HOUSE OF HOPE OF THE PEE DEE

1020 West Darlington St
ADMISSION FORM

PERSONAL: Date:_____

Name _____ S.S.# _____

Last Address _____ Zip _____ Phone # _____

Age _____ Date of Birth _____ Race _____ Marital Status _____

County: _____

Spouse Name and Address: _____

CHILDREN:

Name	Age	Name	Age
_____		_____	
_____		_____	
_____		_____	

Where do your children live? _____

Who do they live with? _____

HOUSING:

Briefly explain why you are homeless:

_____

_____

Where did you stay last night:

_____

Housing History, check all that apply:

- [ ] Hospital (non-psychiatric)
- [ ] Jail, prison or juvenile detention facility
- [ ] Rental, no ongoing housing subsidy
- [ ] Rental, with ongoing subsidy
- [ ] Owned, with ongoing subsidy
- [ ] Staying or living with a family member
- [ ] Staying or living with a friend
- [ ] Hotel or motel paid for without emergency shelter voucher
- [ ] Place not meant for habitation (e.g. vehicle, abandoned building, bus station, etc.)
- [ ] Other _____

Have you been a guest, resident, student or client at House of Hope the Pee Dee before? _____

If yes, when? _____ Why did you leave? _____

How did you learn of House of Hope of the Pee Dee? _____

Have you been homeless before? _____ Why? _____

Do you have friends or relatives you could stay with? _____

***Note: Lying or failing to disclose information may result in immediate disqualification from the program**

ADDICTIONS HISTORY

Substances and/or behaviors (check all that apply):

[ ] Opioids (Ex/ OxyContin, heroin, fentanyl, morphine, suboxone, methadone, Percocet, etc.)

[ ] Cocaine/crack [ ] Methamphetamines/amphetamines/speed [ ] Marijuana/THC [ ] Kratom

[ ] MDMA/molly/ecstasy/X [ ] Benzodiazepines/benzos (Ex/ Xanax, valium, klonopin, etc.)

[ ] Hallucinogens [ ] Alcohol [ ] Others:_____

Age of first use: _____ Date of last use:_____ Length of addiction:_____

Previous programs, detox centers:_____

Programs successfully completed and date of completion:_____

Program contact information: _____

Previous overdoses: dates, substances and if hospitalization was required: _____

_____

Are you currently able to pass a drug screen? _____

If not, what substances would you fail for? _____

When was the last time you used/drank? _____ What did you use/drink? _____

_____

SPIRITUAL

How would you best describe your relationship with God? _____

Are you saved? [ ] Yes [ ] No

Religion:_____ Denomination: _____

TRANSPORTATION:

Do you have a car? _____ Make _____ Year _____ Tag # _____

Amount owed? $_____ Financed by: _____

Insured by: _____

EDUCATION:

What was the last grade you completed in school?_____ Year? _____

Name of School _____

Would you like to continue your education / training? _____

If yes, in what field? _____

EMPLOYMENT:

Do you have a job? _____ If yes, where? _____

How long? _____How many hours do you work? _____ Amount earned? _____

If unemployed, how long? _____ When did you last work? _____

Where did you last work? _____ How long? _____

Why did you leave? _____

Are you receiving unemployment benefits? _____ If yes, how much _____

Are you willing to actively look for a job? _____ Do you need transportation? _____

What kind of job would you like? _____

What type of work experience do you have? _____

***Note: Lying or failing to disclose information may result in immediate disqualification from the program**

HEALTH:

Do you have health problems? _____ If yes, explain: _____

Have you been tested for contagious diseases?_____ Where? _____ When? _____

What were the results? _____ (*A copy of the results may be requested*)

Do you have handicaps? _____ If yes, explain: _____

Have you applied for disability? _____ Status _____

Do you receive Medicaid or Medicare? _____

Do you have any allergies? _____

Are you taking any prescription medications? _____

If yes, list all medications and dosages below:

Medication (and monthly cost)	Dosage	How many times per day?

ALL MEDICATIONS WILL BE KEPT IN A SECURE LOCATION & ADMINISTERED BY STAFF.

