INFORMATION:

What is your occupation? _____ Are you employed? yes no

If yes, where? _____ Phone number :() _____

If not employed, what is your source of income? _____

Do you have in your possession (check if yes): social security card birth certificate passport state ID?

If not employed, when did you last work? _____ How long did you have this job?: _____

Source of transportation: _____

Are you currently or have you ever been involved in substance abuse? _____

If yes, what were you involved with, when, and how long? _____

Longest amount of time you've gone without any substance abuse (drugs and or alcohol)? _____

How did you accomplish this?

Have you ever attempted suicide? yes no If yes, date of the attempt? _____

Please tell us about the circumstance(s) that led you to the Bethesda Group (please attach additional sheets if needed):

MEDICAL:

Are you allergic to any food, medication, etc? yes no If yes, please list:



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Do you have any medical conditions we should know about? yes no If yes, please explain:

Have you ever had any treatment for any mental illness: yes no If yes, please explain:

List any medications you are on or should be on:

Medication	Reason	Dosage	How long taken?	Currently taken as prescribed?

LEGAL:

Are you on Parole or Probation? yes no If yes, have you done anything to violate? yes no Please explain:

Name and phone of Agent:

List any pending legal cases:

Please list any court fines, restitution or Child Support payments that you are responsible for:



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Please read each statement carefully and initial after each statement.

- 1. I acknowledge that I must commit to attend The Bethesda Group sessions consistently for 12 weeks, once accepted into the program. Initials: _____
- 2. I acknowledge that The Bethesda Group does not permit alcohol, drugs or tobacco to be used during the actual sessions that will occur over the 12 weeks. Initials: _____
- 3. I agree to submit to the rules, regulations and policies of The Bethesda Group Authorities and am willing to allow Christ to change my life. Initials: _____
- 4. I acknowledge that The Bethesda Group is not responsible for my medical needs or attention, loss due to theft or transportation to non-program related venues. Initials: _____
- 5. I hereby authorize The Bethesda Group to talk with individuals who previously provided treatment to me including, but not limited to, my doctor or former hospitals, clinics, or other Health/Mental care facilities to discuss any treatment received under their care. Initials: _____

I, _____ ACKNOWLEDGE THAT TO THE BEST OF MY KNOWLEDGE, I HAVE PROVIDED TRUE AND ACCURATE INFORMATION IN THIS APPLICATION. FURTHERMORE, I AUTHORIZE THE BETHESDA GROUP TO VERIFY THE VALIDITY OF THIS APPLICATION AND ANY OTHER INFORMATION CONTAINED HEREIN. I FURTHER GIVE THE BETHESDA GROUP STAFF AUTHORIZATION TO COMMUNICATE WITH MY SUPPORT NETWORK TO DETERMINE ELIGIBILITY FOR ADMISSION. I ALSO AUTHORIZE THE BETHESDA GROUP TO SPEAK WITH MY REPRESENTATION, LEGAL OR OTHERWISE, TO ASSIST WITH ADMISSION, RECOVERY OR AFTERCARE. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION COULD RESULT IN A DENIAL FOR ADMISSION OR A DISCHARGE FROM THE BETHESDA GROUP.

BY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ, OR HAVE HAD READ TO ME, THE AFOREMENTIONED STATEMENTS REGARDING LIABILITY, RULES, REGULATIONS AND OR POLICIES. I ACKNOWLEDGE THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO REVIEW THIS APPLICATION AND ANY AND ALL OTHER AGREEMENTS RELATIVE HERETO WITH LEGAL COUNSEL OF MY CHOOSING. I FURTHER ACKNOWLEDGE THAT I AM AGREEING TO THE AFOREMENTIONED TERMS VOLUNTARILY AND FREE OF ANY DURESS, CORRECTION AND UNDUE INFLUENCE.

Signature of Applicant: _____ Date: _____



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PRIVACY & CONFIDENTIALITY STATEMENT

No information shared on this application or in our sessions will be disclosed outside of this Group. Each group participant pledges to honor the other men in this group by not disclosing any information outside of this group.

Signature of Applicant: _____ Date: _____

Witness: _____ Date: _____

Approving Authority: _____ Date: _____

(Founder and President of the Bethesda Group)