



Dear Friend,

Thank you for your interest in *Trinity Freedom Farm*. I hope this packet will answer most of your questions about the program. Please feel free to call our Farm Program Director at 904-476-8886 if you have any unanswered questions after reviewing this material.

Our mission is to train and empower men to live victorious Christian lives, thus enabling them to have permanent freedom from drugs, alcohol, and other crippling sins.

Let me say this, the program is hard and we are very serious about this ministry. However, if you are serious about changing your life for the glory of God, and are willing to work hard to do it, we can help you. Remember this: The only permanent change is character change, and character change takes discipline, hard work, and the grace of God. At *Trinity Freedom Farm* we have all three!

In order to be considered for enrollment, you must follow these steps:

1. Read and consider the attached application packet and rules thoroughly.
2. Fill out the application completely.
3. Return the completed application to our office by: Fax 904-355-1701 or regular mail.
4. After your packet has been received by our office, you must call 904-476-8886 between 9 a.m. and 5 p.m. to schedule a phone interview with the Farm Director.

You must personally seek help. No second party requests will be considered.

Once again, thank you for your interest in *Trinity Freedom Farm*. If God leads you to this ministry, we will join with you in a commitment to rebuild your life to the glory of His Son, the Lord Jesus Christ.

Your brother in Christ,
Rev. Dave Byer
Freedom Farm Director

TRINITY FREEDOM FARM

Length of Program: The program length is based upon your personal growth and completion of four specific phases. The minimum time required is six months.

The maximum time allowed for completion is eight and a half months.

Daily Schedule:

5:15 - 5:30	Wake up, Personal hygiene	4:30 - 5:30	Dinner
5:30 - 6:30	Proverbs Bible Study	5:30 - 7:00	Free time
6:30 - 7:00	Breakfast, Clean rooms	7:00 - 8:30	Chapel
7:00 - 9:00	Chapel	8:30 - 9:00	Snack
9:00 - 11:50	Work assignments	9:00 - 10:00	Free time
12:00 - 12:30	Lunch	10:00 - 11:00	Quiet time
12:30 - 3:30	Work assignments	11:00	Lights Out
3:30 - 4:30	Showers		

Things To Bring:

- King James Bible**
- Picture ID and Social Security Card
- 6 sets each of work & casual dress clothes
- 3 towels, 2 sheet sets, and pillow
- Work boots and gloves, rain jacket
- 1" Clear view 3 ring binder, Marble composition notebook, 3x5 cards, paper, pens, envelopes, stamps, etc.
- All necessary personal hygiene items.

Prohibited Items:

- TV/Radio, Books, Magazines/Newspapers
- Tobacco/Drugs/Alcohol

Hair Cuts:

- Hair must be cut above the ear and off the collar before entering the program.
- No beards are allowed.

Visitation:

- After the first 30 days of the program, weekly visits are permitted by immediate family only.

Phone Calls:

- After the first 30 days of the program, 1 weekly monitored call is permitted to immediate family **only**.

Financial Information:

- Carefully read and fill out the Resident Support Contract

Special Notice:

- Men requiring any type of legal/medical assistance or supervision must be evaluated individually. Any special arrangements needed to accommodate these requirements must be made before entering the program.

FINANCIAL INFORMATION

TRINITY FREEDOM FARM

Resident Support Contract

All program participants will be required to pay a resident support fee of \$75.00 weekly. This shared cost of operation is necessary to keep our program affordable. The resident support fee is only a portion of the actual cost of your program made possible through the donations of our faithful donors. Failure to pay support fees may result in loss of privileges.

Before a resident may begin the program, a non-refundable payment of \$500.00 is due. This \$500.00 will be applied to the weekly payments of \$75.00.

In addition, a \$50.00 cash deposit must be placed in the resident's emergency fund at the time of check-in. A minimum of \$50.00 must be maintained in this account at all times. These funds will be kept on hand at the Freedom Farm and will be refunded only upon completion of the program. This fund will be used to cover personal emergency situations that may occur.