MENTAL HEALTH:

Have you ever received any mental health diagnosis at any time, for any reason? _____

If yes, what was the diagnosis? _____

What doctor or facility gave you this diagnosis? _____

Have you ever had counseling? _____ If yes, when and where? _____

Diagnosis: _____

Have you been hospitalized? _____ If yes, when and where? _____

Diagnosis: _____ **Please use the space provided above for all medications**.

MILITARY SERVICE:

Are you a veteran? _____ What Branch? _____

Dates of service: _____ Type of discharge: _____

FINANCIAL:

Are you currently receiving any of the following?

$ _____ Alimony $ _____ AFDC $ _____ Unemployment

$ _____ HUD $ _____ EBT

$ _____ Social Security $ _____ Workers Comp

$ _____ Other: _____

Amount of cash you have on hand? $_____ Initials: _____Staff: _____

Witness: _____

***Note: Lying or failing to disclose information may result in immediate disqualification from the program**

LEGAL:

Have you been arrested? _____ If yes, charge? _____
Have you been convicted of a felony? _____ If yes, when? _____
What was the charge? _____
Have you ever been in jail/prison? _____ If yes, when? _____
Are you currently in drug court or court ordered attend addictions program? _____
If yes, provide copy of court order and contact information: _____
Are you currently on probation or parole? _____ If yes, when? _____
Probation/Parole Officer's Name? _____ Phone # _____
Do you have any pending charges, upcoming court dates, or warrants? _____
If yes, what is the charge(s)? _____
Where is the charge(s) or court date located? _____
Are you currently paying restitution? $_____ Frequency: _____
Are you currently paying child support? _____ How much? $_____
Are you behind any payments? _____ How many? _____

Which of the following has been a part of your life recently?

_____ Family break-up	_____ Physical disability	_____ Emotional breakdown
_____ Family violence	_____ Drug abuse	_____ Death of a loved one
_____ Eviction	_____ Alcohol abuse	_____ Other _____
_____ Jail	_____ Loss of a job	

EMERGENCY CONTACT:

Name _____ Phone # _____
Address _____ Zip Code _____
Relationship to you? _____

CASE MANAGEMENT NEEDS:

What needs are you currently aware of that you want case management to help with? (Please be specific)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

***Note: Lying or failing to disclose information may result in immediate disqualification from the program**

HOUSE of HOPE

General Rules

Vehicle Conduct: (II Corinthians 5:12; I Corinthians 14:40)

- No eating or drinking is allowed in vehicles.
- No music allowed in vehicles.
- Conversation in vehicles shall be kept Christ-like and uplifting.
- All applicable South Carolina laws shall be adhered to and followed.
- All vehicles shall be kept clean at all times.
- No unauthorized stops between scheduled transportation stops.

Conversation/Behavior: (Study and follow this closely. It will be enforced!)

- The Program goal is to have all conversation and behavior be Christ-like.
- Griping, negative criticism, gossiping, complaining, faulting, foul language, and sowing discord will not be tolerated.
- Talking about old habits or lifestyles is against God's Word and is not permitted.
- Failure to turn in a student/client/resident for a violation of rules will result in you receiving the same punishment. You are not doing any favors by concealing a violation.
- No returning to bed after 6 AM unless you work at night.
- A kind and courteous attitude is expected at all times.
- No dating is allowed while the student/client/resident is in this program. Our program focus is not on the development of a personal relationship, but rather on the most important relationship – the one between man and Jesus Christ.
- Leaving the premises of the ARC is prohibited except for work, scheduled functions or with authorized personnel.
- All complaints shall be handled using the Official Complaint Form. This form is designed to go to the proper staff member's attention and allows no one to go "without a voice." All complaints will be addressed as promptly as possible by staff

Dress Code

- All clothing must be worn in the manner for which designed. (I.e. no backwards ball caps, no "sagging" pants, nor other variances in style may be expressed).
- Pants must be worn at the hips.
- The dress code may be amended at any time as deemed necessary by the Housing Director.

