



Gene McLendon, Executive Director
P.O. Box 627, Morehead City, NC 28557
Phone (252) 515-6976 / Fax (252) 622-4839
www.HopeRecoveryHomes.org
www.Facebook.com/HopeRecoveryHomes

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 twenty-four-hour nonprofit facility established for the purposes of shelter care and recovery from alcohol or other drug addiction through a 12-step, self-help, peer role modeling, and self-governance approach. This facility is designed as a 180-day program for men and women with recent substance use disorder 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.



Hope Recovery Homes

Serving others with many hands and one heart

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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 _____



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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: _____

Have you received a COVID-19 vaccine? Yes / No

(We are requiring our guest to be vaccinated before moving into our homes. We will offer COVID-19 vaccines free of cost)

List any skills for employment:

Highest level of education completed: _____

Are you currently receiving one or more of the following?

Check all that apply:

- | | |
|---|-----------------|
| <input type="radio"/> Disability | Amount \$ _____ |
| <input type="radio"/> Social Security | Amount \$ _____ |
| <input type="radio"/> Un-Employment | Amount \$ _____ |
| <input type="radio"/> Government/State Retirement | Amount \$ _____ |
| <input type="radio"/> Other (unemployment) | Amount \$ _____ |
| <input type="radio"/> None | |

I currently have insurance circle, YES / NO

- | | |
|---|-----------------------|
| <input type="radio"/> Private insurance: _____ | Expiration Date _____ |
| <input type="radio"/> I have Medicaid | Expiration Date _____ |
| <input type="radio"/> I have Medicare | Expiration Date _____ |
| <input type="radio"/> I have both Medicare and Medicaid | Expiration Date _____ |
| <input type="radio"/> I have no insurance | |

Marital Status:

- Single (never been married)
- Married
- Separated



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- 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.):



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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

The information contained in this facsimile message is PRIVILEGED AND CONFIDENTIAL INFORMATION intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you hereby are notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the address below via US Postal Service. Thank You.

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P.O. Box 627
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Program Rules Overview

1. Once accepted into the program, guests are to call the Hope Recovery Homes @ 252-515-6976 for clear instruction on what to bring into the homes. (i.e. personal clothing, personal hygiene items only and not containing alcohol. Also, no household items such as linens, blankets etc. they will be provided). You **may not** bring luggage or bags, including book bags or purses unless they can be laundered. Everything you bring must be in plastic bags and be washed upon arrival. **You may not bring electronic devices or telephones.**

Initial _____

2. Guests are expected to follow all internal house rules as explained by the Hope Recovery Homes Staff. Violations of these rules will result in, loss of privileges, or possible termination from the program. The HS/PSS is responsible for the safe and smooth operation of the house and for insuring that all Guests follow all rules and attend all meetings. The HS/PSS has authority to breathalyze and/or drug test at will, and if necessary, ask any Guest to leave immediately for insobriety or excessive violation of the House Rules, or for generally not being willing to follow the spirit of the program of recovery. Any decision affecting a Guest which might lead to a loss of privileges or termination from the program or any treatment the Guest feels they have wrongly received may be appealed immediately in writing to the HRHED.

Initial _____

3. Guest will be responsible for your own meals. If you do not already have Food Stamps you will be taken to DSS so you can apply for them. It will be your responsibility to re-certify after your initial DSS appointment. **Each guest will be responsible to supply a 3lb coffee, 2lb creamer and 5lb sugar for classes and it must be turned into the HS so it will be properly noted.**

Initial _____

4. The program at Hope Recovery Homes will include classroom time, house meetings, reading assignments, homework assignments, all of which are expected to be done as instructed to further your recovery.

Initial _____

5. Guests will attend a minimum of three AA meetings per week. Authorized AA meetings are chosen by HRH. AA Old School will become your AA Home Group.

Initial _____

6. Attendance at faith-based programs and studies are a regular part of our recovery program. We, like AA, are a spiritual program of recovery, and attendance at all program meetings is required, unless previously excused, this would include illness.

Initial _____



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7. Guests must record their coming and going from the house at all times by signing in and out of the house logbook and by informing the HS/PSS's of your whereabouts. This is an issue of your recovery and will not be overlooked.

Initial _____

8. No overnight passes except for approved emergencies. Emergency will be defined at our discretion and will be only for immediate family involving life or death matters.

Initial _____

9. Guests will observe a curfew, and everyone must be on site by 9pm. **All doors are to be locked and unopened from 10 pm to 6 am daily**, except when approved by the HS/PSS for work schedules. HRH has a mandatory "two-person" rule when you are out of the house on your free time always go out with a buddy for your protection. This is an issue of your recovery and will not be overlooked. Unless you are working you should be returning to your house by dark. Dark will be determined by when the "Dusk to Dawn" Street Lights are on. If there is any doubt, ask your HS/PSS.

Initial _____

10. Visitors are not allowed on the house property at any time. However, approved guest/family will be allowed on the outside house porches on Saturdays between 10am-6pm ONLY for a brief time. Special exceptions may be made for children and immediate family members in advance of their arrival. Off-Property family visits are encouraged whenever possible.

Initial _____

11. If a Guest has been asked to leave by the HS/PSS or HRH Supervisor for whatever reason, guest agrees to **immediately** leave the premises. After that, guest has 24 hours to retrieve any remaining personal property. HRH will not be responsible for the loss, theft, or destruction of personal property or other valuables. Guests are responsible for the security of their personal belongings and encouraged not to bring anything of value onto our property.

