

ENTRY APPLICATION

582 Shields Road
Huntsville, AL 35811
(256) 859-7377

Thank you for your inquiry about His Way. Any individual seeking acceptance into His Way must fill out this form completely before entry. As you may already be aware, His Way is a Christ centered recovery program for men who struggle with addiction. ***Our residential program length is 6 months and our Re-Discovery Program (non-residential) is 24 weeks.*** Both programs are designed to give our men an opportunity to get their lives back! One of the main goals of our program is for our client to be honest with others and themselves. Remember that a changed heart is the only way to a changed life. Be sure to fill out this form truthfully and carefully, not omitting any details.

Date: _____

Name: _____ Age: _____
First Middle Last

Have you ever applied to or been a former client at His Way? Yes No When? _____

Which are you applying for? Six-Month Residential Program Re-Discovery Program

Personal Information:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Alt Phone: (_____) _____ E-mail: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____

Driver License #: _____

Emergency Contacts:

Name: _____ Phone: (_____) _____ Relationship: _____

Address: _____

Name: _____ Phone: (_____) _____ Relationship: _____

Address: _____

Family Information:

Married Girlfriend Divorced/ Separated Single/Never Married

Spouse/ Significant other's/ ex-wife's name: _____

Do you have children? Yes No # of children (please list below): _____

Name	Age	Residence

Father's Name: _____ Deceased: Yes No

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Alt Phone: (_____) _____ E-mail: _____

Mother's Name: _____ Deceased: Yes No

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Alt Phone: (_____) _____ E-mail: _____

Substance Abuse Information:

(This information is confidential and will not affect your application)

Please list in order of preference all drugs used. This must be completed.

Drug	Age at first use	Date of last use

Have you ever been in a recovery program? Yes No

Program Name: _____ Location: _____ When: _____

How long? _____ Did you complete? Yes No

If no, why did you leave? _____

Program Name: _____ Location: _____ When: _____

How long? _____ Did you complete? Yes No

If no, why did you leave? _____

Program Name: _____ Location: _____ When: _____

How long? _____ Did you complete? Yes No

If no, why did you leave? _____

Do you consider yourself an alcoholic/ addict? Yes No

Are you willing to commit to the His Way program on our terms? Yes No

Are you currently attending AA/ NA/ CR meetings? Yes No

What is currently happening in your life? (Describe)

Describe your using history. When did you start? Describe the development of use and major events that contributed to use.

Legal Information:

Do you have an attorney? Yes No

If yes, Attorney's name: _____

Location: _____ Phone: _____

Are you on probation/ drug court/ community corrections? Yes No

If yes, Probation Officer's name: _____

Location: _____ Phone: _____

Are you court-ordered to complete a recovery program? Yes No

If yes, list Judge/ PO and explain: _____

Have you ever been charged or convicted of a sexual offense? Yes No

If yes, please explain: _____

Have you ever been charged of a convicted of a violent crime? Yes No

If yes, please explain: _____

List all prior convictions and/ or pending charges:

Charge	Date	County	State	Disposition/ Status of case

Financial Information:

Residential Program: The entry fee is **\$1,250**, which covers the first month's program fees as well as intake and case management fees. His Way also provides a required health screen at a cost of **\$20**.

Re-Discovery Program (non-residential): The initial cost is \$70 which covers the first week plus curriculum materials. The cost is \$50 per week thereafter.

Can you secure the funds to cover the entry fee? Yes No

Do you have a state-issued identification? Yes No

Are you court-ordered to pay child support? Yes No

Do you receive ongoing financial reimbursement for any Reason (SSI, Disability, Medicaid, Trust Fund, etc.) Yes No

If yes, please explain: _____

Are you currently employed? Yes No

If yes, please explain: _____

Please describe your work history: _____

Do you understand that obtaining full-time work while in the residential program at His Way is required? Yes No

Do you have your own vehicle (*Non-resident clients only*) Yes No

If not, how do you intend to get to His Way for classes? _____

Educational Information:

Did you graduate High School or obtain a G.E.D.? Yes No

If no, what was the last grade you completed? _____

Did you graduate college? Yes No

If no, how many years did you complete? _____

Do you have any educational goals? Yes No

If yes, please explain: _____

Medical Information:

His Way's policy strictly prohibits the use any type of prescription narcotic or psycho-active medications while a client in our six-month residential program but may be allowed for clients in our non-resident program. In either case, all prescriptions and medications must be approved by His Way staff.

