

UNBROKEN WARRIORS



Please complete this document in its entirety using blue or black ink.

Please attach the following items:

- a recent photograph of yourself,
- your DD214
- a copy of your driver's license, passport, or birth certificate
- a copy of your most recent tax return

Full Name _____

Mailing Address _____

Residence (if different than above) _____

Phone Number _____

Age _____ Date of Birth (M/D/YEAR) _____

Gender _____ Email Address _____

Branch of Military Service _____ Years of Service _____

Rank upon discharge _____

(The following insurance information is only used by Unbroken Warriors to coordinate payment for treatments and prescriptions)

Please disclose what health care coverage you have, if any, and your policy name and ID number.

Please disclose what prescription coverage you have, if any, and your policy name and ID number.

Your completed application packet will be reviewed by the Unbroken Warriors Board of Trustees. If the Board decides to fund your treatment at the Refuge: A Healing Place, Unbroken Warriors will pay the Refuge directly. If your health insurance covers all or part of the treatment, unused Unbroken Warrior funding will go directly back to Unbroken Warriors from the Refuge.

What are your goals for entering residential treatment?

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Please read and sign below the following statement if you agree.

Mental health treatment for Post-Traumatic Stress Disorder (PTSD) and/or Complex Post-Traumatic Stress Disorder (C-PTSD) is ongoing and doesn't end in the Refuge. I understand that this treatment may need to be continued at my own cost and/or I may need to seek further treatment after the Refuge's interventions. As with any mental health treatments, I am aware it could take a long period of time to see and feel the effects of the PTSD interventions.

X _____

Have you been diagnosed with PTSD? Yes _____ No _____ If so, when? _____

Do you take any medications for PTSD/PTSD symptoms? Yes _____ No _____

Have you attended, or applied, to a residential PTSD treatment center, or any other mental health program, since being separated military?

Yes _____ No _____

If yes, please supply the treatment center information:

Name _____ Phone Number _____

Address _____

Please describe the type of mental health program/therapies you participated in:

Have you read about or researched any materials pertaining to *PTSD*, *Complex Trauma*, and or *Trauma* symptoms in an attempt to provide self-help?

Yes _____ No _____

If Unbroken Warriors decides to fund your treatment at The Refuge: A Healing Place, you could be there for 60-90 days. Explain why you believe you are ready for this commitment.

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Are you, or have you been, addicted to any of the following in the last two years? Check all that apply.
(Please remember your honesty does not disqualify you from consideration.)

_____ Gambling _____ Sex _____ Adrenaline-producing behaviors
_____ Illegal drugs _____ Prescription medications _____ Alcohol

If you checked any of the aforementioned addictions, how has the addiction(s) made your PTSD symptoms better or worse?

Please read and sign below the following statement if you agree and understand.

If my residential stay falls during the family weeks the Refuge holds several times a year, I understand I should consult with my Refuge therapist to decide if and who should attend this event with me. I am aware **Unbroken Warriors is not responsible** for any costs for my family members to visit me during family week or any other visiting time.

X _____

What are you willing to do to change yourself and your mental state?

Have you been arrested before? If yes, please explain and list the date(s) and location(s) of the arrest(s).
(Answering yes to this question will not disqualify you from consideration.)

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Which of the following symptoms have you experienced? Please check all that apply.

- Trouble falling asleep or staying asleep, insomnia
- Feeling irritable or having angry outbursts
- Having difficulty concentrating
- Being “super alert”
- Jumpy, easily startled, react to loud noises
- An exaggerated startle response
- Repeated or disturbing memories of a traumatic experience
- Feeling upset when something reminds you of a traumatic experience
- Panic attacks, accelerated heart rate, palpitations for no reason
- Avoid thinking about/or talking about feelings related to a traumatic experience
- Trouble remembering important parts of the traumatic experience
- Nightmares, night sweats
- Fits of rage, anger, impatient
- Poor Memory
- Lack of concentration
- Provoke fights
- Self-mutilation, cutting, excessive tattooing
- Phobias
- Lack of interest/motivation regarding employment and hobbies
- Taking unnecessary risks
- Flashbacks of the traumatic event
- Very untrusting
- Physical fatigue
- Anxiety in crowds
- Repetitive behaviors
- Feeling of not being present in reality
- Poor ability to follow through with goals or tasks
- Use of drugs, food, alcohol to un/numb yourself
- Codependent on someone
- Feeling perpetually lost



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List any other symptoms you have experienced that are not mentioned on the previous checklist:

When and how did you become aware that you were exhibiting these symptoms?

How have these symptoms impacted your:

Jobs/Career

Relationships

Enjoyment of recreational activities and/or hobbies

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Do you have a history of violence since separating from military service? If so please explain.

(This does not disqualify you from consideration.)

Please read and sign below the following statement if you agree and understand.

Unbroken Warriors will not ask you to share any medical records or mental health progress reports from your stay at the Refuge: A Healing Place. I understand **Unbroken Warriors** will however check in with the establishment to make sure I am adhering to the Refuge’s guidelines. They will review all their rules with me upon entering the program and they will communicate with me if there are any infractions. I am aware, at the discretion of **Unbroken Warriors**, infractions could result in an immediate loss of funding for my residential stay and treatment.

X _____

Please describe the most recent incident to occur that lead up to your decision to seek help and enter a residential PTSD treatment center.

Please read and sign below the following statement if you agree understand.

Unbroken Warriors will pay for the “Sober Escort Service” to pick you up from the Orlando International Airport and the same service will drive you to the airport upon completion of your time at the Refuge at the expense of the Unbroken Warriors. The **Unbroken Warriors** Organization is not responsible for funding your travel from your residence to the Orlando International Airport nor is the **Unbroken Warriors** Organization responsible for your travel from the Orlando International Airport to your residence.

X _____

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Please read and check mark YES or NO.

We'd like you to be aware of several things before we grant funding to you. While at The Refuge: A Healing Place, you will be provided with three meals a day, snacks, supervised trips to local store (if permitted) for personal items, and on site recreational activities. Phones are in several locations around the Refuge campus and your phone calls are free of charge. No cell phones are permitted and no picture taking of any kind is allowed. Smoking is permitted in designated areas. During your intake processing, your belongings will be searched. You will be given a list in advance of approved items you may bring. Friends and family may send letters to you during your stay. The Refuge will take you through more specific rules upon arrival and you may contact them with questions you have about their facility or treatments. **The aforementioned routines can change at any time.** Family members, if approved by your therapists, may visit during visiting hours. Some clients are permitted to take an occasional night of leave, depending on many factors deemed by the Refuge. If you decide to go on leave for one or more nights during your stay, **please be advised you will be subjected to searches and drug/alcohol tests upon return to the Refuge campus.** **Unbroken Warriors DOES NOT** provide funding for these tests and these tests usually aren't covered by insurance companies. **You** will be responsible for paying for these items. Do you understand the aforementioned rules and feel you can adhere to all of them?

- YES**
- NO** *If no, please contact us for further explanation.*

Please read and sign below the following statement if you agree understand.

Unbroken Warriors will pay the cost of prescriptions while at The Refuge: A Healing Place up to \$4000. If you have prescription coverage, that will be used first and then Unbroken Warriors funds the balance up to \$4000. Prescription costs beyond that are your responsibility.

X _____

If there any part of the items stated that you feel will be problematic, please explain.



"Not all wounds are visible..."

