RENEWED HOPE MINISTRIES

PROGRAM APPLICATION

150 Penny Lane, Murphy, NC 28906

ABOUT RENEWED HOPE

Renewed Hope Ministries is a Christian, faith-based residential recovery ministry for men seeking freedom from alcohol and drug addiction. The program emphasizes a relationship with Jesus Christ, personal responsibility, accountability, work, fellowship, and a structured recovery environment.

Renewed Hope is not a hospital, medical detoxification facility, or emergency psychiatric facility. Applicants must be appropriate for a non-medical residential setting. Completion of this application does not guarantee admission.

Please answer every question honestly and completely. Information is used to help determine whether Renewed Hope can safely and appropriately meet your needs.

1. PERSONAL & CONTACT INFORMATION

Full legal name (First / Middle / Last / Suffix) _____

Preferred name / nickname _____

Date of birth _____

Phone number _____

Email _____

Current street address _____

City / State / ZIP _____

Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Number of children _____

Valid ID type / State / ID number _____

Do you currently have a valid driver's license? ☐ Yes ☐ No

Emergency contact - Name / Relationship _____

Emergency contact phone _____

Emergency contact address _____

2. SUBSTANCE USE & WITHDRAWAL HISTORY

Primary substance(s): ☐ Alcohol ☐ Opioids ☐ Methamphetamine ☐ Cocaine/Crack ☐ Marijuana/THC ☐ Benzodiazepines ☐ Other: _____

Substance of choice / main problem _____

Age at first alcohol/drug use _____

Date and approximate time of last alcohol/drug use _____

What did you use, how much, and by what route? _____

Typical frequency and amount used recently _____

Has your alcohol/drug use recently: ☐ Increased ☐ Decreased ☐ Stayed about the same

Longest period of sobriety in the past 2 years _____

Have you ever experienced serious withdrawal symptoms? ☐ Yes ☐ No

Have you ever had a withdrawal seizure, delirium tremens (DTs), hallucinations, or required medical detox? ☐ Yes ☐ No

If yes, explain what happened and when:

_____

_____

_____

_____

Are you experiencing withdrawal symptoms right now? ☐ Yes ☐ No

If yes, describe current symptoms:

Have you ever overdosed or required naloxone/Narcan? ☐ Yes ☐No

If yes, explain and give approximate date(s):

3. PREVIOUS TREATMENT & RECOVERY

Have you previously attended detox, residential treatment, rehabilitation, sober living, or another recovery program? ☐ Yes ☐No

If yes, list the most recent programs:

Program / Facility	Approx. Dates	Completed?	Reason for Leaving / Outcome

What has helped you stay sober in the past?

What usually leads you back to drinking or using?

4. MEDICAL INFORMATION

How would you describe your current health? ☐ Excellent ☐Good ☐Fair ☐Poor

Height _____

Weight _____

List current medical conditions or significant health problems:

List significant surgeries, injuries, or hospitalizations that may affect your participation:

Do you have any condition that limits walking, lifting, standing, working, or normal daily activities? ☐ Yes ☐No

If yes, describe the limitation:

_____

_____

_____

_____

List all prescription and over-the-counter medications you currently take (name, dose, reason):

_____

_____

_____

_____

_____

_____

List medication, food, or other serious allergies and the reaction:

_____

_____

_____

_____

Health insurance provider (if any) _____

Primary care provider / clinic and phone (if known) _____

Do you use tobacco or nicotine? ☐ No ☐ Cigarettes ☐ Vape ☐ Smokeless tobacco ☐ Nicotine pouches ☐ Other

5. MENTAL HEALTH & SAFETY

Have you ever been diagnosed with or treated for a mental-health condition? ☐ Yes ☐ No

If yes, list diagnosis, treatment, and approximate dates:

_____

_____

_____

_____

Have you ever been hospitalized for a mental-health crisis? ☐ Yes ☐ No

If yes, explain and give approximate date(s):

_____

_____

_____

_____

Have you ever intentionally harmed yourself or attempted suicide? ☐ Yes ☐ No

If yes, briefly explain and give approximate date(s):

_____

_____

_____

_____

During the past 30 days, have you had thoughts of killing yourself or seriously harming yourself? ☐ Yes ☐ No

Are you having thoughts right now of killing yourself or seriously harming yourself? ☐ Yes ☐ No

IMPORTANT: A 'Yes' answer does not automatically disqualify an applicant. Current or recent safety concerns require staff review and may require evaluation by an appropriate medical or mental-health professional before admission.

