

APPLICATION FOR PROJECT RESCUE RECOVERY PROGRAM

**P.O. Box 1271
Hartselle, AL., 35640**

The Project Rescue Recovery Program is a one year program conducted by Project Rescue, Inc. an Alabama non-profit corporation, primarily for individuals who need help in breaking addictive lifestyles. This program is generally administered in phases. To complete the program requires an intense class schedule, mandatory church attendance, and counseling sessions. Additional programs and individual counseling may be given based upon the needs of the individual.

The Project Rescue Recovery Program is faith based and Bible oriented at its core, and so the Bible will be the primary tool used to transform and heal lives. The Core Curriculum will be the NewLife Behavior courses. Please complete the Application and sign in all required areas. Your signature is your agreement to follow all rules and guidelines of the Project Rescue Recovery Program, should you be accepted into such.

PERSONAL INFORMATION:

Name : _____ Address: _____

City / State / Zip : _____ Home Phone : _____

Marital Status : _____ Age : _____ Male or Female? _____

Your SS# : _____

Family Information:

Do you live on your own or with family? _____

Family Contact Information: _____ Phone : _____

Were you raised by your natural parents? Yes No

Are both of your parents still alive Yes No

How would you rate your childhood? _____

How many children do you have: _____

Child's Name	Age	Sex	Mother's Name

If you don't live with your family who do you currently live with?

- Live Alone
- Live with spouse
- Live with partner other than spouse
- Live with friends

EMPLOYMENT INFORMATION:

What is your Employment status?

- Unemployed, Looking for a job
- Unemployed, not looking for a job
- Part Time Employee
- Working for family
- Full Time Employee

What type of work skills do you have: _____

What is your work income \$ _____ / month – Other Income _____ / month

Who is your employer : _____

Employers Contact Information : _____ Phone : _____

Basic Needs Assessment:

- Applicant is lacking the resources to provide for basic needs (food, shelter, clothing) and immediate assistance is needed;
- Applicant has some resources to provide for basic needs, but has inadequate resources to totally be self sufficient financially;
- Applicant has adequate resources to provide for all basic needs and costs.

Transportation Information:

Do you currently have your own form of transportation: Yes No

Bike Motorcycle Car Bus None

PRIMARY PURPOSE FOR SEEKING ASSISTANCE FROM PROJECT RESCUE RECOVERY PROGRAM :

Who is your Family Doctor?

CRIMINAL HISTORY:

Do you have any criminal OR felony History? (if yes, then explain)

List any arrest dates, and the offenses (Do not list traffic offenses and DUI)

BACKGROUND INFORMATION:

The following information will become a part of your permanent file:

Educational background:

Did you complete high school Yes No (if no – what was last year completed)

Did you attend college Yes No (degrees earned)

Marital background:

Are you currently married? Yes No (if yes – spouse’s name)

Did you have any marriages prior to this? (explain)

Is your spouse willing to participate in this program with you Yes No

How would you describe your relationship with your spouse? _____

Medical background:

Describe any allergies or medical conditions and list all required medications for these:

List all surgeries and the dates of each (if any):

Have you ever been tested for HIV? Yes No **If Yes what were the results** _____

Have you ever been tested for Hepatitis Yes No **If Yes what were the results** _____

What is your current level of health?

- Excellent
- Good
- Fair
- Poor
- Don't know

Have you ever had a need for mental evaluation prior to this application? Yes No

If yes please describe _____

Drug / Alcohol Use History

<i>Type of Drug</i>	<i>Age Started</i>	<i>Daily Use - Times a day</i>	<i>Amount spent on drugs ea. Day</i>	<i>Way of use (smoke, inject, pill, etc)</i>	<i>Time you last used</i>	<i>Most commonly Used drug</i>
<i>Opiates</i>						
<i>Cocaine / crack</i>						
<i>Meth</i>						

Marijuana						
Alcohol						
Tobacco						
Other (specify)						

What is your drug of choice (alcohol included): _____

Religious Information:

What is your religious preference? _____

Do you attend church regularly? Yes No

If yes, what congregation were you a member of? _____

Church Contact Information : _____

REFERRAL:

Before you come to the Project Rescue Recovery Program, you must receive a positive referral, from a credible source, which states that you are a person who is capable of participating in and completing the program. Upon acceptance you must agree to waive any objections to methods of treatment, and any objections to the religious nature of the materials used to assist you in transforming your life into a positive example for society.

WAIVER OF LIABILITY:

- I understand that I will be receiving help from those working with the Project Rescue Recovery Program , who desire to help me overcome my problems and grow into a strong productive citizen. I accept that they are not licensed counselors and are simply Christians desiring to minister to broken lives. I agree that I will not hold the Project Rescue Recovery Program, which is legally known as Project Rescue Inc. its officers, directors, volunteers, employees, or the members of any supporting churches, or any other participants liable in the event of any accidental or physical injury, whether seen or unforeseen..
- I agree that irrespective of my religious background, I will attend all religious services required and/or scheduled on site or off site at any sponsoring or supporting church of Christ, and will hold said church and all those conducting on site and/or off site religious services, harmless from any and all claims I might have against them.

