HOPE & REDEMPTION RANCH
NAVAJO BIC OVERCOMERS

20 Road 6185
Kirtland NM 87417

Who we are: Hope & Redemption Ranch is owned & operated by Navajo BIC Overcomers, Inc. We are a registered 501c3 non-profit residential substance abuse recovery facility for men.

We are a Christ centered, work oriented, program that incorporates Biblical principles in the treatment process. The program encompasses individual counseling, group therapy, Bible study, financial planning, life skills, and responsibility awareness.

Where are we: We are located on 11 acres between Kirtland NM and Farmington NM.

How long/how much:

6 months residential

$12,000 ($500 upon check-in). We accept Medicaid.

Other Funding: Hope & Redemption Ranch is funded by private donations, organizations, churches, and Faith-based grants which help offset the costs.

Program Dynamics:

- Daily programming from 8 am to 4 pm
- Mandatory classes
- Work-based recovery program – required to be involved in the daily upkeep and running of the Ranch.
- Mandatory evening support groups
- Substance abuse/mental health counseling sessions per "conditions of the intake process"
- Mandatory church service attendance Saturday evening & Sunday morning
- We do not allow the use of Suboxone or Methadone during program

Acceptance requirements:

- If incarcerated – must have been arraigned and eligible to enter a rehab program.
- Submit completed application.
- Go through the interview process.
- Must agree to abide by all rules and regulations of the program.

Hope & Redemption Ranch was formed to help in your recovery. Our focus is the whole person – mental, physical, and spiritual. Once we have received your application we will contact you for an interview.

Ralph Yoder, Executive Director

Office: 505.716.8070
Fax: 1.855.710.8028
Email: bicovercomers@bicovercomers.org

CONFIDENTIAL

CONFIDENTIAL

Office: 505.716.8070
Fax: 1.855.710.8028
Email: bicovercomers@bicovercomers.org

HOPE & REDEMPTION RANCH
NAVAJO BIC OVERCOMERS

20 Road 6185
Kirtland NM 87417

Program Use Only

Receive date: _____

Interview date: _____

Accepted ☐ Denied ☐

Program Application (Please print clearly)

Applicant Information

Full Name: _____ D.O.B. _____ Age: _____
Last First M.I.

Home Address: _____City: _____State: _____Zip: _____

Mailing Address (If different): _____City: _____State: _____Zip: _____

Phone:(Home, Cell, or Contact# Please specify): _____

Family Information

Marital Status (Circle one): Single Married Separated Divorced

Spouse Name: _____ Spouse Phone: _____

Do you have children? yes no Domestic violence charges? yes no Is CYFD involved? Yes no

Number of children: _____ Who has custodial rights? _____ Do you have plans for family reunification: yes no

Child's name: _____ Age: _____ Sex (circle one) M F

Child's name: _____ Age: _____ Sex (circle one) M F

Child's name: _____ Age: _____ Sex (circle one) M F

Child's name: _____ Age: _____ Sex (circle one) M F

Child's name: _____ Age: _____ Sex (circle one) M F

Is your relationship with your children on good terms? (please explain)

_____
_____
_____
_____
_____

Emergency Contact: (Enter at least one)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

CONFIDENTIAL

Office: 505.716.8070
Fax: 1.855.710.8028
Email: bicovercomers@bicovercomers.org

Legal Information

Are you currently incarcerated? Yes No

Where? _____ Current Charge: _____

Have you been arraigned? Yes No Are you required to enter a program? Yes No

Name of: Judge: _____ Court: _____

Public Defender/Attorney: _____ Phone: _____

Probation Officer: _____ Phone: _____

Do you have a court date pending? Yes No If so, Where? _____ When? _____

Are you a sex offender? Yes No Is there any reason that would require you to register as a sex offender? Yes No

Do you have any outstanding charges and/or warrants? Yes No If yes, what? _____

Starting with your most recent, please list all past charges and convictions: _____

Medical Information

Have you ever received treatment for addiction?

Outpatient: Yes No When: _____ Where: _____
Inpatient/
Residential: Yes No When: _____ Where: _____

Have You ever received treatment for mental health?

