



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

**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

CONFIDENTIAL



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: \_\_\_\_\_

## 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/ Opioid use disorder) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any Chronic medical/physical conditions that interfere with your daily life?    Yes    No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Office: 505.716.8070

Fax: 1.855.710.8028

Email: [bicovercomers@bicovercomers.org](mailto:bicovercomers@bicovercomers.org)

Please list all medications you are currently taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## Religious Affiliation & Participation

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

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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: \_\_\_\_\_

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

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## 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: \_\_\_\_\_

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## 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: \_\_\_\_\_

Office: 505.716.8070

Fax: 1.855.710.8028

Email: [bicovercomers@bicovercomers.org](mailto: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	_____ Court records
_____ Medical history	_____ Probation/parole records
_____ Substance abuse/Mental health Assessment/history	_____ Substance abuse treatment history
_____ Compliance/Progress reports	_____ 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

Date