Total due before check in: \$550.00

- **\$500.00 non-refundable resident support fee, payable by check or cash**
- **\$50.00 resident personal emergency fund, CASH ONLY**

I have read, understand, and agree to the terms and responsibilities of this contract.

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Relationship to Resident _____

Signature: _____ Date: _____

Resident's Signature: _____ Date: _____

Farm Director's Signature: _____ Date: _____

All resident support fees are non-refundable.

I understand that all resident support fees or transportation fees are non-refundable, even if paid in advance, regardless of my reason for leaving the program.

Signed: _____

Witness: _____

GENERAL RULES

Church/Chapel Conduct: Hebrews 10:25, I Corinthians 14:33,40

Bibles are to be taken to every church and chapel service, and the **King James Version will be the only Bible used.**

- All residents of the Freedom Farm attend services at Trinity Baptist Church.
- EVERYONE sings in church and chapel services.
- All residents of the program will go directly to assigned class or service and will sit together in all services attended.
- Every man in the program will attend a Men's Bible Class during the Bible Fellowship hour.
- No talking during services: eyes forward and no disruptions.
- Restrooms may only be used between services.

Bible Program: Psalm 119:9,11, Psalm 1, Joshua 1:8, Romans 10:17, 12:1,2

- Men may come into the Bible study area as early as 4:30 a.m. However; no talking or loud noises will be tolerated.
- Each morning, residents will read the chapter in Proverbs that corresponds to the date.
- One Proverb will be selected each morning and written, along with their current memory verse, on a 3x5 card, which must be kept with them throughout the day.
- Each morning, residents must complete a Proverbs Bible Devotional Guide.
- All men are required to participate in the scripture memorization plan.
- If you fall behind in your Bible memorization, you will lose all recreation privileges until you are caught up.

Van Conduct: II Corinthians 5:20, I Corinthians 14:40

- The van will leave the church 10 minutes after the closing prayer unless a leader is aware of an emergency or other valid reason to wait. It is your responsibility to let a leader know if such a condition exists. This is the only way the van will wait.
- No eating or drinking is permitted in the van.**
- The van driver will pick the music or preaching tape to be played.

Conversation/Behavior: II Corinthians. 5:17, I Corinthians, 6:20, Ephesians 4:29
Proverbs 12:1, 14:9, 16:25

- NO UNCHRISTLIKE CONVERSATION
- Gripping, negative criticism, gossiping, complaining, faultfinding, and foul language will not be tolerated.
- Talking about old habits or lifestyles is against God's Word and is not permitted.
- All packages and mail will be searched, and all prohibited items removed.
- Men must be on time for all services, meals, and activities.
- No sleeping or slacking off during work times.
- No one is allowed to return to bed after Proverbs study.
- A kind and courteous attitude is expected toward everyone at all times.

Dress Code: I Peter 1:16, 2:9, II Corinthians 6:15-17

- A shirt is required at all times.
- No sleeveless shirts, tank tops, or shorts above the knee allowed.
- Long pants must be worn during work hours. Shorts (knee length) may only be worn when appropriate.
- NO clothing may have designs or slogans not conforming to the Christian ethics of this program.

- A clean shave and combed hair is required daily. No beards or mustaches permitted while in the program.
- Hair must be worn above the ears and off the collar.

Personal Hygiene: I Corinthians 14:40, II Corinthians 5:20, Mark 5:15, John 11:39b

- All residents must brush their teeth, comb their hair, wash their faces, and put on clean clothes each morning before Proverbs study time.**
- All men must shower each day before dinner.**
- No one is allowed to sleep in street clothes.
- A second shower must be taken before evening chapel if needed due to physical activities.

Rooms: I Corinthians 4:2, Matthew 25:21,29

- The room assigned to you, like everything else on the Farm, belongs to God. Treat it as such!
- NO furniture is to be moved into or out of the room without approval.
- Any pictures, posters, photos, etc. to be hung on the walls must be approved.
- NO food is to be kept in the rooms unless it is in a sealed container such as Tupperware.
- Wasting electricity is poor stewardship and will not be tolerated.
- You may visit another resident's room only if they are present and the door is open.
- Rooms must be kept neat and orderly at all times.
- Rooms must be straightened and beds must be made to the designated uniform standard, each morning before chapel.