We are not a detox facility; however, His Way staff will determine, on a case by case basis, whether detoxification is required prior to program entry.

A health screen is required for all incoming clients (residential and non-residential) and includes the following: a complete metabolic panel, a hepatitis panel, RPR (syphilis), chlamydia, gonorrhea, HIV antibody, and tuberculosis (TB) testing. Your complete physical can be done by a doctor of your choice before entry or will be done upon program entry, at your expense, for **\$20**. Positive results on the required medical tests do not necessarily prohibit an applicant from entering the His Way program.

Do you have any medical/ mental issues? Yes No

If yes, check/ list all that apply below:

- | | |
|--|--|
| <input type="checkbox"/> High / Low blood pressure | <input type="checkbox"/> Mental Illness (Please Specify Diagnosis) |
| <input type="checkbox"/> Kidney / Bladder | <input type="checkbox"/> Skin Sores |
| <input type="checkbox"/> Asthma / Breathing Troubles | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Tuberculosis (TB) | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Venereal Disease / STD's | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Other (please explain): _____ | |

Do you have any allergies? Yes No

If yes, please explain: _____

Are you disabled or handicapped in any way? Yes No

If yes, please explain: _____

Have you ever been diagnosed with Bipolar Disorder? Yes No

If yes, please explain: _____

Are you currently prescribed any medication by a doctor? Yes No

If yes, list all medications you are taking: _____

Do you have active health insurance? Yes No

If yes, provide Insurance provider and policy #: _____

Affirmation:

I understand that His Way Christ-centered program and I affirm that my answers and information provided by me in this application are true and accurate. I understand that if I am accepted, any misinformation and/ or dishonest answer may be grounds for my dismissal.

Signature: _____ Date: _____

Waiver and Release from Liability

I, _____; indemnify, hold harmless and forever discharge 'His Way, Inc.' and all its agents, employees, officers, directors, affiliates, successors, 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, in law or equity, that I have ever had or may have arising from or in any way related to my participation in any of the events conducted by, or on the premises of, or for the benefit of 'His Way, Inc.' provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

I understand that the activities and functions in which I participate may be conducted, but do not have to be of a volunteer nature, or for the benefit of a 501 c (3) and/or dangerous and may cause serious grievous injuries, including bodily injury, damage to personal property and/or death. On behalf of myself, my heirs, assigns and next of kin, I waive all claims for damages, injuries and death sustained to me or my property that I may have against the aforementioned releases party to such activity.

By this waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with 'His Way, Inc.' including but not limited to any volunteer activities, community events or leagues, using the facility and its equipment, practicing or engaging in organizational functions and fundraisers or other related activities on and off the premises.

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 this waiver and release. The provision of this waiver and release may be waived, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

The provision 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 'His Way, Inc.' whether by agreement, by operation of law, or otherwise.

I have read and understand and fully agree to the terms of this waiver and release. I understand and confirm that by signing this waiver and release I have given up considerable future legal rights. I have signed this agreement freely, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability to the full extent of the law. I am 19 years of age and am mentally competent to enter into this waiver.

Signature: _____ Date: _____

Printed Name: _____

Reasons for dismissal from program *(Review and Initial by each of the below)*

Fighting or threats of Violence

_____ Any fighting by clients, either on or off property, will be reason for immediate dismissal. This includes any work-related incidents, regardless of who the other individual is. Threats of violence of any kind, whether between clients or someone outside of the program is also grounds for immediate expulsion from the program. There is no leeway with violence here at 'His Way'.

Theft

_____ Any client who is caught stealing on the premises or in the community will be dismissed immediately. Any client found going through other client's belongings without authorization will also be dismissed.

Sex

_____ No sex of any kind will be allowed at His Way. Regardless of whether a client is married or not, no sexual relations are permitted on property.

Alcohol/Drugs

_____ Any use or possession of drugs or alcohol will be grounds for immediate dismissal from the program. There are no alcohol or drugs, prescribed or not, allowed at 'His Way'. Any drugs found will be confiscated and the authorities will be notified. Any alcohol usage **on or off property** will also be grounds for immediate expulsion.

