

APPLICATION AND CONTRACT

Hope Recovery Homes, Inc. accepts persons with a **PRIMARY "SUBSTANCE ABUSE" DIAGNOSIS** only.

A copy of the most recent clinical diagnosis **MUST** accompany this application.

APPLICANTS MUST BE AT LEAST 21 YEARS OF AGE.

Full Name: _____
(Clearly PRINT full legal name) FIRST MIDDLE LAST

SS#: _____ Place of Birth: _____

Date of Birth: _____ Age: _____ Gender: Male / Female

Veteran: Yes / No How Many Years Served: _____

If Yes Circle One: Army / Air Force / Navy / Marine Corps / Coast Guard

Current Physical Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Permanent Contact Phone: _____

Acknowledgement:

Hope Recovery Homes, Inc. (HRH) is a Faith-Based approximate 180-day Program for Men and Women with recent substance abuse problems. The program is completely alcohol and drug-free, except for non-narcotic drugs legally prescribed by a physician and approved by HRH in advance. Drug & Alcohol Testing is performed randomly.

By signing this Application and Contract, I affirm that all information I provided is true and complete to the best of my knowledge; I understand that false information may disqualify me from the program. I also understand that if I do not abide by all rules of the recovery program and follow all directions given by the HRH Staff, including attendance at all required meetings I may be asked to leave the program.

Do you have a problem with alcohol? _____

If yes, do you consider yourself an alcoholic? _____ Date of last alcohol drink: _____

Do you have a true desire to stop drinking? _____

What are you willing to do to recover from your addictive disease? _____

Do you have a current problem with drugs? _____

If yes, do you consider yourself an addict? _____ Date of last drug use: _____

Do you have a true desire to stop using drugs? _____

What are you willing to do to recover from your addictive disease? _____

List all drugs used or abused: _____

Are you primarily an alcoholic or drug addict? (Circle one)

Have you been admitted to a treatment center or detox in the past? _____

If so, list where, when, and for how long? _____

Do you have a felony record: Yes / No

If yes, please list all convictions within last 5 years: _____

Are you currently on probation or parole: Yes / No

If yes, who is your current probation or parole officer?

Name: _____ Phone _____

List any existing or pending court dates: _____

Why _____ Where _____

NOTE: We do not provide transportation to and from court appearances.

Hope Recovery Homes, Inc. cannot, by law, accept sex offenders.

I understand and give permission for my background record to be checked.

Guest Signature: _____

List any skills for employment:

Are you currently receiving one or more of the following?

Check all that apply:

- Disability Amount \$ _____
- Social Security Amount \$ _____
- Un-Employment Amount \$ _____
- Government/State Retirement Amount \$ _____
- Other (unemployment) Amount \$ _____
- None

I currently have insurance circle, YES / NO

- Private insurance: _____ Expiration Date _____
- I have Medicaid Expiration Date _____
- I have Medicare Expiration Date _____
- I have both Medicare and Medicaid Expiration Date _____
- I have no insurance

Marital Status:

- Single (never been married)
- Married
- Separated
- Divorced
- In a current active relationship - How long have you been involved? _____

Food Stamps

- I do not currently have food stamps
- I currently have food stamps or can recertify to receive them
- I do not qualify for food stamps because of a felony record

What is your current overall health status? Please list any current psychological diagnosis or medical condition, including all infectious diseases, viruses or conditions:

Please list all medications you are taking, prescribed and Over-the-Counter, with milligram amounts: _____

WE **MUST HAVE FAMILY** TO CONTACT IN CASE OF EMERGENCY

Family Contact – Name: _____

Relation to you: _____ Phone #: _____

Other Contact Person: _____

Relationship to you: _____ Phone #: _____

Briefly describe what you have been doing for the past year (work, living arrangements, relationships, active substance abuse history, etc):

By signing below, I acknowledge my understanding of the Application & Contract, the Program Overview of Rules, and agree to abide by any and all rules set by Hope Recovery Homes including the internal house rules for my living environment. I agree and acknowledge that Hope Recovery Homes has my best interest at heart and knows more about the positive and proven steps to my recovery than I do. If I cannot abide by their professional directions and follow all rules, I understand I may be asked to leave, perhaps immediately. I also understand that if I use alcohol or drugs while in the Hope Recovery Homes I may be asked to leave immediately.

Applicant Signature:

Date:

Print your Name:

LOR/ DISCHARGE PERSON: _____

TREATMENT CENTER: _____

CONTACT NUMBER: _____

EMAIL: _____

****This information is required for immediate contact with your treatment team for evaluation.**

CONFIDENTIALITY STATEMENT

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