Kitchen: I Corinthians 10:10, Proverbs 30:8

- Residents may not enter the kitchen or food storage areas unless requested to do so by a leader or the kitchen personnel.
- Negative remarks about the food will not be tolerated! If you have a problem with the food –DO NOT EAT! Prayer and fasting are profitable substitutes.

Laundry: I Corinthians 6:19,20, II Corinthians 5:20

- Your laundry will be done for you during your stay at the Farm.
- You should have your laundry in the laundry room immediately after morning Bible study on the day assigned to your room.
- No one is allowed in the laundry room except leaders and the man assigned to laundry duty.

Illness: Proverbs 26:13-15, Exodus 15:2, Psalm 46:1

- If you become ill during your time in the program, you will be required to remain in your room for the entire day except for trips to the bathroom or to the office for medications or other assistance.
- A leader must be made aware of the problem before morning Chapel so that your condition can be evaluated.
- Your meals will be brought to your room while you are ill.
- Any injuries that occur while at the Farm, no matter how minor, must be reported immediately to the Superintendent, Steward, or Leader by means of a completed Incident Report Form.**

Relationships:

- No person enrolled in the Freedom Farm, Freedom Farm Work Program, or Lifeline Program is permitted to initiate or be involved in any social relationship with a female.
- Professional relationships are to be conducted with the utmost courtesy and discretion.

- We seek to restore individuals to a position of spiritual and emotional wholeness. Therefore, as a general principle, we do not want the men in our programs to focus upon external relationships until they have completed our discipleship process.
- Men with wives or existing relationships must receive counsel and specific guidelines based upon their individual needs.

Church and Sunday School Attendance:

- All men involved in the Trinity Freedom Farm Ministry in any capacity will be actively involved in the Bible Fellowship and Church activities at Trinity Baptist Church.
- Men at the Freedom Farm will attend one of the two Men's Sunday School Class offered while in Phase One and Phase Two of the program.
- Upon entering Phase Four of the program, all Freedom Farm men will be allowed to join a Bible Fellowship Class that fits their individual needs. Class choice is subject to the approval of the Farm Director.

Program Phases:

A description of the program phases is included in this packet. If you have any questions about the phases or privileges, be sure to ask for clarification before entering the program.

General Attitude:

We expect every person at Trinity Farm to be committed to, and give complete dedication to, living the highest quality Christian life possible. Your attitude, therefore, must reflect this commitment in:

1. Gratefulness to God and the church
2. Humbleness to other men in the program
3. Willingness to be corrected and taught
4. Readiness to change old thought patterns and behavioral habits.

We will not tolerate negative, pessimistic attitudes.

Chastisement: This is not a "legalistic" program. Our goal is not to expose and punish; our goal is to train and empower sincere Christians to be partakers of God's grace and holiness. Hebrews 12:5-15, Revelation 3:19, I Peter 1:6,7

Major Offenses: Tobacco, alcohol, drugs, pornography, theft, intentional destruction of Freedom Farm property are considered to be Major Offenses.

1st offense: Termination from program

Minor Offenses: Violation of general rules of the Farm.

1st offense: Problem Solving Worksheet

2nd offense in one week: Loss of all privileges for that week

"Liberty abused will be liberty lost!"

Volunteer Labor: This is a *working* Farm. Everyone has a job and everyone works. All labor is considered donated volunteer service.

Trinity Freedom Farm

Phase One – Program Orientation
30 – 45 days

Client's Name _____

Entry Date _____

Objectives: To understand and identify with the mission of the Trinity Freedom Farm. To display a sincere commitment to live with respect for the program, myself, and the other men in the program.

Assignments:

- Recite Phase One memorization work word perfect.
- Properly complete Devotional Guides daily.
- Complete a Biblical Problem Solving Worksheet relating to the presenting problems that led you to enroll in the Freedom Farm Program.
- Become familiar with the Renewal Prayer and write out all the verses in the cross-reference list on a sheet of notebook paper and place in notebook behind renewal prayer.
- Complete all Chapel Worksheets and maintain a well-organized notebook.

