

APPLICATION FOR ADMISSION

APPLICATION FORM FOR RENEWED HOPE MINISTRIES

PLEASE PRINT AND FILL OUT

MISSION STATEMENT: Renewed Hope Ministries is a 12 month residential Christ-centered, discipleship-based program to help men struggling with drug and alcohol addiction. Renewed Hope Ministries (RHM) provides recovery through Biblically based counseling services and a compassionate staff who will support them in a program based on Biblical principles.

IMPORTANT

THE RHM TREATMENT PROGRAM IS A “VOLUNTARY PROGRAM”. For the spiritual, physical, and emotional wellbeing of the participants, there will be restrictions in place as part of the program at RHM. There is one real requirement for admission-that a person have a desperate desire to overcome their problem with drugs and alcohol.

We have found that the only person we can help overcome their problems are those who come of their own free will, and those who have made a decision to do it for themselves and not for their wives, mother, father, girlfriends, etc.

If a person doesn't want to be here, they will not allow us to help them.

Personal Information:

Name_____

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(Last, First, Middle)

Phone_____

Address _____

_____ (PO Box or Street #) (City) (State) (Zip)

Date of Birth _____ Age _____

Place of Birth _____ SS# _____

List any valid form of identification (Driver's License, State ID, etc.):

Type _____ State _____ Number _____

Emergency Contact _____

(Name, relationship, phone #)

Address _____

_____ (PO Box or Street #) (City) (State) (Zip)

Parents Names (if living) _____

Parent's Address _____

(PO Box or Street #) (City) (State) (Zip)

Are Parents Separated/Divorced? _____ Is either parent deceased? _____ How many brothers do you have? _____ Sisters? _____

Marital Status/Children:

Married _____ Single _____ Separated _____ Divorced _____ Widowed _____

List reasons for divorce or separation _____

Wife's Name _____ Date of Birth _____

Phone # _____

Wife's
Address _____
(PO Box or Street #) (City) (State) (Zip)

How many children do you have? _____ Where are they? _____
Are you subject to any alimony/child support payments? _____ If so how much? _____

Education:

Did you graduate from High School? _____ Year? _____
Did you attend college? _____ Year? _____
What was your major? _____ Degree Earned? _____
Did you attend trade school? _____ What trade? _____
Did you complete? _____

Work History:

Usual
Occupation _____

How many years experience? _____

List last three employers:

Name of company City, State & Phone #

Position Start Date End Date

Name of company City, State & Phone #

Position Start Date End Date

Name of company City, State & Phone #

Position Start Date End Date

Are you currently working? _____ If not,
why? _____

Number of jobs in the last 5 years? _____ Preferred type of
work? _____

Military Experience:

Are you a veteran? _____ Branch of service _____

Highest Rank _____

How long were you in the service? _____

Date and type of discharge _____

If discharge was not honorable, please
explain _____

Were you ever court-martialed? _____ If so, please
explain _____

Medical Information:

What is the state of your health?

_____ Excellent _____ Good _____ Fair _____ Poor _____ Declining Height

Weight _____ Usual Weight _____ Any recent weight
changes? _____

List all major illnesses and/or surgeries that you have or have
had _____

Have you ever had a sexually transmitted disease? _____

What? _____ When? _____

When were you last tested for HIV _____ Hepatitis
C _____ TB _____ RPR _____

Do you smoke or chew any form of tobacco (i.e. cigarettes, dip,
etc.)? _____

Are you currently taking any prescription or over the counter medication?

If yes,
what? _____

How long have you been taking it? _____

Please list any side effects associated with this
medication _____

Have you ever suffered from depression? _____ If yes, please describe

Have you ever been treated for any psychiatric illness? _____

If yes, please describe condition and
treatment _____

Have you ever considered committing
suicide? _____ When? _____

Have you ever attempted suicide? _____ When? _____

Why? _____

**Note: RENEWED HOPE MINISTRIES IS NOT A MEDICAL FACILITY AND
CANNOT GIVE MEDICAL CARE. WE NEED TO KNOW WHO WILL BE
RESPONSIBLE FOR MEDICAL EXPENSES INCURRED WHILE YOU
ARE HERE.**

Insurance Company _____

Address _____

Policy

Number _____

If you have no insurance, give the name of person who will be responsible for medical expenses incurred while you are at RHM or if you yourself will be responsible.