6. LEGAL INFORMATION

Number of times arrested (approximate) _____

List significant criminal charges/convictions that may affect placement, safety, court obligations, or program participation:

Are any criminal charges currently pending? ☐ Yes ☐No

Upcoming court date(s), location(s), and charge(s) _____

Do you have any outstanding warrants that you know of? ☐ Yes ☐No

Are you currently on probation, parole, pretrial supervision, or another form of court supervision? ☐ Yes ☐No

Officer / supervisor name and phone _____

Have you ever been charged with or convicted of a sexual offense? ☐ Yes ☐No

If yes, explain:

Are you being ordered or required by a court, probation/parole officer, employer, or another person to enter this program? ☐ Yes ☐No

If yes, explain:

7. EDUCATION, EMPLOYMENT & PRACTICAL INFORMATION

Highest education completed: ☐ Less than HS ☐GED ☐High School ☐Trade/Vocational ☐College ☐Other

School / training / trade _____

Are you currently employed? ☐ Yes ☐No

Current or most recent employer / occupation _____

Approximate dates employed _____

Briefly describe your work experience and skills:

Military service: ☐ No ☐Yes Branch: _____ Discharge type: _____

List any court, family, employment, transportation, medical, or other obligations that could interfere with full participation in the program:

8. FAMILY & SUPPORT

Who are the most important supportive people in your life?

_____

Do you have child-support, alimony, or other ongoing family financial obligations? ☐ Yes ☐No

If yes, describe:

_____

_____

_____

_____

Person who should be contacted regarding important family matters (if different from emergency contact)

_____

9. CHRISTIAN FAITH & SPIRITUAL BACKGROUND

Renewed Hope Ministries is intentionally Christian. Residents are expected to participate in the spiritual components of the program, including Christian teaching, Bible study, prayer, church services, and other scheduled program activities.

Are you willing to participate in the Christian spiritual components of the program? ☐ Yes ☐No

Do you currently attend a church or Christian fellowship? ☐ Yes ☐No

Church / fellowship name (if applicable) _____

Do you currently read the Bible? ☐Yes ☐ No Do you pray? ☐Yes ☐No

Describe your current relationship with God, if any:

_____

_____

_____

_____

_____

_____

What would you like to learn or strengthen spiritually while at Renewed Hope?

_____

_____

_____

_____

10. MOTIVATION & READINESS FOR RECOVERY

Are you applying to Renewed Hope of your own free will? ☐ Yes ☐No

Have you personally decided that you want to stop using alcohol and/or drugs? ☐ Yes ☐No

Why are you seeking help now?

_____

_____

_____

_____

_____

_____

In your own words, describe why you want to come to Renewed Hope Ministries:

_____

_____

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_____

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_____

What are you willing to change in your life in order to remain sober?

_____

_____

_____

_____

_____

_____

What do you hope your life will look like one year from now?

_____

_____

_____

_____

_____

_____

11. PROGRAM & FINANCIAL ACKNOWLEDGMENT

Program contribution: I understand that the current program contribution is $300 per month for the first six months. After six months, the contribution is $500 per month, and residents may become eligible to work at that stage, subject to program requirements and staff approval.

I understand the program contribution described above. ☐ Yes ☐No

I understand that Renewed Hope is a voluntary Christian recovery ministry and is not a hospital, medical detoxification facility, or emergency psychiatric facility. ☐ Yes ☐No

I understand that admission and continued participation require compliance with program rules, schedules, drug/alcohol testing, and staff direction. ☐ Yes ☐No

I understand that additional admission documents, financial terms, releases, policies, and the resident handbook may require separate review and signature. ☐ Yes ☐No

12. APPLICANT CERTIFICATION

I certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that false or intentionally omitted information may affect admission or continued participation. I authorize Renewed Hope Ministries staff to contact me regarding this application and to discuss information needed to determine whether the program is an appropriate placement for me, subject to any separate authorization required by law.

Applicant signature _____

Printed name _____

Date _____

STAFF USE ONLY

Application reviewed by: _____ Date: _____

Initial determination: ☐ Accept/proceed with admission ☐Pending additional information ☐Refer for medical/mental-health evaluation ☐ Not appropriate for program

Follow-up information / concerns / notes:

_____

_____

_____

_____

_____

_____

_____

_____

Admission date (if accepted): _____

Staff signature: _____ Date: _____