Requirements:

- Maintain good work habits and a positive attitude.
- Maintain a clean and well-organized room.
- Submit to and obeyed the general rules of the farm.

Privileges: Farm recreational activities

Phase One completion date: _____

Case Manager: _____

Total minimum time required: 135 days – 4.5 months

Total maximum time required: 255 days – 8.5 months

Trinity Freedom Farm

Phase Two - Personal Responsibility

30 – 60 days

Client's Name _____

Phase Two Entry Date _____

Objective: To accept personal responsibility for believing and obeying God's truth and to learn to appropriate His grace and forgiveness in my life.

Assignments:

- Recite Phase Two memorization work word perfect.
- Properly complete Devotional Guides daily.
- Read Victory Over the Darkness by Neil Anderson and write a one page summary of what you learned from this book.
- Complete all Chapel Worksheets and maintain a well-organized notebook.
- Continue to be faithful in all Phase One requirements.

Counseling Assignments:

- Establish a sound relationship with counselor and case manager.
- Complete Personal History with counselor.
- Complete "Life's Message Diagram" with counselor.

Privileges:

- Phase One privileges
- One 15 minute monitored call weekly.
- Bi-weekly farm activities.

Phase Two completion date: _____

Case Manager: _____

Trinity Freedom Farm

Phase Three - Spiritual Healing and Growth 60 – 90 Days

Client's Name _____ Phase Three Entry Date _____

Objective: To establish and implement personal spiritual goals, enabling me to experience spiritual growth and emotional healing.

Assignments:

- Recite Phase Three memorization work word perfect.
- Properly complete Devotional Guides daily.
- Read The Bondage Breaker by Neil Anderson and write a one page summary explaining what you learned from this book.
- Read Freedom from Addiction by Mike Quarles and write a one page summary of what you learned from this book.
- Complete all Chapel Worksheets and maintain a well-organized notebook.
- Continue to be faithful in all Phase One requirements.

Counseling Assignments:

- Identify, and be able to explain, your personal version of the flesh and how it was formed.
- Establish and implement spiritual growth goals.

Privileges:

- Phase One and Two privileges
- Weekly visitation privileges.
- *One eight hour pass with immediate family.
- *Special outings with staff or men in the work program.

*These privileges will be evaluated on an individual basis and will be approved when your counselor and case manager are convinced they are in your best interest.

Phase Three completion date: _____

Case Manager: _____

Trinity Freedom Farm

Phase Four - Living in Victory

30 – 60 days

Client's Name _____

Phase Four Entry Date _____

Objective: To maintain personal integrity while implementing the necessary steps toward becoming a godly, productive member of society.

Assignments:

- Recite Phase Four memorization work word perfect.
- Properly complete Devotional Guides daily.
- Read Classic Christianity by Bob George, complete the study guide, and turn in a one page summary of what you learned from this book.
- Write out your personal testimony.
- Complete all Chapel Worksheets and maintain a well-organized notebook.
- Continue to be faithful in all Phase One requirements.

Counseling Assignments:

- Complete the Bill Gothard "Spiritual Gifts" study. Write a one page paper explaining the purpose of spiritual gifts in the Church and a paragraph identifying and explaining your primary spiritual gift.
- Establish social goals including employment and career, a plan for building new Christian friendships, a specific area of Christian service, personal recreational activities, outside support, and accountability structure.
- Begin action worksheets to fulfill goals.

Privileges:

- Phase One through Three privileges.
- Choosing your own Sunday School Class.
- *Involvement in Church and Sunday School Activities
- *One Weekend pass with immediate family.

*These privileges will be evaluated on an individual basis and will be approved when your counselor and case manager are convinced they are in your best interest.

Level Four completion date: _____

Case Manager: _____

Trinity Freedom Farm Application

I. PERSONAL INFORMATION

First Name _____ Last Name _____ Middle Initial _____
Home Address _____ City _____
State _____ Postal Code _____ Home Phone _____
Age ____ Date of Birth ____/____/____ Social Security # ____ - ____ - ____ Height _____
Occupation _____ Business Phone _____
Education
1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5+ (circle last year completed)
Describe other training, certificates, and diplomas.

