

# Fax Cover Page

**THE SALVATION ARMY**

**Adult Rehabilitation Center**

194 Front Street, Hempstead, NY, 11550

Phone: 516.481-7600 Fax 516.280-4096

Email: arc.HemIntake@use.salvationarmy.org



**DOING THE MOST GOOD**

To: Long Island Coalition <sup>for the Homeless</sup>

From: Program/Intake Office

*Gregory Marsarda*

Number faxed to: 163141644319

Total pages w/ cover: 6

Today's Date:

MESSAGE: To whom it may concern. Here's an Application for future consideration. Just Reaching out. Have a Blessed weekend

Thank You *Gregory Marsarda*



# THE SALVATION ARMY ADULT REHABILITATION CENTER BENEFICIARY APPLICATION FOR ADMISSION

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

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

At what phone number can you currently be contacted? \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Birthplace: \_\_\_\_\_  
Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Eye color: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Driver's license: # \_\_\_\_\_ State \_\_\_\_\_ If none, so state \_\_\_\_\_

In case of emergency, whom shall we contact? \_\_\_\_\_  
Relationship? \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip

Salvation Army Centers ARCs to which you have been admitted and reason for leaving:

1. Center \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Reason: \_\_\_\_\_
2. Center \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Reason: \_\_\_\_\_
3. Center \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Reason: \_\_\_\_\_
4. Center \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Reason: \_\_\_\_\_
5. Center \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Reason: \_\_\_\_\_

Referred here by whom? \_\_\_\_\_

1. The problem(s) I seek help for:  
Religious \_\_\_\_\_ Relationship(s) \_\_\_\_\_ Drinking or Drug Misuse \_\_\_\_\_ Employment \_\_\_\_\_  
Family \_\_\_\_\_ Homeless \_\_\_\_\_ Sex \_\_\_\_\_ Other \_\_\_\_\_

2. The help I have sought to date with the problem(s):  
Religious Counseling \_\_\_\_\_ Salvation Army Centers \_\_\_\_\_ Goodwill \_\_\_\_\_  
Half-way Houses \_\_\_\_\_ Hospitalization \_\_\_\_\_ Psychological \_\_\_\_\_  
A.A. or N.A. \_\_\_\_\_ Medication \_\_\_\_\_ Employment Services \_\_\_\_\_  
Others: \_\_\_\_\_

3. Occupation best qualified for by training and experience:  
\_\_\_\_\_

Other occupations in recent years:  
\_\_\_\_\_

Form to be completed by: Beneficiary  
Form to be reviewed by: Staff Member (Print the Application on 1 piece of paper)  
Basic Beneficiary Record  
2012 PRD Revised: 03-31-2008

# BENEFICIARY APPLICATION FOR ADMISSION CONTINUED

4. What kinds of work have you done in the past? \_\_\_\_\_  
\_\_\_\_\_

Do you have any special skills? \_\_\_\_\_  
\_\_\_\_\_

5. Education and Training: (Circle Highest Grade Completed)  
1 2 3 4 5 6      7 8 9      10 11 12  
Elementary School      Jr. High      Sr. High

1 2 3 4      1 2 3 4      \_\_\_\_\_  
College      Trade, Specialty, Apprenticeship      Name

6. Religious Preference: Protestant \_\_\_\_\_ Denomination \_\_\_\_\_  
Catholic \_\_\_\_\_ Orthodox \_\_\_\_\_ Jewish \_\_\_\_\_ Other: \_\_\_\_\_ None \_\_\_\_\_  
Have you accepted Christ as your Savior? \_\_\_\_\_

7. Health: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

I will need attention for \_\_\_\_\_

Medications \_\_\_\_\_

8. Military Service: Total number of years \_\_\_\_\_ Branch(s) \_\_\_\_\_  
Serial number: \_\_\_\_\_ Type of discharge \_\_\_\_\_

9. How did you learn of this Center? \_\_\_\_\_

10. How long are you planning to stay? \_\_\_\_\_

11. What benefits are you now receiving? \_\_\_\_\_ Social Security \_\_\_\_\_  
General Assistance \_\_\_\_\_ Other Income \_\_\_\_\_ None \_\_\_\_\_

12. Have you been in prison? \_\_\_\_\_ Where? \_\_\_\_\_

13. Are you on parole or probation now? \_\_\_\_\_ State \_\_\_\_\_ Federal \_\_\_\_\_ County \_\_\_\_\_  
Crime convicted of \_\_\_\_\_ Time served \_\_\_\_\_ Where \_\_\_\_\_

Parole/Probation Officer's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Expiration \_\_\_\_/\_\_\_\_/\_\_\_\_

14. Have you ever been arrested due to alcohol? \_\_\_\_\_

15. Will you submit to a physical examination? \_\_\_\_\_

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



THE SALVATION ARMY ADULT REHABILITATION CENTER

CONFIDENTIAL

Medical Information

CONFIDENTIAL

Applicant \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight: \_\_\_\_\_ lbs.

DIRECTIONS: Please CIRCLE if you have any of these conditions now or within the past six (6) months.

