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_______________________________________________________

__________________________________________________________

(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 practitioner, then the student at RENEWED HOPE MINISTRIES is responsible for arranging with their medical practitioner 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
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.
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Please write a paragraph stating why you would like to come to Renewed Hope Ministries at this time in your life.

____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

Personal References:
Please provide 3 personal character references (at least one from a pastor or church staff member):

Name: _______________________________ Relationship: __________
Phone #: ______________________________

Name: _______________________________ Relationship: __________
Phone #: ______________________________

Name: _______________________________ Relationship: __________
Phone #: ______________________________

RENEWED HOPE MINISTRIES FINANCIAL AGREEMENT
RHM is a voluntary drug and alcohol treatment facility. We do not accept court ordered applicants, feeling that our program is appropriate only for
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, ½ 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.