II. MILITARY SERVICE

Have you ever been in the military service? ___ Yes ___ No. Branch _____
Highest rank held _____ Jobs held _____
Honorably discharged ___ Yes ___ No

III. LEGAL INFORMATION

Have you ever been arrested or in jail? ___ Yes ___ No
Where _____
Charges _____
Time served _____ Are you on ___ Probation ___ Parole. How Long _____
Name of your parole officer _____
Address _____ City _____
State _____ Postal Code _____ Phone _____
Do you have any pending court cases ___ Yes ___ No
If yes, give details

IV. HEALTH INFORMATION

Rate your physical health: Very good ___ Good ___ Fair ___ Declining ___
Height _____ Weight _____

List all of your present or past illnesses or handicaps

Date of your last medical exam _____ Problems noted by your doctor

Your doctor's name: _____ Phone _____

If you have a medical condition that requires regular visits to your doctor, list the reasons and how often you need to be seen.

Are you presently taking medication? ___ Yes ___ No

List the medications _____

Prescribed by: _____ Address _____

City _____ State _____ Postal Code _____ Phone _____

If accepted, can you get enough medication to complete the entire program? ___ Yes ___ No

Have you ever used drugs for non-medical purposes? ___ Yes ___ No

If yes, list all drugs used and approximate dates and length of use:

Have you ever had a severe emotional breakdown? ___ Yes ___ No

Have you ever been a patient in a mental institution? ___ Yes ___ No

Where _____ How long _____ Discharge date _____

Have you ever had any psychotherapy or counseling? ___ Yes ___ No

Counselor/Therapist Dates

Check all of the health problems you have or have had in the past:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Backache | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> STD | <input type="checkbox"/> Cirrhosis | <input type="checkbox"/> Thyroid problems | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Poor eyesight | <input type="checkbox"/> Anemia | <input type="checkbox"/> Nausea | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Toothache | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Prostate Problems |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes |

V. MARRIAGE INFORMATION

Complete this section if you have ever been married or had children. **If you have never been married and have no children proceed to Section VI.**

Name of Spouse _____ Home phone _____

Address _____ City _____

State _____ Postal Code _____

Age _____ Occupation _____ Business phone _____

Is your spouse willing to come for counseling? ___ Yes ___ No ___ Unsure

Date of this marriage _____ Have you ever filed for divorce ___ Yes ___ No

Do you have any previous marriages ___ Yes ___ No. If yes, How many _____

Give brief information about any previous marriages.

Children

Name	Age	Sex	Grade	Marital Status
------	-----	-----	-------	----------------

1.

2.

3.

4.

5.

Are you responsible for child support? ___ Yes ___ No. If yes, what arrangements have you made for your payment responsibilities?

VI. RELIGIOUS BACKGROUND

Denomination _____ Are you a member of a church? ___ Yes ___ No

Church attendance per month 0 1 2 3 4 5 6 7 8 9 10 + (circle)

Church name _____

Address _____

City _____ State _____ Postal Code _____ Phone _____

Pastor's name _____ Address _____

City _____ State _____ Postal Code _____ Phone _____

How often do you pray? Often ___ Sometimes ___ Never ___

Are you going to heaven when you die? Yes ___ No ___ Don't know___

If you answered yes, how do you know? _____

Have you been baptized? Yes ___ No___. If yes, by immersion? ___ Yes ___ No

How often do you read the Bible? Often ___ Sometimes ___ Never ___

Explain any recent changes in your spiritual life.

VII. PARENTAL FAMILY HISTORY

Mother's name _____ Living ___ Deceased ___

Occupation _____ Denomination _____

Attends church? ___ Yes ___ No

Father's name _____ Living ___ Deceased ___

Occupation _____ Denomination _____

Attends church? ___ Yes ___ No

Were you raised by anyone other than your own parents? Yes ___ No ___. If yes, please explain briefly.

Are your parents still living together? Yes ___ No ___.