Signed: _____ Dated: _____

WAIVER OF CONFIDENTIALITY:

- I accept that Project Rescue Recovery Program will make and keep such records as it deems necessary and important in my recovery process, and I waive any rights to damages as a result thereof;
- I accept that the ministry team over me will keep a brief summary of my treatment;
- I accept that all members of the ministry team may be privy to all information in my file concerning my progress and treatment while in the Project Rescue Recovery Program ;
- I accept that all agencies which the staff of this program deems appropriate may receive and share information regarding my situation, treatment, and recovery;
- I accept that any inappropriate behavior on my part will be reported to the proper civil, criminal, or governmental authorities.

Signed: _____ Dated: _____

COST LIABILITY:

I understand that there will be an upfront cost of \$ 700.00 (**NON-REFUNDABLE**) and that after thirty days I will be expected to pay \$ 500.00 per month for the duration of my stay in the Project Rescue Recovery Program. Additionally, after thirty days I will be expected to contribute to defray food costs of the center, on an as needed basis. I agree to pay all cost associated with my participation in the program.

ADDITIONAL REQUIREMENTS:

- I understand that if I do not have a High School Diploma, I am required to be working toward a G.E.D. while in the program, and that failure to do so will result in termination from the recovery program.
- I further understand that all funds earned by me while a resident / participant in this program will be my property, minus costs and expenses. However, all funds will be kept in a special account by the program manager and costs of my participation will be subtracted from this as required. Upon graduation from the program, I will receive these funds, minus any expenses I incur while in the program. Should I be terminated, I understand that these funds will be given to my sponsors, unless none exist, in which case I will receive the check for remaining funds, minus expenses. You will receive an itemized reconciliation at the time at which you receive your check

By my signature I acknowledge that I have read and understand all of the above provisions, including the agreement to pay all costs, the Waiver of Liability, and Waiver of Confidentiality, and that I accept the stated costs, conditions release of liability, and waiver of confidentiality. Further, I agree to voluntarily fulfill all levels of commitment that are required of me as a participant / resident in the Project Rescue Recovery Program. I also acknowledge and understand that Project Rescue Recovery Program is a ministry operated by Project Rescue Inc., an Alabama nonprofit corporation, and where applicable Project Rescue Recovery Program, is synonymous with Project Rescue, Inc., and the names shall be interchangeable.

Signature : _____ Date: _____

Printed Name: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

PROJECT RESCUE RECOVERY PROGRAM

P.O. Box 1271

Hartselle, AL., 35640

Resident / Participant's Name _____

Date of Birth _____

Social Security Number _____

Resident / Participant's Address _____

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form.

I understand that this authorization will include disclosure of information relating to my addiction recovery care. My attitude and my conduct during the course of this program may also be disclosed as well as my health and general state of mind.

I have the right to revoke this authorization at any time by addressing the Facility Manger in writing. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Terminating this authorization may result in my removal from the recovery center.

I understand that signing this authorization is voluntary.

Name and address of entity to release this information:

PROJECT RESCUE RECOVERY PROGRAM,

P.O. Box 1271

Hartselle, AL., 35640

Name and address of person(s) to whom this information will be released:

Signature Authorization: _____

My questions about this form have been answered and I have been provided a copy of this form as requested.

Name of program member or authorized representative: _____

Date: _____

**WAIVER AND RELEASE FROM LIABILITY FOR ADDICTION RECOVERY
CARE**

PROJECT RESCUE RECOVERY PROGRAM

**P.O. Box 1271
Hartselle, AL., 35640**

WAIVER AND RELEASE

I, _____, HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge Project Rescue, Inc., d/b/a/ PROJECT RESCUE RECOVERY PROGRAM, and its agents, participants, employees, officers, directors, representatives, affiliates, successors, trustees, managers and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, seen or unforeseen, in law or equity, that I have ever had or may have, arising from or in any way related to the addiction recovery care being provided to me. This waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct not done in good faith.

I understand that in the event of an injury, including death and injury to person or personal property, associated with housing, transportation, recreation, vocational training or pursuits, the use of any equipment in any manner, form or fashion, and any and all other programs related to activities or services being provided to me by PROJECT RESCUE RECOVERY PROGRAM, I, my heirs, assigns, executors, personal representatives, and next of kin waive any and all claims for damages, resulting from all injuries and death sustained by me or my property, which I may now have or may have in the future against said aforementioned released parties.

By this Waiver, I assume any risk, and take full responsibility for and waive any claims of personal injury, death or damage to personal property associated with any activity provided by PROJECT RESCUE RECOVERY PROGRAM, including, but not limited to, receiving addiction recovery counseling.

This WAIVER AND RELEASE contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of PROJECT RESCUE RECOVERY PROGRAM.

The provisions of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of PROJECT RESCUE RECOVERY PROGRAM, whether by agreement, by operation of law, or otherwise.