Personal Hygiene: (I Corinthians 14:40, II Corinthians 5:20, Mark 5:15; John 11:39b)

- Proper grooming is required to ensure that each student/client/resident has the best opportunity for gainful employment as well as sanitary purposes inside the men's facility to prevent lice, bedbugs, ect.
- Hair is to remain off the color, ears, and eyebrows. Any facial hair must be trimmed neatly.
- All student/client/resident must brush their teeth, comb their hair, wash their face, and put on clean clothes each morning before breakfast.
- Everyone showers at least once per day; but not more than twice per day. If more than 1 shower is needed in one day, obtain prior approval from staff in advance.
- All body odors must be controlled.

***Note: Lying or failing to disclose information may result in immediate disqualification from the program**

Dorm Room Rules:

- The dorm assigned to you, as everything else on our property, belongs to God. It must be treated as such. Any violating student/client/resident shall be held financially responsible for all damage done to God's property.
- Any and all theft will be grounds for immediate termination.
- No furniture is to be moved out of position without approval from leadership.
- Any pictures brought into the home must be approved. Nothing shall be attached to the walls.
- No food is allowed in dorm rooms.
- Wasting electricity is poor stewardship and will not be tolerated.
- students/clients/resident s are only permitted to enter their OWN dorm room, do not enter other dorm rooms for any reason without authorization.
- Dorms must be kept neat and orderly at all times.
- All dorms and persons are subject to random search and seizure at any time.
- students/clients/residents are subject to drug and alcohol testing at any time.
- Dorms must be cleaned and beds must be made to a designated, uniform standard each morning before morning devotions.
- Common areas shall be cleaned daily and kept neat and orderly.
- Chores will be assigned to each student/client/resident as needed. Completing chores in a timely manner will be expected.

Kitchen:

- Your meals will be prepared, provided and served by designated kitchen workers.
- students/clients/residents may not enter the food storage areas unless requested to do so by a leader or the kitchen crew.
- Negative remarks about the food will not be tolerated. Prayer and fasting are a profitable substitute.

Attitude:

All students/clients/residents at the House of Hope are expected to be committed to, and give complete dedication to living the highest quality Christian life possible. Your attitude must reflect this commitment in the following ways:

- Gratefulness to God and the church.
- Humility towards your fellow man.
- Willingness to be corrected and taught.
- Readiness to change old behavior patterns.
- Negative, pessimistic attitudes will not be tolerated.

Additional rules and policy guidelines for different programs i.e. The Life Recovery Program For Men (LRP), The Addictions Recovery Center (The ARC) , and HOPE Village will be listed in Program Description*

***Note: Lying or failing to disclose information may result in immediate disqualification from the program**

Disciplinary Policy

Chastening (Hebrews 12):

Major Offense: Possession or use of any drugs, alcohol or pornography; bartering for goods or services; intentional destruction of God's property; leaving premises without permission; displaying occult or new-age type behavior, inappropriate fraternization with the opposite sex; insubordination; getting fired from job. Other violations not listed above may also be designated as a "major" at the discretion of the Housing Director.

1st Offense: Loss of all privileges for two weeks and 10 hours of service work
2nd Offense: Loss of all privileges for three weeks and 20 service hours
3rd offense: Individuals will be asked to leave the House of Hope facility for a minimum of 14 days

Minor Offense: Violation of any of the "General Rules" of the House of Hope program. Other infractions not listed in the General Rules may also result in a "minor violation" at the discretion of the Housing Director.

Consequence: 1 hour of work

NOTE: The accumulation of more than 10 Minor Violations in one week will result in a Major Violation.

"Liberty abused will be liberty lost!"

***Note: Lying or failing to disclose information may result in immediate disqualification from the program**

HOUSE of HOPE
OF THE PEE DEE

GRIEVANCE PROCEDURE

House of Hope of the Pee Dee encourages an environment where you feel free to introduce ideas, ask questions, or present problems. It is important that problems are promptly resolved. For this reason, there is an established procedure for problem resolution.

