

Recovery Program Application

Please fill out the form below, sign on the back, and submit together with your \$40 application fee to:
Greg Cleland | Christian Families Today | 174 Ashley Park Blvd STE 1 Newnan, GA 30277

APPLICANT INFORMATION

Today's Date: ___ / ___ / ___ Date of Birth: ___ / ___ / ___
 Name: _____
 Address: _____
 City: _____ State: ___ Zip: _____
 Phone (Home) _____ (Work) _____
 Phone (Cell) _____ (Cell 2) _____
 E-mail: _____
 Emergency Contact #1: _____
 • Phone (cell/home): _____ Phone (work): _____
 Emergency Contact #2: _____
 • Phone (cell/home): _____ Phone (work): _____
 Are you a church member? Yes No
 Church Name _____

MARRIAGE AND CHILDREN

*If you have never been married and have no children then you can skip to the next section.

Marital Status (circle the ones that apply): Single Engaged Married
 Spouse's Name (if married): _____
 Do you have children? Yes No
 If yes, please list them below and designate step-children as ("Step").
 1. _____ Age _____
 2. _____ Age _____
 3. _____ Age _____
 4. _____ Age _____
 5. _____ Age _____

REQUIREMENTS

There are 4 requirements that are included as part of our program:

Grow In Grace seminar at CFT (see website for upcoming dates)

Place: _____ Date: ___ / ___ / ___

Read the *One Day At A Time* devotional book by Neil Anderson and Mike and Julia Quarles. It will be provided to you upon receipt of your application fee.

15 weekly sessions. Each session will include teaching and group interaction. The topics have been carefully selected and build upon each other week by week. For this reason, attendees who choose to skip more than two sessions will be ineligible to complete the current class but will be allowed to start again in the next available class at no additional cost.

One personal session scheduled with instructor to review personal history after the completion of week 8.

ABOUT YOUR ADDICTION

What is your primary drug of abuse? _____

What is your secondary drug of abuse? _____

Age when you first started drinking or using drugs? _____

What problems or difficulties are you facing as a result of your addiction?

What is your family's attitude toward your addiction?

ABOUT YOUR ADDICTION

What do you hope to gain from the CFT Recovery Program?

Horizontal lines for writing the answer to the question above.

Personal Testimony of coming to Christ and the Journey since then:

(Type if possible on an attached extra page. Only 1 to 2 pages please!)

Horizontal lines for writing the personal testimony.

Horizontal lines for writing the answer to the question above.

PROGRAM COMMITMENTS

The cost of the CFT Recovery Program is \$240. There is a \$40 registration fee due with the application that is non-refundable but is transferable. The balance is due prior to the first session. The program fee covers the 14 weekly sessions, a program notebook, the registration cost for the Grow In Grace Seminar and the One Day at a Time book.

I pledge to attend the weekly meetings free from the influence of drugs or alcohol. I understand that if I do show up to the sessions under the influence, I will be dismissed by the moderator and that absence will count towards the maximum absence limit of two.

I have read the CFT Recovery Program Syllabus and understand the requirements.

SIGNATURE: _____ Date: _____

GUARDIAN*: _____ Date: _____

*Signature of legal guardian is needed if attendee is under 18 years old.