If no, what year were they separated? _____

Rate your parent's marriage: Unhappy ___ Happy ___ Very happy___

Who were you closest to as a child? Mother ___ Father ___

Rate your childhood: Unhappy ___ Happy ___ Very happy ___

How many siblings do you have? Brothers ___ Sisters___

Are there any addictive problems in your family Yes ___ No___. If yes, please describe briefly:

VIII. MISCELLANEOUS

Have you, your parents, or grandparents ever been involved in any occult, cultic, New Age, or other non-Christian practices? Yes ___ No___. If yes, explain briefly.

Have you ever been sexually abused? Yes ___ No ___.

How many hours of music do you listen to per week? _____.

List your five favorite musicians/musical groups.

1. _____
2. _____
3. _____
4. _____
5. _____

What problems are you experiencing that have caused you to apply to this program?

What have you tried to do to solve your problems?

Do you have any medical or legal problems that we need to know about?

Place a check beside the feelings that describe your emotional state right now.

- | | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> inferiority | <input type="checkbox"/> worry | <input type="checkbox"/> anger | <input type="checkbox"/> hopelessness |
| <input type="checkbox"/> insecurity | <input type="checkbox"/> doubt | <input type="checkbox"/> frustration | <input type="checkbox"/> betrayal |
| <input type="checkbox"/> inadequacy | <input type="checkbox"/> pride | <input type="checkbox"/> depression | <input type="checkbox"/> hatred |
| <input type="checkbox"/> guilt | <input type="checkbox"/> bitterness | | |

Have you ever thought about or tried to commit suicide? Yes ___ No ___. If yes, please explain.

Please place a check next to each statement below that you are in agreement with:

- I recognize my need for help and I am therefore applying for admission to *Trinity Freedom Fam*.
- I understand that the Farm is a Christian organization and is dedicated solely to the spiritual regeneration and social rehabilitation of people like me.
- I have carefully read and understand all of the rules of *Trinity Freedom Farm*. If accepted into the program, I agree to keep all of the rules and regulations of the ministry. I understand that any flagrant or repetitious violation will be grounds for my dismissal from the program.
- I understand that my admission to the program and my continued residence is dependent upon my willingness to restructure my life to conform to biblical Christianity, to learn to live a victorious Christian life, and my willingness to help myself, including chores and duties as may be assigned to me.
- I authorize investigations of all statements contained in this application as may be necessary in arriving at a decision. I understand that false or misleading information given in my application or interview may result in my termination from the program.
- In the event that I quit the program and leave the Farm before graduation, I understand that *Trinity Freedom Farm* is in no way responsible to provide me with transportation from the Farm to any location. I further understand that if I were to leave the Farm without completing the program, I must take all of my belongings with me, as I will not be permitted to return to the property. *Trinity Freedom Farm* will not be responsible for storage or shipment of any of my personal belongings.
- I have read and signed the Resident Support Contract.
- I certify that the answers given in this application are true and complete to the best of my knowledge.
- I am willing to be randomly drug tested per Program Director's discretion at any moment during the duration of my involvement as a client in the Freedom Farm Program.
- All drug testing fees are \$15.00 and will be paid by the client before the test is administered.
- Any failed test is an automatic dismissal from the program.
- Any refusal to take a drug test is an automatic dismissal from the program.
- I agree for myself, my heirs and assigns, that should any incident occur involving personal injury to myself, or loss, or damage to my property during my residence at the Farm, to hold the Farm free and harmless from any and all liability in connection therewith.**

Applicant's Signature

Date

Printed Name

Witness

Date



Resident Personal Belongings List

Max Quantity	Property Item	Actual Quantity	Member Initials
7	Pants		
4	Dress Pants		
7	Shirts		
4	Dress Shirts		
4	Ties		
7	T-Shirts		
7	Underwear		
7	Socks		
2	Slides, Tennis Shoes or Boots		
2	Dress Shoes		
2	Belts		
2	Coats		
2	Sweaters		
2	Sweat Shirts/Hoodies		
6	Shorts		
2	Suit		
2	Pajama Pants, Hats		

Data Entered By _____ **Date** _____