If you are in conflict with a staff member or if you think that you have been treated unfairly, there is a prescribed procedure to follow in resolving the conflict:

1. Go to that staff member and talk over the problem with them. If the problem does not get resolved, then;
2. Take the problem to the Director who will usually mediate a meeting between you and the staff member;
3. If you still feel the issue has not been fairly resolved, you may ask the Director to arrange a meeting with the Director of Adult Ministries.
4. If you still feel the issue has not been fairly resolved, you may ask the Vice President of Ministries to arrange a meeting with the Chief Executive Officer who is the final word in the House of Hope of the Pee Dee grievance process.

If you are in conflict with another student/client/resident, there is a prescribed procedure to follow in resolving the conflict:

1. Go to that student/client/resident informally to discuss the problem. If the problem is not resolved, then;
2. Go to that student/client/resident with a staff member as a mediator to try to resolve the issue. If the problem is not resolved, then;
3. Go to that student/client/resident with a staff member and the Director.
4. If you still feel the issue has not been resolved, you may ask the Director to arrange a meeting with the Vice President of Ministries.
5. If you still feel the issue has not been resolved, you may ask the Vice President of Ministries to arrange a meeting with the Chief Executive Officer who is the final word in the House of Hope of the Pee Dee grievance process.

If you have been asked to leave House of Hope and you think you have been treated unfairly, there is a prescribed procedure to follow in appealing the decision:

1. Request a meeting with the Director, and talk over the decision. If you still feel you have been treated unfairly then;
2. You may ask the Director to arrange a meeting with the Vice President of Ministries. If you still feel you have been treated unfairly then;
3. You may ask the Vice President of Ministries to arrange a meeting with the Chief Executive Officer who is the final word in the House of Hope grievance process.

If you are asked to leave because of fighting, arguing or threatening fellow students/clients/residents or staff (this may include being belligerent, rude or showing any disrespect verbally or physically), using or offering drugs or alcohol to anyone, testing positive for drugs or alcohol, of falsification of intake information the decision of the staff is final.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

HOUSE of HOPE
OF THE PEE DEE

APPLICANT ACKNOWLEDGEMENT

By my signature, I acknowledge that I have been informed of program practices, policies and procedures as listed below:

- I have read or have been read the policies and procedures for House of Hope of the Pee Dee students/clients/residents.

- I recognize that the staff of the House of Hope of the Pee Dee cooperates together in the overall goals and Mission Statement of the House of Hope of the Pee Dee. I agree to treat all staff members with equal respect.

- I understand that the House of Hope of the Pee Dee, the Board of Directors, Staff and any volunteers will not be liable for any accidents, thefts, medical bills, loss of personal items or council on and off the premises.

- I understand random drug and alcohol testing may be performed at the Director's discretion.

- I understand that the staff reserves the right to inspect all my personal belongings at any time. This includes closets, dressers, night stands, sleeping area, and any other area deemed necessary. The staff, upon inspection, has the right to remove any item that is not in agreement with the clothing inventory and/or any items that are considered contraband.

I have been informed of, and received a copy of the program policies and procedures. If I have any questions about the guidelines and expectations, I will inquire about them to a staff member.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

HOUSE of HOPE
OF THE PEE DEE

LIABILITY RELEASE

I, _____, hereby release the House of Hope of the Pee Dee employees and any volunteer of any responsibilities in the event of accidents, injuries, or loss to myself or my property.

I waive any claims that I may have against the House of Hope of the Pee Dee. I hereby assume all risks and responsibilities that the above named may incur while under the supervision of the House of Hope of the Pee Dee.

I take full responsibility for my safety and welfare and the safety and welfare of my children if I have children living at House of Hope of the Pee Dee for which I am responsible.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

HOUSE of HOPE
OF THE PEE DEE

AUTHORIZATION TO RELEASE CONFIDENTIAL RECORDS

As part of the conditions of my residency I, _____, do hereby authorize the House of the Pee Dee to obtain a criminal history record, medical/mental health records and credit report pertaining to me which may be in the files of any state or local criminal justice agency in South Carolina. I agree to waive all rights allowing the House of Hope of the Pee Dee to inquire of my present and past history with any other agencies

.

