



The Genesis Mission, Inc.
Transitional Living
Application

General Information

Intake Reference Number: _____ Date: _____

Name: _____ Date of Birth: _____

Social Security Number: _____ - _____ - _____ State ID: _____

What was your last address? _____

Who referred you to The Genesis Mission? _____

Phone: _____ How? _____

Have you ever been a client at another ministry or recovery program? _____ How Long? _____

If so, where _____ Phone: _____

Did you complete the program? _____ If not, what happened? _____

Where are you employed? _____

What is your supervisor's name? _____ Phone: _____

What is your supervisor's address? _____

In case of **EMERGENCY**, whom should *The Genesis Mission* contact? (Include full name of contact and relation:

1.) Name _____
Address: _____
Phone: _____
Relationship: _____

2.) Name _____
Address: _____
Phone: _____
Relationship: _____

3.) Name _____
Address: _____
Phone: _____
Relationship: _____

Are you a member of any church or religious organization? _____

If so, what is the name of your Church? _____ Where? _____

Do you have a valid I.D.? _____ Do you have a Social Security Card? _____

Do you have any medical conditions that The Genesis Mission should be aware of? _____

If so, explain _____

Are you **HIV Positive**? Yes No Have you been tested? Yes No If so, when? _____

Have you been tested for tuberculosis? Yes No If so, when? _____

What were the results? Positive Negative

Explain your primary purpose for being at The Genesis Mission.

What, if any, is your drug of choice? _____

When was the last time you used any drug or alcohol? _____

List your "triggers" (what causes you to use?) for drugs and/or alcohol use (examples: men, women, pressure, money, et cetera): _____

Job Skills & Interest

In the section below, provide a list of skills and possible job interests that you have. If you already have made arrangements for a job, continue to list any skills that would prove useful for your job search.

I. Financial Agreement

Are you presently employed? Yes No If not, you are required to agree to the following terms:

I, _____, hereby agree to obtain employment after my "restriction period." The time thereafter allotted will be 14 days to show proof of employment. If I do not have any gainful leads, I will notify The Genesis Mission staff. After I have received gainful employment, I will pay a program fee of \$150.00 per week. This fee covers my room and board, three meals daily, use of a washer and dryer, shower and bathroom, TV in the common living area, and access to counseling.

I, _____, further understand that if I voluntarily leave The Genesis Mission, or administratively discharged, all deposits or fees paid will be forfeited.

II. Commitment

I, _____, hereby apply to The Genesis Mission, non-medical, long term, residential ministry with visiting facilitators for substance abuse counselors for men. *I acknowledge my commitment for a minimum of six (6) months.*
Initial _____

III. Acknowledgement

The above terms are explained to me by:

Name: _____ Title: _____

Date: _____ Time: _____

This agreement is in effect as of: _____ and ending upon completion of graduation from The Genesis Mission. I have read and understand the above agreement and agree to the terms herein, and laid out in the handbook.

Resident's Signature: _____

Date: _____

Contract

GENERAL INFORMATION

I, _____, hereby contract to become a client of The Genesis Mission under the terms and conditions set forth set herein. I hereby acknowledge my sole responsibility for the success of my program, both emotionally and financially. I hereby agree to provide by the rules and regulations of The Genesis Mission as explained to me. I also acknowledge that if I fail to abide my program participation will be terminated. If applicable, revocation proceedings may be initiated by my parole or probation officer.

PROGRAM

In consideration of The Genesis Mission admitting me into the program. I hereby consent to the following:

- A. Drug and Alcohol Testing
- B. Having my person and/or belongings searched for presence of substances, alcohol, and any other objects considered harmful to myself or others.
- C. Physical examination or proof of an exam from the Chief Medical officer of the facility from which I have been released if coming from a Prison System.
- D. Having my picture taken for identification, training, and educational purposes.
- E. I further agree to cooperate with counselors and staff.
- F. I agree to carry out the commitments I have made in my program plan.

I have read and understand that periodic reports of my progress will be made to my parole officer, DEFACS workers, courts, child protective services, and other authorized agencies.

LIABILITY

It is expressly agreed that all use of this facility will be taken at my own risk, and I am physically able to work and undertake any chores assigned to me and agree to the above. To the best of my knowledge, I have no communicable, contagious, or transmittable diseases. The Genesis Mission will not be liable for any claims, demands, or injuries arising out of the use of the services and facilities or connections with other clients. I hereby expressly and forever release and discharge The Genesis Mission, the staff/administrators and/or its affiliated organizations from all claims, demands, injuries, damages, actions and from all acts of passive negligence on the part of The Genesis Mission and its affiliate organizations.

Rules and Regulations

- 1.) All clients are on a 14-day restriction from all outside activities not related to the program.
- 2.) No excessive anger will be tolerated. Speaking to anyone negatively, threatening another resident (verbally or physically), or especially a member of the staff, will result in immediate dismissal of the perpetrator from the program.
- 3.) All chores will be completed in a timely and satisfactory manner.
- 4.) Bedrooms will always be kept clean.
- 5.) All clients are required to be present and alert at all scheduled meetings, devotions, or any additional gatherings ordered by staff.
- 6.) Drug screening will be administered on a random basis. Any client testing positive on a drug screen will be immediately discharged from the program.
- 7.) Staff must approve all visitations in advance. All visitation requests must be presented to a staff member in writing and must be approved.
- 8.) All clients are required to sign-in and -out, including destination after 14-day restriction is over. *(Accountability)*
- 9.) There is no smoking allowed inside or in front of the house. There is also no loitering on the front porch. Also, no cigarette butts are to be seen anywhere on the premises.
- 10.) Belligerent displays of aggression will not be tolerated.
- 11.) Any resident proven guilty of theft of property will be terminated from the program and will be reported to law enforcement and your probation or parole officer.
- 12.) Staff personnel (with probable cause) reserves the right to enter and search rooms and belongings at any time without warning.

INTERVIEW/PHOTOGRAPHY RELEASE

2011 – PRESENT

I, _____, give permission for The Genesis Mission to photograph and/or interview me for, the following: Videotape, Newspaper Article, Radio/Television Reporting, or any other type of publication or published work.

This photograph and interview will be used for no other purpose than those stated above.

Client Signature

Date