Initial _____

12. Guests are subject to random drug / alcohol tests and room searches at any time. Guests must maintain themselves in an alert orientation at all times. If your prescription meds cause you to be groggy or to oversleep, then they **MUST** be changed by your doctor.

Initial _____



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13. **No narcotics** at any time will be allowed in the recovery program and certain **non-narcotics** are also not allowed in the recovery program. Drugs such as, **but not limited to:** Seroquel, Klonopin, Depakote, (Clonazepam), Neurontin, (Gabapentin), Tramadol, (Ultram), Percocet, Benadryl, Ambien (sleep aids in general), and “anxiety” drugs (Xanax and the like) will not be allowed, as we have found them to have troubling side-effects and addictive characteristics. If a medication causes you to fail a drug test you may not take them in our program. Furthermore over the counter items, such as Kratom, will not be allowed. If you are primarily on psychotic medications HRH may not be the best choice for your living arrangements. We are designed for residential living for Substance Abuse for drugs and alcohol. **We are not a pain management clinic therefore we will not allow pain meds other than over the counter meds taken as directed.** Furthermore medications that require refrigeration cannot be allowed. All medications are kept in your personal space in your room. You are responsible for your own medications. **We maintain the right to add to this list as the need arises.**

Initial _____

14. You must have appointments approved through the HRH Supervisor prior to making it.

Initial _____

15. When you are given a prescription, it must be approved through HRH Supervisor to assure that you are taking medications we allow in our program of recovery.

Initial _____

16. Guests are expected to behave in a mature adult manner, and at all times live in a manner consistent with residency in a faith-based spiritual program of recovery. The use of profanity and aggressive behavior will not be tolerated for any reason.

Initial _____

17. I am involved in a current relationship. (**CIRCLE ONE**) YES / NO

Developing a coupling relationship with another guest is strictly prohibited. This is an issue of your recovery and will not be overlooked. Your focus should be on Recovery not in a relationship. Dating and coupling will be defined at the discretion of the HRH Recovery Team.

Initial _____

18. Guests will be dismissed from the program immediately for any of the following:

- a. Possession of illegal drugs or alcohol ON or OFF property or failing a drug or alcohol test.
- b. Threatening or violent behavior or being “high” or drugged-out in any way observable.
- c. Theft, lying, and open disrespect to others.
- d. Possession of drug paraphernalia found in your room or bags you carry.

Initial _____



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19. There is no Landlord-Tenant relationship between the Guest and Hope Recovery Homes, Inc., so there are NO rights to stay, except by abiding by the program rules internal house rules and directions of the staff.

Initial _____

20. Nothing containing alcohol is permitted in either the facilities or residences. This includes food products, medications, colognes, perfume, body spray, hand sanitizer, rubbing alcohol, etc.

Initial _____

21. Guest are not allowed a cell phone, iPad/iPod, tablet, computer or other electronic devices. You are allowed phone access through the office during your break periods. You may give out the office number for family or job contact and a message will be taken for you.

Initial _____

22. Guest are not allowed employment for the first 90 days. You may be able to take on a side job only if approved through the House Supervisor and if approved, after all classes and service work is done. If this side job interferes with any aspect of your recovery, including the ability to complete homework, comply with the two-person rule after dark, and meet curfew, you will be required to give up the job.

Initial _____

23. Guests are not allowed a vehicle at HRH for the first 90 days in the program, and thereafter only with the approval of the HRH Supervisor. If approved guest must hold a valid current driver's license and proof of insurance. HRH will not be responsible for the loss, theft, or destruction of any vehicle parked or stored on our properties or anywhere. If approval is granted Guest may not transport another Guest without prior approval of the HS. If this privilege is abused it may be revoked.

Initial _____

24. Guest may only use tobacco products in designated areas. No Vaping is permitted.

Initial _____

25. All Guest will participate in service work recognizing helping others is an important step of recovery.

Initial _____

26. Do you have a Court Date(s)? _____ Date: _____

Where: _____

We do not provide transportation to and from court dates but can supply a letter for your attorney if they request verification of your Recovery Program.

Initial _____



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Hope Recovery Homes, Inc., (HRH) regularly takes photos and on occasion shoots film and video on HRH property as a means to gather materials for promotional and production purposes. Accordingly, during the course of your stay, you and any of your guests may be photographed, filmed or videoed while participating in HRH events. Therefore, every Guest and/or non-HRH guest of HRH, by visiting the property, acknowledges and agrees that these photos, films and videos may be taken and used in Hope Recovery Home, Inc., products and promotional materials. Guests are responsible to notify your guests of this agreement. You and/or your guest may request in writing that photos taken during the visit not be used by Hope Recovery Homes for any public display.

Initial _____

I have read, understand and accept the terms set forth above and further agree to abide by any and all rules and directions given by the Hope Recovery Homes Staff Members.

If you have any questions or comments, feel free to contact Hope Recovery Homes, Inc. any time @ 252-515-6976.

Email: info@hoperecoveryhomes.org

Web: www.hoperecoveryhomes.org

Applicant's Signature: _____

Date: _____

Print Full Name: _____

HRH Staff Approval: _____

SCAN AND EMAIL THE COMPLETED APPLICATION, PROGRAM RULES OVERVIEW AND ASSESSMENT TO HOPE RECOVERY HOMES

Email: info@hoperecoveryhomes.org

After your Application has been emailed call 252-515-6976 for a personal telephone interview.

Thank you for your sincere interest in your recovery and in Hope Recovery Homes!

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