Vehicles

_____ Any unauthorized use of 'Way' vehicles will be grounds for dismissal from the program. For residential clients, no vehicles at all will be allowed on property unless specifically authorized by the appropriate His Way staff.

Waiting list policy *(Review and Initial by each of the below)*

Call Weekly

_____ Potential clients are required to call weekly to check in with the Case Manager, 256-859-7377 or email info@hiswayinc.org. This process ensures that the potential client will remain active on our waiting list.

After 10 days of not checking in

_____ After 10 days of failing to check in, the potential client will forfeit his position on the list and will be moved to the bottom of the waiting list. No notice will be provided prior to or after being moved.

After 20 days of not checking in

_____ After 20 days of failing to check in, the potential client will be removed from our waiting list. No notice will be provided prior to or after removal.

When the potential client is contacted about an available opening, there will be seven days in which he must enter the program. Failure to do so will result in being moved to the bottom of our waiting list. (Date and time of entry is to be set up through the case manager)

Note: Those who are incarcerated will have the same seven days from the date the order is signed by the judge.

Medical requirements

His Way's policy strictly prohibits the use any type of prescription narcotic or psycho-active medications while a client in our six-month residential program but may be allowed for clients in our non-residential program. In either case, all prescriptions and medications must be approved by His Way staff.

A health screen is required for all incoming clients (residential and non-residential) and includes the following: a complete metabolic panel, a hepatitis panel, RPR (syphilis), chlamydia, gonorrhea, HIV antibody, and tuberculosis (TB) testing.

Your complete physical can be done by a doctor of your choice before entry or will be done upon program entry, at your expense, for **\$20**. Positive results on required medical tests do not necessarily prohibit an applicant from entering the His Way program.

We are not a detox facility; however, His Way staff will determine, on a case by case basis, whether the detoxification is required prior to program entry. A list of possible detox facilities is provided below:

- The Journey 256-354-1121
- Bradford Health Services 256-760-0200
- Decatur Morgan Hospital 256-973-6710
- New Vision 256-543-5467
- Gadsden Treatment Center 256 549-0807
- Family Life Center 256-464-2270
- Pearson Hall 205-925-6552
- UAB 205-917-3784

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Waiting List Guidelines

To remain on our waiting list, you must meet the following requirements:

- 1) Detox, if required (please see pages 5 and 9)
- 2) Contact His Way's Case Manager, **weekly**, to let us know how you are doing as you wait. After **10 days** of not checking in, you will be moved to the bottom of the list. After **20 days** of failing to check in with the Case Manager, you will be removed from the waiting list. You are welcome to contact us by calling our office at 256-859-7377. Please leave a message if no one answers. You may also email info@hiswayinc.org or write to us at **His Way, 582 Shields Road, Huntsville, AL, 35811**.
- 3) When the potential client is contacted about an available opening, there will be seven days in which he must enter the program. Failure to do so will result in being moved to the bottom of our waiting list. (Date and time of entry is to be set up through our case manager). Note: Those who are incarcerated will have the same seven days from the date the order is signed by the judge.
- 4) Attend church, outpatient meetings, and/or recovery meetings agreed upon at the time of your interview. Time waiting should also be time spent seeking recovery.

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List of things to bring and not to bring for entry into residential program:

Bring:

1. Bible – New International Version or another easy to read version
2. Open heart and attitude
3. **You must have a valid form of identification** (e.g., Driver's License, State ID, Military ID, Passport) **and a Social Security card**
4. Clothes – dress clothing for church and interviews and no more than 14 casual outfits
5. Shoes – casual and dress
6. Toiletries
7. Linens for twin bed and pillow
8. Towels and washcloths
9. Laundry basket and detergent if you prefer your own
10. Tobacco products are allowed
11. Radio and/or alarm clock
12. Reading material that supports spiritual Christ-centered recovery
13. Writing materials for letters and stamps
14. Limited amount of money for incidental expenses which will be monitored by staff

Do not bring:

1. TV
2. Weapons
3. Cell phones
4. Video games
5. Computers
6. Pets
7. Music devices

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