

Because we do not offer any medical withdrawal or detox, the residents must be "clean" upon entering the program and adhere to strict, non-using, sober guidelines. For the benefit of all the residents, an entire list of rules and regulations is available and enforced.

Completed and Approved Application valid for 6 months

Resurrection House Board Approval: (must be signed by Current Board Members)

Name	Date

Client Intake Application

Name:		Date:
Current address:		
City:	State:	ZIP Code:
Phone:	Date of Birth:	
Place of Birth City:		State:
Height/Weight:	Race:	Hair Color:
Tattoos: Yes ___ No ___ If yes, describe:		
Social Security Number: _____ (Must have a social security card and valid picture ID)		
Driver's License Number:	Expiration Date:	State:
Are you... Single ___ Married ___ Divorced ___		
Education and Financial Background		
Last grade completed in school		List job skills
Military service? Yes ___ No ___ If yes, what branch?		How long?
Are you in debt? Yes ___ No ___ If yes, how much?		
Are you currently paying restitution to the state? Yes ___ No ___		
Are you currently paying child support? Yes ___ No ___		

Medical Information

Do you have any physical disabilities or defects? Yes____ No____

If yes, explain:

How would you rate your health? Poor____ Fair____ Good____

Are you taking any prescription drugs or medication? Yes____ No____ (Must be disclosed)

If yes, please list:

For what purpose?

What drugs are you taking that are non-prescription?

List any allergies or health conditions _____

Are you currently under the care of a physician? Yes____ No____

A Psychiatrist? Yes____ No____

If yes, have you ever been diagnosed with a mental illness? Yes____ No____

If yes, what illness?

Have you ever thought about suicide? Yes____ No____

Have you ever attempted suicide? Yes____ No____

Are you having suicidal thoughts at this time? Yes____ No____

If yes, by what means did you try and how many times?

Have you ever tested positive for Syphilis? Yes____ No____

Gonorrhea? Yes____ No____ Chlamydia? Yes____ No____

Have you ever been tested for Hepatitis A, B, or C? Yes____ No____

Are you Hepatitis A, B, or C positive? Yes____ No____

Have you ever been tested for AIDS? Yes____ No____

Are you HIV positive? Yes____ No____

Legal History

Do you have any warrants for your arrest? Yes____ No____

Have you ever been arrested? Yes____ No____ How many times? _____

Please list dates and reasons (be specific)

Have you ever spent time in jail or prison? Yes____ No____

How long? _____ Where? _____

Are you on probation or parole? Yes____ No____

If yes, Agents Name: _____ County: _____ Telephone number: _____

Are you currently incarcerated? Yes____ No____

If so, Start Date _____ Release Date _____

Have you ever assaulted anyone? Yes____ No____

If yes, were you under the influence of drugs or alcohol? Yes____ No____

Have you ever committed the act of murder? Yes____ No____

Have you ever molested a child? Yes____ No____ If yes, male or female (circle one)

How old was the child? _____ How old were you? _____ How many times? _____

Have you ever raped anyone? Yes____ No____

Is anger a problem with you? Yes____ No____		
Are you a drug addict? Yes____ No____ What is your drug of choice?		
Are you an alcoholic? Yes____ No____ Do you smoke? Yes____ No____		
Do you consider yourself addicted or attracted to pornography? Yes____ No____		
Religious Background		
Do you attend church? Yes____ No____ What is your religion?		
Do you pray? Yes____ No____ If yes, how often?		
Do you believe in God? Yes____ No____		
Do you read the Bible? Yes____ No____ If yes, how often?		
Who do you say Jesus is?		
Are you born again? Yes____ No____		
How long have you been a Christian?		
Have you been baptized in water? Yes____ No____ When?		
Have you been baptized in the Holy Spirit? Yes____ No____ Uncertain____		
Explain why you want to be admitted to Recovery & Resurrection Ministry:		
Contact Information		
Contact Person:		Phone:
Father's name:	Address:	Phone:
Mother's name:	Address:	Phone:
Wife's name:	Address:	Phone:
Children's names:		
Who has custody of the children?		
Siblings names:		
Name:	M F	Age:
Name:	M F	Age:
Name:	M F	Age:
Name:	M F	Age:
ACKNOWLEDGEMENTS		
Do you understand and accept that we use only the Word of God for all teaching, counseling, and instructing? Yes____ No____		

Do you understand and accept that this program is Christian based? Yes____ No____

Is all the information that you gave true to the best of your knowledge?
Yes____ No____

The Bible says that you shall know the truth, and the truth shall set you free and you will be free indeed. Are you ready to be set free? Yes____ No____

SIGNATURES

I hereby submit that all the information provided is truthful and accurate to the best of my knowledge. I understand that I must be faithful in all that is required of me in order to maintain my residency. I agree to abide by all the rules of the Recovery & Resurrection Ministry.