- |                                    |                                   |  |
|------------------------------------|-----------------------------------|--|
| Severe aches                       | Diabetes                          | Anxiety                                |
| Severe pains                       | Serious Accident or Injury        | Trauma Survivor / PTSD                 |
| Back Pains                         | Severe itching or rashes          | Bolls                                  |
| Hernia.                            | Extreme tiredness even after rest | Extreme tiredness                      |
| Epilepsy                           | Open wounds that tend not to heal | Knocked Unconscious                    |
| Seizures                           | Blood while urinating             | Venereal Disease                       |
| TB - Tuberculosis                  | Jaundice (yellow eyes or skin)    | Alcohol Misuse                         |
| Heart Trouble                      | Severe pains in arms or legs      | Stiff muscles and joints               |
| Liver Problems                     | Swollen or stiff joints           | Arthritis                              |
| Kidney problems                    | Sexually Transmitted Disease      | Varicose Veins                         |
| Bladder infections                 | Tumor                             | Mental Illness                         |
| Bladder Problems                   | Operation                         | Bipolar Disorder (Manic Depression)    |
| Too tired to eat or bathe yourself | Frequent illnesses                | Anemia                                 |
| Bodily Disability                  | Rheumatism (Arthritis)            | Dizzy Spells                           |
| Bodily Deformity                   | Kidney stones                     | Fainting Spells (more than 2x in life) |
| Confined to bed by an illness      | A Chronic Disease                 | Depression                             |
| Schizophrenia                      | Suicide Attempt                   | Drug Misuse                            |
| Cancer                             | Allergies                         | Hemorrhoids                            |
| Hepatitis                          | Water Retention                   | High Blood Pressure                    |

Other: \_\_\_\_\_

How do any of the above conditions affect your life?

\_\_\_\_\_  
\_\_\_\_\_

How do any of the above conditions affect your ability to work?

\_\_\_\_\_  
\_\_\_\_\_

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

Reviewed by Staff: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



THE SALVATION ARMY ADULT REHABILITATION CENTER

**BENEFICIARY'S ADMITTANCE STATEMENT**

I recognize my need for assistance and hereby apply for admission to the Adult Rehabilitation Center. I understand that The Salvation Army is a branch of the Christian church and a charitable organization and that this Adult Rehabilitation Center is a Christian religious facility dedicated solely to the social and physical rehabilitation and the spiritual regeneration of those persons who are in need of such assistance.

I further understand that this Center is not under any legal obligation to provide any services to me including room or board; and that I am a beneficiary seeking admission to a rehabilitation program solely for my own benefit, and that I am not an employee of this Center.

I understand that my admission and continued residence is dependent upon my needing assistance and my willingness to help myself and others so situated, including the voluntary performance of such duties as may be assigned to me which I understand are in furtherance of my rehabilitation.

I agree for myself, my heirs or assigns, that should any accident occur involving personal injury to myself or loss or damage to my property during my residence in this Center, to hold The Salvation Army free and harmless from any and all liability in connection therewith, except to the extent caused by the negligence or willful acts of The Salvation Army.

I understand that all my personal property is subject to search and inventory controls. Any personal property left upon my departure from this Center and not claimed within thirty days by me or by my authorized representative shall become the property of The Salvation Army to dispose of in furtherance of the religious and charitable program of the Center.

I agree to participate in all religious services and program events as arranged by the Administrator or other Center program personnel.

I agree not to enter or remain in this building under the influence of intoxicants or enter the building with such in my possession. I agree to submit to such testing as The Salvation Army may impose to confirm the foregoing.

\_\_\_\_\_  
Signature of Beneficiary

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date Admitted \_\_\_\_\_  
Room Assigned \_\_\_\_\_  
Date of leaving \_\_\_\_\_

Work Therapy Assignment \_\_\_\_\_  
Referred to us by \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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### Summary of Program Description

Thank you for your interest in our rehabilitation program. We meet the basics of a person's needs including, shelter, food, and clothing. All beneficiaries participate in Christian worship services, Bible studies, and a host of other social activities. We provide individual counseling, educational opportunities, and work therapy to prepare people to reconnect with their community. Our program time is flexible enough to allow us to work with each person at his/her pace. We maintain a drug-free environment with in-house and community self-help programs available.

The following are summarized answers of common questions:

**Is counseling provided?** Yes, beneficiaries are seen in formal counseling sessions a minimum of every week for a one-hour session. Additional sessions are provided as needed. We also provide education groups, support groups, and character formation sessions.

**Do I need to have an income to participate?** No, if you don't have an income you are still welcome to apply; we do have many participants without income. We don't require insurance to participate in our program. We only collect Room and Board on scaling fee from a person with an ongoing income.

**What is work therapy?** Work therapy provides each beneficiary the opportunity to participate in developing or rehabilitating work skills and practices, including taking direction, listening, and achieving common goals.

**Who qualifies to participate?** Our centers require a person to be at least 18 years of age. Some centers have the capacity only for male residents. You must be prepared to participate in all aspects of this spiritual program, and to participate in 40 hours of work therapy per week. If, for some reason, you are not able to participate, we will provide information on other options within our community.

**How can I apply?** Any person who would like to apply should call the contact person below for an application and set up an appointment for a phone or on-site interview. Applications can be faxed, mailed or emailed – see info on top of the page.

Thank you for your time and interest in our rehabilitation services.

## TRANSACTION REPORT

APR/28/2023/FRI 10:56 AM

FAX(RX)

#	DATE	START T.	SENDER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	APR/28	10:52AM	15162804096	0:03:36	6	OK	ECM 2288