

God's Way Home, Inc.

477 Main Street
Rainelle, WV 25962
godswayhome.org
304-646-6655



God's Way Home Inc. Registration Form

This information is being collected for the use of God's Way Home Inc. only.

Your confidentiality will not be disclosed to any other organization.

God's Way Home, Inc. requires all potential residents to complete 7-10 days of detoxification and possess a certificate of completion of an inpatient 28-day program before entering our program.

First Name: _____

Last Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

Where have you lived the last 30 days?

Marital Status:

- Single Married Divorced Living Together
- Widower

Highest Education:

- High School Diploma
- College (Associates Degree)
- College (Bachelors Degree)
- Unfinished GED

Are you permanently disabled? _____

Are you a veteran? _____

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Current Employment:

- Employed Self Employed Unemployed
- Student Retired

Last Employer:

How did you come here seeking help?

- Referral from Social Services Referral from Day Report Center
- Referral from Drug Court

Drug Information:

How many times have you been treated for drugs and alcohol?

Most recent form of recovery?

What is the main substance(s) you are seeking to recover from?

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Types of drugs you have used in the last 90 days:

Judicial Information:

Are you sex offender?

Yes No

What is your current legal situation if you have any?

Medical Information:

Are you currently taking any prescribed medications?

Yes No

If yes, please list all prescribed medication you are currently taking.

Do you currently have any other medical conditions that we should know about?

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