Signature of applicant:

Date:

Signature of director:

Date:

The Resurrection House Covenant Contract

Upon signing this document, I agree to comply with all of the following:

There is a program fee of \$500/month with the first month required prior to entry into The Resurrection House, each month thereafter to be paid on the 1st of the month. Two forms of identification are required prior to signing this covenant contract.

- 1) Social Security Card
- 2) Valid State Picture ID Card.

Mandatory Rules: Read and Initial each one

- Upon entering this program, you agree to comply with all ministry and Resurrection House requirements
- There is a \$500/month program fee that will be collected on the first of the month
- Smoking will only be allowed in designated area
- No drugs, alcohol, antidepressants, or psychotropic, nothing mood altering of any kind
- Misuse of ANY product, other than its intended use or purpose is strictly prohibited and can or may be grounds for immediate termination from program
- Must show proof of prescribed medication prior to admission into the house
- No foul language or any type of negative talk
- 15-minute showers are to be taken daily. You will be responsible for leaving the bathroom clean for the house.
- Dress modestly. Shirts are to be worn at all times
- It is mandatory to have a return trip ticket if traveling to or from out of the area
- All personal belongings will be searched upon arrival and may be searched at any time after admission into the program
- Drug testing may be done at any time with no warning by Police Officer and/or Drug Dog and/or Board Member
- You will sleep in your assigned bed only
- Do not sit on or touch anyone's bed or belongings
- House Curfew is 11:00pm, unless approved. "Lights Out" 1 hour after curfew – Please be respectful of others work schedules
- No unapproved visitations allowed – All approved visitors must remain in common areas only

- Full time employment or legitimate source of income is a requirement while residing in The Resurrection House
- You will be responsible for your own transportation to and from work
- If unemployed, 2 applications per day must be filled out and turned in (copy given to Board supervisor) and any work provided by the ministry, church or a board member must be taken.
- If you are dismissed from the house, you must take all of your possessions with you. Anything left behind will be donated or discarded
- Proof of insurance and valid Driver's License must be provided during your tenure in The Resurrection House if you own a vehicle. Parking will be available behind the church in designated spots. All vehicles must be moved from the parking lot prior to weekend services.
- You acknowledge sole responsibility for all medical, dental, and other expenses owed for yourself and any and all third parties as a result of your acts or omissions whether intentional, negligent, or other, during your tenure at The Resurrection House.
- A medical screening for HIV, STD's, Hepatitis A, B, C (panel) and tuberculosis must be completed and results received prior to entry into The Resurrection House
- A positive blood test result for HIV, Hepatitis A, B, C or TB will prohibit entrance into The Resurrection House. Any STD's must be treated before entrance
- No overnight or weekend passes allowed except as Resurrection House Board approved
- Respect of Others: no loud music, stay out of other resident rooms. Do not eat food from the refrigerator if it does not belong to you. Clean up after yourself immediately after you have finished eating. Respect the neighbors.
- No food or drink in the bedroom in order to keep ants and rodents away. You may have water in the bedrooms.
- *Residents are required to attend ALL outside church programs, (ex. AA, NA...).* You may be required to have an attendance sheet signed
- All Residents will be assigned house chores. This must be done weekly.
- Clothing that depicts alcohol or drugs will not be tolerated.
- All Residents are encouraged to support each other in their journey.
- There will be NO physical violence tolerated
- You give permission to the Board Supervisor to inquire of your family, employer, or probation officer regarding any matters that concern yourself
- Please read and do not initial this line

The undersigned party hereby waives any and all claims, demands, suits, damages, loss, judgment's, liens and/or assessments which they may have or incur individually or jointly for either personal injury or property damage, against The Resurrection House.

The undersigned party further agrees to insure, hold harmless and defend The Resurrection House and assigns for any liability which may be imposed upon The Resurrection as a result of any injury to himself or his personal property, and/or as a result of any injury to a third party resulting from acts or conduct by the undersigned.

The undersigned hereby accepts responsibility for all medical expenses incurred while a resident in The Resurrection House. I further agree to insure and hold harmless The Resurrection House for any and all expenses resulting from my medical treatment.

The undersigned hereby acknowledges receipt of (and that I have read and understand) the rules, disclosures, requirements, and commitments. I agree to abide by all of the rules as set forth by The Resurrection House. I further understand that disobedience of said rules may result in dismissal from the house.

We reserve the right to evaluate the entrance to the house on an individual basis. Your acceptance will be determined by the Resurrection House Board.

By signing this Covenant Contract, you acknowledge that choosing to break any of this covenant may jeopardize your ability to stay in the program or result in your immediate dismissal from the program and eviction from The Resurrection House

Signature _____ Date _____

Witness _____ Date _____