_____ _____

Print Full Name Print Maiden Name

_____ _____

Other Name(s) Used Date of Birth

_____ _____ _____

Sex Race Social Security Number

_____ _____

Applicant Signature Date

_____ _____

Staff Signature Date

HOUSE of HOPE
OF THE PEE DEE

RELEASE FOR PUBLICATION

During the course of your stay at the House of Hope of the Pee Dee, there will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participation. By initialing below you grant the House of Hope of the Pee Dee permission to use photographs, audio/video, or other media of yourself, alone or in groups, in newspaper, articles, newsletters, web site, online, brochures, special fundraising activities, scrapbook, videos and photo albums for use in public understanding and support of the House of Hope of the Pee Dee. By granting permission below, you hereby release and hold harmless, the House of Hope of the Pee Dee from any claims, judgments, or demands, which may arise from the use of the above, referenced photographs, video, and other media.

Please initial:

_____ I give permission to be photographed and/or videotaped for publication.

_____ _____

Applicant Signature Date

_____ _____

Staff Signature Date

HOUSE of HOPE
OF THE PEE DEE

RELEASE OF GENERAL INFORMATION AUTHORIZATION

I, _____ understand that the nature of my residency with the House of Hope of the Pee Dee requires the agency to work hand in hand with professionals from outside the House of Hope of the Pee Dee. These others may include, but are not limited to, staff of SC Vocational Rehab, The Palmetto Center, DSS, the Department of Labor, law enforcement officials, potential employers, counselors and others working with the House of Hope of the Pee Dee to make my journey back to the community successful. I understand that the nature of this work requires staff of the House of Hope to share pertinent information when necessary to keep all informed. I hereby grant permission to the House of Hope of the Pee Dee to share information about my records and treatment when necessary for my successful completion of my care. I also understand that all those who would be receiving information regarding my confidential records have been briefed on confidentiality and are in agreement with honoring the confidentiality of those records.

_____ _____

Applicant Signature Date

_____ _____

Staff Signature Date

HOUSE of HOPE
OF THE PEE DEE

SUBSTANCE TESTING RELEASE FORM

I, _____ understand that part of my agreement to be a student/client/resident of the House of Hope of the Pee Dee is that I will follow the rules regarding the use of banned substances. I understand that to ensure that I am in compliance with this policy; the House of Hope of the Pee Dee will conduct random testing for tobacco, alcohol, illegal and prescription drugs and any other substance that is forbidden as part of my agreement to stay at the facility.

I hereby grant the House of Hope of the Pee Dee permission to conduct this testing including but not limited to urine screens, hair follicle screening and blood screening, whenever and as often as they feel necessary to determine compliance with this rule.

_____ _____

Applicant Signature Date

_____ _____

Staff Signature Date

HOUSE of HOPE
OF THE PEE DEE

ABANDONED PERSONAL PROPERTY

All Vehicles abandoned by former students/clients/residents will be removed from House of Hope of the Pee Dee's property two weeks after departure. All clothing and personal items of former students/clients/residents will be bagged and held for 24 hours. An additional 72 hours will be granted if a written request is submitted. House of Hope of the Pee Dee is not responsible for clothing, personal items, jewelry or any property belonging to a student/client/resident.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

HOUSE of HOPE
OF THE PEE DEE

GROUP COUNSELING GUIDELINES

The House of Hope provides mandatory group counseling for eligible students/clients/residents. These sessions meet for 1½ hours weekly. The purpose of this group is to provide each student/client/resident with the necessary tools and experiences so that they will be able to understand themselves in a greater way. The length of the group counseling is eight weeks. Topics covered:

Get to know you. Share individual stories
Understanding guilt
Understanding forgiveness
Self-esteem issues
Alcohol/drug issues
Controlling anger
Spiritual growth
Wrap up. General Topics. Group debrief
Topics may vary, depending on class size, make up and is up to the discretion of the counselor.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

HOUSE of HOPE
OF THE PEE DEE

PROGRAM FEE AND SAVINGS POLICY

Program fees are paid by the Applicant so the Applicant will learn responsibility and gain a sense of satisfaction.

