



101 6th Street, Santa Rosa, CA 95401
Telephone (707) 542-4817
Facsimile (707) 544-6185
www.smission.org

Date _____

New Life Recovery Program
APPLICATION

Print Name _____ Marital Status: ^{Married} **Single** Birthday _____
(First) (M) (Last) (Circle one) **Divorced**
Number/age/gender of children (if any) _____ ID (SS #) _____
Education (Yrs. Completed) _____ Are you a Veteran? _____
(CDL# or other) _____ Phone # _____

A. FAMILY MATTERS

1. Do you have a drug or alcohol problem? _____ Drug of choice? _____
2. Do either parent or grandparent have history of drug/alcohol addiction? _____ If so, explain _____

3. Number/gender/ages of brother/sisters _____
4. Do you have friends/relatives who work here? _____ If so, who? _____
5. Any family history of physical, emotional or sexual abuse in the family? _____ Please explain: _____

6. Name/Address/Phone Number of person to be notified in an emergency _____

B. PERSONAL HISTORY AND STATUS

1. Any problems with anger management? _____ If yes, explain _____

2. Have you ever used a weapon in a crime or domestic dispute? _____ If so, explain: _____
3. Did you Graduate From High School _____.
4. Arrest Record _____
5. Do you have to register with the Police Department? _____ If so, explain _____
6. Probation/Parole Officer's name. _____ Can you accept and respect authority? _____
7. Any disabilities? _____ If yes, what? _____
8. Can you lift 50 lbs.? _____ 9. Explain what "denial" means _____

10. When was the last time you were tested for Hep-C? _____ HIV? _____

11. Do you have difficulty sharing your feelings? _____ Explain _____

12. If on SSI, are you willing to discontinue it while in the program? _____

13. If you have any other form of income are you willing to have it banked? _____

14. Are you willing to accept Redwood Gospel Mission grooming policies? _____

LEGAL/FINANCIAL STATUS

1. Explain any court ordered classes such as DDP or Anger Management

E. SPIRITUAL HISTORY

1. Have you had contacts with cults or the occult? _____ If so, explain _____

2. Have you ever had the spiritual experience described as being "born again"? _____ If yes, write your testimony including your use of the Bible/prayer. _____

3. Are you open to the possibility of God's Spirit transforming your life on the basis of scriptural principles?

F. OTHER ISSUES

1. Are you familiar with the 12-Step program? _____ Ever had a sponsor? _____

If yes, how many steps have you completed? _____

2. Do you use tobacco of any kind? _____ If yes, are you willing to quit? _____

3. Are you on medications of any kind? If so, what? _____

4. Have you ever been diagnosed with any mental illness? If so, what? _____

5. Are you willing to give up any unmarried female relationships and refrain from forming new ones while in the program? Yes _____ No _____ (This is a requirement for acceptance.)

6. Have you ever been an overnight guest or participated in the Mission's Work Program? _____ If so, when? _____ How long? _____ Did you leave on good terms? _____

Explain _____

7. I understand that this is a Christian faith based program and that Biblical Instruction, studies and prayer are mandatory components of the New Life Program.

Signed _____ Date _____



New Life Recovery Program
101 Sixth St.
Santa Rosa, CA
707-542-4817

CONFIDENTIALITY NOTICE/RELEASE OF INFORMATION

The confidentiality of alcohol and drug abuse client records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser UNLESS:

1. The client consents in writing;
2. The disclosure is allowed by a court order;
3. The disclosure is made to medical personnel in a medical emergency; or
4. The client presents a threat to themselves or another person while in the residency program.

Violation of the Federal law and regulations by a program is a crime. Suspected violation may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

(42 CFR Part 2 for Federal regulations.)

You are further authorized and directed to release any and all psychiatric or psychological records and all drug and/or alcohol treatment or rehabilitation records, billings, reports, and any related material. You are further authorized to release originals or copies of any and all records and to discuss said records with a representative of the Redwood Gospel Mission appropriately identified as such.

I, _____
(Print client first and last name)

acknowledge that I have received a copy of this form and have read, understood, or have had the above summary explained to me as attested by my signature below. I hereby grant my permission for RGM New Life Recovery Program to contact/communicate with all parties in matters directly or indirectly related to my treatment.

Please direct any and all records or inquiries to the Redwood Gospel Mission, 101 6th Street, Santa Rosa, CA 95401; telephone (707) 542-4817, fax (707) 544-6185.

Client Signature

Date

Witness

Date