Name _____ Relationship: _____
Address _____
City _____ State _____ Zip Code _____
Telephone: _____

If the applicant is currently taking prescribed medication for medical purposes, and it is agreed to be medically prudent by a qualified practioner, then the student at RENEWED HOPE MINISTRIES is responsible for arranging with their medical practioner a medically supervised controlled substance reduction plan with the goal of becoming chemically free by the end of their program at RENEWED HOPE MINISTRIES.

AGREED TO BY
APPLICANT _____ DATE _____

Alcohol/Drug Use History:

Please list any rehabilitation centers you have attended:

Name _____

When? _____

Completed? Yes or No

Name _____

When? _____

Completed? Yes or No

Name _____

When? _____

Completed? Yes or No

Name _____

When? _____

Completed? Yes or No

What is your drug(s) of choice? _____

At what age was your first drinking/drugging experience? _____

How much has your drinking/drugging pattern changed

lately? _____

What is your longest period of sobriety in the past two years? _____

When did you last drink or get high? _____

What did you drink/use? _____

Is there any other information about your drug or alcohol use that we need to know?

Criminal History:

Number of times arrested? _____

Please list from newest to oldest all charges, date of arrest, and time served for each:

Charge _____ Date of
arrest _____ Time served _____

Charge _____ Date of
arrest _____ Time served _____

Charge _____ Date of
arrest _____ Time served _____

Have you ever been charged with any sexual crime? _____

Are there any current charges pending against you at this time? _____ Pending Court Dates? _____

Are you currently on probation/parole? _____ If so, for how long? _____

Name of Parole _____

Officer: _____

Phone # _____

Spiritual Background:

Have you ever attended a church or belonged to a religious organization?

Yes _____ No _____ If yes, list name _____

Are you currently a member of a church congregation or religious organization?

Yes _____ No _____ If yes, list name _____

Have you ever had a personal relationship with God? What does that mean to you?

Are you willing to receive spiritual teachings based on Christian principles?

Yes _____ No _____

What is your church affiliation?

Do you read the Bible? _____ If so, how often?

Do you pray? _____ If so, how often?

Are you saved? _____ If so, when?

Briefly describe your testimony and your walk with Christ since that time.

men who are sincerely, even desperately, seeking sobriety. If an applicant's primary motivation is to impress someone, family pressure, probation, parole or for any other reason, it is unlikely that this program will be right for them.

A list of current medications with an adequate supply or a prescription and means to purchase them is required.

A \$150.00 medical deposit is due upon entering RHM, which is used to defray any medical needs during the stay. There will be no refund if the student fails or refuses a drug test or leaves early.

Room must be in satisfactory condition before departure for a refund to be given, also, if at least half of tuition (\$1800.00) is not paid upon departure there will be no refund.

The total cost for the year program is \$3600.00. A minimum of \$500.00 down is required and the balance can be made in 5 installments of \$620.00.

If the total cost is paid up front (**\$3600.00**) and a student withdraws, or is discharged from RHM program within the first 5 weeks (35 days) of their stay, 1/2 of their money will be refunded to the person or persons who paid the initial fees. If a student withdraws, or is discharged from the program after the 35-day period there will be no refund.

The student or the family of the student is required to make payments on the balance of the tuition. We are willing to work with you or your family on payment arrangements. We need an address where the bill is to be sent.

Personal Commitment

Have you come on your own free will? Yes _____ No _____

Are you court ordered into this program, or any program? Yes _____ No _____

If you are found to be court ordered, you will be dismissed from the program IMMEDIATELY, and the court notified. Do you agree with this? Yes _____ No _____

Have you made a decision to overcome your problem? Yes _____ No _____

In your own words tell about your desire to overcome your problem.

I, the undersigned do solemnly swear the above statement is an expression of my own desire to overcome my problems with drugs and alcohol, and that it is done voluntarily, and that the statements contained therein are true.

Signed _____ Date _____

Witness _____ Date _____

Staff determination: Is there a desperate desire? Yes _____ No _____

Staff
Signature _____ Date _____

**You may fax or email this completed application to: (828) 837- 4648
or renewedhopemurphy@gmail.com**

Someone will contact you shortly.

Thank you for your interest in Renewed Hope Ministries.