Savings are required so Applicants will have money for deposits, insurance, utilities, etc . . . when they are ready to transition.

All program fees and savings are settled at the time the Applicant receives payment (payroll check, TANF/AFDC, SSI, child support, etc...).

All income is subject to:
Program fees = ⅓ of net income
Savings = ⅓ of net income
Personal use = ⅓ of net income

Savings may be kept by House of Hope or at a bank. Proof of continued savings is required.

TRANSPORTATION FEES

Residents will be charged $20 a week for all work related transportation regardless of days used.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

* Applicants entering the Addictions Recovery Center phase of the Life Recovery Program will pay a $500 initial fee that covers the initial intake/assessment, uniforms and curriculum; and $2000 per month tuition while in the ARC phase of LRP. See attached Financial Agreement.

** Note: Scholarships are available if the applicant proves an inability to pay monthly tuition. Scholarships are limited to local and in State residents only. A scholarship application is available upon request. See the Director of the Addictions Recovery Center for additional information.

HOUSE of HOPE
OF THE PEE DEE

BENEFICIARY DESIGNATION FOR SAVINGS

The undersigned individual (the "Participant") shall have the right, subject to the terms and conditions below, to designate a beneficiary to receive that certain portion of said Participant's earnings designated by this Application as "savings" and consisting of 1/3 of said Participant's total earnings at all times while the Participant is at a point of employment (the "Savings") should the Participant pass away while still participating in a program under House of Hope's ministry. The Participant should consult with his or her legal/tax advisor when completing this form, as there may be tax and/or legal consequences to the Participant's designation. Should the Participant select a beneficiary, House of Hope will make reasonably diligent efforts to locate such beneficiary though is under no obligation to engage in extraordinary measures (including, without limitation, the retention of a process server or third-party company) or bear any unreasonable costs in the process of identifying or locating the designated beneficiary. If said beneficiary cannot be located within 30 days following the Participant's death or if said beneficiary is no longer living, in existence, or operative at the time of Participant's death, the Participant's rights, title, and interest in and to the Savings shall vest in the House of Hope such that the House of Hope shall have the ability to utilize the Savings to further support its mission and benefit the community at large. House of Hope shall bear no liability with respect to the designation of a beneficiary by the Participant, including, without limitation, any claims arising out of or relating to the validity, enforceability, or execution of such designation.

The Participant hereby:

[ ] DOES NOT WISH TO NAME A BENEFICIARY

[ ] WISHES TO NAME A BENEFICIARY AS FOLLOWS:

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Participant's Written Name: _____

Participant's Signature/ Date: _____

Witness Written Name: _____

Witness Signature/ Date: _____

HOUSE of HOPE
OF THE PEE DEE

TERMINATION OF SERVICES

Applicants may be asked to leave House of Hope because of guideline violations. Each situation is considered individually; recommendation to dismiss an Applicant is a serious consideration. If an Applicant is asked to leave there is a grievance procedure that Applicant are allowed to follow. Your Applicant packet includes this procedure.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

***** FOR OFFICE USE ONLY *****

Date of Application: _____
Time: _____
Interviewer: _____

REQUIRED FOR ADMISSION (any combination may be required for admission)**:**

1. Photo Identification: _____ (Type of I.D.) _____ (I.D. Number)
2. Social Security Card ☐
3. Veterans Card ☐
4. Inmate Identification ☐

DECISION:

_____ Admit to HOUSE OF HOPE Life Recovery Program
_____ Admit to HOUSE OF HOPE Life Recovery Program with Addiction Recovery (ARC)
_____ Admit to HOUSE OF HOPE HOPE Village
_____ Refer to another agency _____
_____ Deny Admission-Reason _____
_____

IMMEDIATE NEEDS:

_____ Housing	_____ Financial	_____ Employment
_____ Transportation	_____ Food	_____ Medical Care
_____ Counseling	_____ Legal Aid	_____ Clothing

_____ Other: _____

COMMENTS:

_____
_____
_____
_____