



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

Date: _____

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.



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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 _____



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List any existing or pending court dates: _____

Why _____ Where _____

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

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

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

Guest Signature: _____

We are requiring our guest to be vaccinated before moving into our homes.

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

Have you received a Flu vaccine? Yes / No (Flu season runs from October to February.)

List any skills for employment: _____

Highest level of education completed: _____ Religious Preference _____

Do you have a valid NC driver's license? Yes/No

Are you currently receiving one or more of the following?

Check all that apply:

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

I currently have insurance circle, YES / NO

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

Marital Status:

Revised: June 2023



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- 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 #: _____



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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 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 the 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.



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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**. Clothing will be provided through Hope Mission Thrift Store unless otherwise approved by HS/PSS.

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 ensuring 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 HRH Program Supervisor or the HRH ED (Executive Director).

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. If you do not qualify for food stamps, we can provide food boxes. It will be your responsibility to re-certify after your first DSS appointment.

Initial _____

4. The program at Hope Recovery Homes will include classroom time, house meetings, reading assignments, homework assignments, and service work, 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 _____



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6. 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/PSSs of your whereabouts. This is an issue of your recovery and will not be overlooked.

Initial _____

7. 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 _____

8. Guests will observe a curfew, and everyone must be on site by 8pm. **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. In the second 90 days HRH has a mandatory “three-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.

Initial _____

9. Visitation: Visitors are not allowed on the house property at any time.
a. Weekly pre-approved visits are allowed at Thursday evening worship and Sunday morning worship for those in the second 90 days.

Initial _____

10. If a guest has been asked to leave by the HS/PSS or HRH Program 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 _____

11. Guests are subject to random drug / alcohol tests and room searches at any time. Guests must always maintain themselves in an alert orientation. If your prescription meds cause you to be groggy or to oversleep, then they **MUST** be changed by your doctor. Refusal to take a drug or breathalyzer test is an admission of guilt. You may be asked to leave immediately.

Initial _____



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12. **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), Trazadone, 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 _____

13. You must have appointments approved through the PSS/HS prior to making it.

Initial _____

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

Initial _____

15. Guests are expected to behave in a mature adult manner, and always 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 _____

16. I am involved in a current relationship. (**CIRCLE ONE**) YES / NO. If yes how long? _____

17. 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 _____



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18. Guests will be dismissed from the program immediately for any of the following:
- Possession of illegal drugs or alcohol ON or OFF property or failing a drug or alcohol test.
 - Threatening or violent behavior or being “high” or drugged-out in any way observable.
 - Theft, lying, and open disrespect to others.
 - Possession of drug paraphernalia found in your room or bags you carry.
 - Refusal to take a drug screen or breathalyzer is an admission of guilt and you may be asked to leave immediately.

Initial _____

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 like vanilla extract, medications, colognes, perfume, body spray, hand sanitizer, rubbing alcohol, etc. No energy drinks on or off of our properties.

Initial _____

21. Guests are not allowed a cell phone, iPad/iPod, tablet, computer, or other electronic devices. You are allowed office phone access to be coordinated through your HS/PSS 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. Guests are not allowed employment for the first 90 days. You can work up to 21 hours a week, but all recovery obligations must first be met.

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 Program 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.

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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. Hope Recovery Homes, Inc., (HRH) regularly takes photos and on occasion shoots film and video on HRH property to gather materials for promotional and production purposes. Accordingly, while 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 _____

**HOPE RECOVERY HOMES IS AN EXTENSION OF THE COUNTIES JAIL DIVERSIONS
ELECTRONIC OFFENDER MONITORING PROGRAM (EOMP).**

1. Remember these participants are still in the custody of the individual's respective County sheriff's office - therefore close contact with the agency needs to be first and foremost on the mind of Hope Recovery's staff.
2. No home or off-site visits while in the program.
3. For the first 90 days:
 - a. No visits.
 - b. Telephone use is limited to calls made from the Peer Recovery Center or Hope Recovery Homes office phone.
 - c. Participants shall not leave the facility without the supervision of a paid employee of Hope Recovery.
4. For the second 90 days:
 - a. Weekly pre-approved Family members visits will need to be done on campus. (Thursday evening worship and Sunday Morning worship). "Family members" will consist of mother, father, siblings, wife, husband, grandparents, or children.
5. Participants shall be searched, persons and belongings, upon entering back into the residence.
6. Participants cannot be moved from one house to another without immediately contacting the agency. It must be remembered that we do have inclusion zones and curfews for each individual for the listed address and we receive multiple violation alerts when they are relocated without our prior knowledge.
7. The participants are not allowed to have cell phones while they are enrolled in the program without approval of the Sheriff's Office and Hope Recovery Homes.
8. Hope Recovery needs to supply the counties with the House Manager and peer support specialist names and contact information, and the House Manager needs to be supplied with each point of contact within the counties.
9. Our monitors cannot be submerged under salt water for any reason- it will corrupt the fiber optic connection and cause device failures.
10. Any drug usage by the participants needs to be immediately reported to the agency contacts. It must be remembered that each participant is under a court order not to use drugs. We understand the issue with "relapse" is part of recovery. However, we believe in the consistency of "no tolerance" showed to each participant, will aide in the keeping the participant making proper choices.
11. Each participant shall be drug tested, and a copy of the results shall be emailed to EOMP. At least 4 drug tests shall be administered to the enrollee before completion.
12. Participants shall not be supervised by anyone with less than a year of sobriety.
13. No participants shall work for Hope Recovery while in the recovery program unless approved by the Sheriff's Office and Hope Recovery Homes.
14. Structured disciplinary procedures need to be emailed to EOMP.
15. Acceptance and disciplinary letters need to be emailed to EOMP within 48 hours.



Hope Recovery Homes

Serving others with many hands and one heart

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I have read, understand, and accept the terms set forth above and further agree to abide by 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 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!

CONFIDENTIALITY STATEMENT

The information contained on this form 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 are hereby 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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