Outpatient: Yes No When: _____ Where: _____
Inpatient/
Residential: Yes No When: _____ Where: _____

Please list all past and current mental and/or substance use diagnosis:
(i.e. PTSD, ADHD, Bipolar, Anxiety, Depression, etc. and/or Alcohol/Cannabis/ Opiod use disorder) _____

Do you have any Chronic medical/physical conditions that interfere with your daily life? Yes No
If yes, please list: _____

CONFIDENTIAL

Office: 505.716.8070
Fax: 1.855.710.8028
Email: bicovercomers@bicovercomers.org

Please list all medications you are currently taking: _____
_____
_____

Are you presently taking either Suboxone or Methedone?_____

When was your last blood testing? _____

Have you ever tested positive for
HepC, HIV, STD, STI, TB, etc. Yes No If yes please list: _____

Do You have any allergies? Yes No If yes, please list: _____
(i.e., food, medications, etc.)
_____
_____

Education & Employment History

Did you graduate? Yes No Last grade completed: _____ If no, did you get GED? Yes No

If no, are you interested in obtaining your GED while in program? Yes No

Have you taken any college courses and/or trade school? Yes No

If yes, please list school attended and courses taken: _____
_____

Would you be interested in seeking to further your education while in program? Yes No

Employment history past 5 years:
_____
_____
_____
_____
_____
_____

Please list any specific skills you have that might be a benefit while here at the ranch:
_____
_____
_____

What are your future goals after completing the program? _____
_____
_____
_____
_____
_____
_____

Are you currently enrolled in SNAP? Yes No Are you currently on Medicaid? Yes No

CONFIDENTIAL

Office: 505.716.8070
Fax: 1.855.710.8028
Email: bicovercomers@bicovercomers.org

Religious Affiliation & Participation

What is your current religious faith, church, and/or denomination (i.e., nondenominational, Pentecostal, Baptist, etc.)
_____
_____
_____

Do you attend church? Yes No Where? _____ How long? _____

Are you currently involved in any prison ministry and/or Bible study group? Yes No

If yes, name of program or group: _____

Please share what you do in the program, ministry, and/or group you are a part of: _____
_____
_____
_____

Please explain your spirituality and the role Jesus Christ plays in your life: _____
_____
_____
_____
_____
_____
_____

Additional Information

Please share any additional information you think may be important for us to know about you and your past struggles that may help us in our decision process: _____
_____
_____
_____
_____
_____
_____
_____

Signature & Affirmation

I am voluntarily applying to Hope & Redemption Ranch to seek help for my substance abuse problem and acknowledge submission of this application does not guarantee acceptance into the program. I certify that the information in this application is true and complete to the best of my knowledge. I further understand that any false statements or misrepresentations made by me on this application may hinder the selection process, including but not limited to an application denial.

I understand that Hope & Redemption Ranch is a 6-month Christ-centered recovery program. I understand that there are rules, policies, and expectations I must adhere to if accepted and failure of any would be grounds for dismissal.

Applicant
Signature: _____ Date: _____

CONFIDENTIAL

Office: 505.716.8070
Fax: 1.855.710.8028
Email: bicovercomers@bicovercomers.org

Request for Release of Information

I, _____, authorize _____
First & Last Name (i.e., Case worker, Lawyer, Correction Facility, etc.)

To release the following pertinent information to:

Hope & Redemption Ranch

Check specific information to be released:

_____ Immunization record

_____ Medical history

_____ Substance abuse/Mental health Assessment/history

_____ Compliance/Progress reports

_____ Court records

_____ Probation/parole records

_____ Substance abuse treatment history

_____ Other _____
_____

Information On Rights & Acknowledgement

Failure to release any of the above information may hinder the selection process.

All information released will be used only to aid in the applicant's selection process and if the applicant is accepted the information will be protected and secured by the program until requested by the applicant.

We understand and will honor all federal and state laws pertaining to the storage and use of confidential information. However, we are not liable for any privacy breach in the delivery of the U.S Mail and/or technological communication networks that are used to send or receive the information.

I understand that outside organizations involved with HRR need to have information about me to determine whether they will be able to assist me.

I understand that the staff of HRR, or designee(s) will share pertinent information about me with my prospective mentor(s) and selection committee during the selection process.

Confidential information protected by Federal & State laws will only be made available to HRR Administration and staff who understand the confidentiality laws.

I authorize the release of all specified information above and understand that it will be used to determine eligibility/acceptance to Hope & Redemption Ranch.

Applicants Name & Signature

I understand the above information and accept all responsibility written in the Release of Information document and my signature below affirms this.

_____

Print Name Signature Dat

Office: 505.716.8070
Fax: 1.855.710.8028
Email: bicovercomers@bicovercomers.org

CONFIDENTIAL