



## Application for Admission

**Please Fill out Completely. Failure to comply could dismiss your application.**

### Personal and Family Information

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

Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street City State Zip Code*

Age \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

Drivers License # / State \_\_\_\_\_ SS# \_\_\_\_\_ Race \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

**Marital Status:** Single Married Separated Divorced

Explain: \_\_\_\_\_

Are you aware that all relationships, other than family, must be set aside during your stay? \_\_\_\_\_

### Children

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

### Parents

Mother \_\_\_\_\_

Father \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Ph# \_\_\_\_\_

Zip \_\_\_\_\_ Ph# \_\_\_\_\_

### In case of emergency who should be contacted?

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## Siblings

Name	Age	Current Status of Relationship	History Drugs / Alcohol
_____			Y / N
_____			Y / N
_____			Y / N
_____			Y / N

## References

Referred to Malta Farms by: \_\_\_\_\_ Ph# \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Home Church: \_\_\_\_\_

Current Pastor: \_\_\_\_\_ Phone # \_\_\_\_\_

## Medical Information

Do you have any special needs? \_\_\_\_\_ Explain \_\_\_\_\_

Have you ever been diagnosed with any diseases? \_\_\_\_\_ Explain \_\_\_\_\_  
(ex: Asthma, Hepatitis, Diabetes, Heart Problems, Back Problems....)

Are you currently taking any medications? \_\_\_\_\_ Reason \_\_\_\_\_ Medication \_\_\_\_\_

Are you aware that no medications are allowed at Malta Farms? \_\_\_\_\_

Have you ever had any psychiatric treatment? Y / N (Explain): \_\_\_\_\_

**\*Have you ever had suicidal tendencies? Y / N \*Have you ever attempted suicide? Y / N**

Explain \_\_\_\_\_

## Substance Abuse Information

Drug	Age of First Use	Last Use	Current

Do you have any physical limitations that would keep you from performing various work responsibilities at Malta Farms? Y / N (Explain): \_\_\_\_\_

## Education/Vocational Information

High School: \_\_\_\_\_ Graduate: Y / N Explain \_\_\_\_\_

Do you have your GED? Y / N Have you received any "special skills" or training? Y / N Explain \_\_\_\_\_

Did you attend college? Y / N Details (if applicable) \_\_\_\_\_

What vocation/trade do you find most pleasure in? \_\_\_\_\_

Do you have any military training/background? Y / N Explain: \_\_\_\_\_

## Employment

Last employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Ph# \_\_\_\_\_

Previous employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Ph# \_\_\_\_\_

## Legal Information

Are you currently on PROBATION / PAROLE? \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Officer: \_\_\_\_\_ Ph# \_\_\_\_\_

### Please list all charges brought against you (present and past).

CHARGE	DRUG RELATED?	FELONY MISDEMEANOR	TIME
_____	Y / N	M / F	_____
_____	Y / N	M / F	_____
_____	Y / N	M / F	_____
_____	Y / N	M / F	_____
_____	Y / N	M / F	_____

Do currently have any outstanding warrants? Y / N

Briefly Explain: Why you are requesting admission to Malta Farms?

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What would be your biggest obstacle(s) to completing our program?

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Have you ever been enrolled in or applied to a similar program? Y / N

Program name \_\_\_\_\_ Ph# \_\_\_\_\_

Did you finish the program? Y / N Explain \_\_\_\_\_

Do you have a history of violent behavior? Y / N (Explain): \_\_\_\_\_

Has a child, or a female, ever been a victim of, or involved in, a crime you committed? Y / N

Explain \_\_\_\_\_

**List all financial debts (legal, child support, personal, consumer, etc...)**

To Whom	Amount
1.) _____	_____
2.) _____	_____
3.) _____	_____
4.) _____	_____

Are you currently in custody? Y / N When is your expected release date? \_\_\_\_\_

NOTE: Approved applicants will have a 30-60 day time frame until the acceptance letter expires.

**I hereby state that all information is true and correct to the best of my knowledge. I further understand that any intentional omission, falsification, misleading or distortion of truth, will immediately disqualify me from consideration for admission into Malta Farms. If accepted into Malta Farms, I will choose to submit to guidelines and staff persons at all times. I understand that violations of any guidelines could be grounds for immediate dismissal.**

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

*Jeremiah 29:11 tells us that God has a plan for each of our lives. That plan for your life at this moment may or may not involve Malta Farms. The Lord will tell you clearly if you ask and then wait upon Him. If you are attempting to establish your own plan; you will miss out on God's best.*

**\*For Office Use Only\***

**Admission**  
Date: \_\_\_\_\_

**Exit Date:**  
\_\_\_\_\_

**Reason:** \_\_\_\_\_

**Re-Entry**  
Date: \_\_\_\_\_