



RE-DISCOVERY PROGRAM 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 Re-Discovery Program (non-residential) is 24 weeks.** This program is designed for both men and women struggling with addiction to provide 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? _____

Personal Information:

Street Address: _____

City: _____ State: _____ Zip Code: _____

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

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

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

Driver License #: _____

Race: _____ Gender: Male Female

Emergency Contacts:

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

Address: _____

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

Address: _____

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? _____

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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:

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 currently employed? Yes No

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.

I also give consent for His Way Re-Discovery staff and volunteers to contact my family members as necessary using the information provided within this application. I also give my consent for His Way Re-Discovery staff to communicate with other staff members as necessary during my recovery.

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.