



Serving women healing from methamphetamine through the love of Jesus Christ

P.O. Box 7453
Shreveport, LA 71137
(318) 780-4669

Thank you for expressing interest in our Loving Solutions ministry.

Our program is a 12-month, residential program for adult women who are healing from an addiction to methamphetamine, an addiction that has taken control over their lives. Our goal is to provide a safe and secure, Christ-centered environment for the women we serve, to assist them in the process of gaining freedom from the chains of their crystal meth addiction.

It is essential that our incoming women are willing to live in a right relationship with staff, volunteers, and fellow women. We can only assist those who have come to the point in their lives where they are truly ready for a life change through Christ's power and truth!

We help our women find complete healing from methamphetamine addiction: mental, physical, and spiritual. Our women are not allowed nicotine. Caffeine and sugar will be limited in order to learn a healthy eating plan during their year in our program. All applying applicants must truly desire help for themselves in order to achieve success in this ministry.

Attached is your application packet that will be used to help us evaluate your appropriateness for our program. Completed applications should be mailed to:

Loving Solutions
P.O. Box 7453
Shreveport, LA 71137

Be sure to call 318-780-4669 and tell us once you have mailed the application.

Please answer the questions on your application as specifically as possible. And be HONEST!

Dr. Nicholas E Goeders
Director,
Loving Solutions, Inc.

Signature _____ Date _____

Loving Solutions Ministry Student Application

Loving Solutions Ministry Student Application

Name _____ Age _____ Date _____

Address _____ City _____

State _____ Zip _____ Phone (_____) _____ Email _____

Date of Birth _____ Social Security # _____

*If you have a Probation or Parole Officer-Name _____

Phone (_____) _____ FAX (_____) _____

Describe how methamphetamine is your life-controlling issue: _____

How do you believe Loving Solutions can help you and what are YOU willing to do? _____

Have you been diagnosed with any Psychiatric or Mental disorders? _____

If so, what was the diagnosis and when _____

Describe your mental health _____

Are you currently taking medication prescribed by a doctor? If yes, please list medications, diagnosis, and how long you have been taking each medication _____

If you are accepted into our program, how will you pay for your medications? _____

Do you have any physical disabilities that would prevent you from daily exercise or physical work? _____

Have you been involved in any violence? Please describe _____

Have you ever struggled with homosexuality? _____

Please give information about pregnancy or children _____

What is your spiritual background and or your view of God? _____

Are you homeless at this time? _____

Please sign below verifying that all information on this application is true!

Signature _____ Date _____