

REGENERATION PROGRAM
ADMISSION APPLICATION



VILLAGE OF HOPE
NEW BRUNSWICK, CANADA

REGENERATION PROGRAM APPLICATION

Village of Hope Inc. - Tracy, New Brunswick, E5L 1H7

PERSONAL INFORMATION

DATE: _____

NAME: _____

(Last, First, Middle)

Permanent Address:

(Street, city, province, postal code)

Mailing
Address

(if different from above)

Date of Birth: _____ Age: _____

Place of Birth: _____

Number of Brothers _____ Sisters: _____

Your Position in Family (1st, 2nd, etc.) _____

EMERGENCY

NOTIFICATION _____ PHONE _____

(Name) (Area Code & Number) (Relationship)

EMAIL ADDRESS _____

Address _____

(Street, City, Province, Postal Code)

Parent's Name(s) (*If Living*) _____

Parent's Address _____

(P.O Box or Street, City, Province, Postal Code)

Are Your Parents Seperated? _____ Divorced? _____ Reason _____

Is Either Parent Deceased? _____ Father _____ Mother _____ When? _____

Do You Own A Home _____ Property _____ Vehicle? _____ Model/Year _____

Are You Receiving Any Other Income? (*Disabilities, social assistance*) If yes,,
How Much? _____

Do You Have Any Money on Your Person, If YES How Much _____

Do You Posses A Valid Driver's Licence?
_____ Province _____ Number _____ Type _____

Other Rehabilitation Centers Attended:

Where? _____ When? _____ Completed? _____ Yes _____ No

Where? _____ When? _____ Completed? _____ Yes _____ No

Where? _____ When? _____ Completed? _____ Yes _____ No

Where? _____ When? _____ Completed? _____ Yes _____ No

Have You Ever Attended AA or NA Meetings? _____ When? _____ How Long? _____

MARITAL STATUS & CHILDREN INFORMATION

If Widowed, Date Wife Died _____ Cause of Death _____

Marriage #1:

Wife's Name _____ Date of Birth _____

Wife's Age _____

Wife's
Address _____

(P.O Box or Street, City, Province, Postal Code)

How Long Married? _____ When _____

If Presently Married, Does Wife Work? _____ If Yes, Where? _____

Occupation _____ Income _____

Divorced? _____ Reason _____

Alimony Payment _____ per Week/Month/Other _____

Child Support _____ per Week/Month/Other _____

Name of child _____ Age _____ Sex _____

Name of child _____ Age _____ Sex _____

Name of child _____ Age _____ Sex _____

Where Are Your Children?

Marriage #2:

Wife's Name _____ Date of Birth _____

Wife's Age _____

Wife's
Address _____

P.O Box or Street, City, Province, Postal Code

How Long Married? _____ When _____

Divorced? _____ Reason _____

Alimony Payment _____ per Week/Month/Other _____

Child Support _____ per Week/Month/Other _____

Name of child _____ Age _____ Sex _____

Name of child _____ Age _____ Sex _____

Name of child _____ Age _____ Sex _____

Where Are Your Children?

Marriage #3:

Wife's Name _____ Date of Birth _____

Wife's Age _____

Wife's
Address _____

P.O Box or Street, City, Province, Postal Code

How Long Married? _____ When _____

Divorced? _____ Reason _____

Alimony Payment _____ per Week/Month/Other _____

Child Support _____ per Week/Month/Other _____

Name of child _____ Age _____ Sex _____

Name of child _____ Age _____ Sex _____

Name of child _____ Age _____ Sex _____

Where Are Your Children?

Marriage #4:

Wife's Name _____ Date of Birth _____

Wife's Age _____

Wife's
Address _____

P.O Box or Street, City, Province, Postal Code

How Long Married? _____ When _____

Divorced? _____ Reason _____

Alimony Payment _____ per Week/Month/Other _____

Child Support _____ per Week/Month/Other _____

Name of child _____ Age _____ Sex _____

Name of child _____ Age _____ Sex _____

Name of child _____ Age _____ Sex _____

Where Are Your Children?

EDUCATION

How Many Years In:
GRADESCHOOL _____ HIGHSCHOOL _____ COLLEGE _____ GRAD _____

College Degree: _____ Major/Minor _____

Post Grad. _____

Trade School _____

Did You Complete? _____ Year _____

Name of College Or Trade School _____

Specialized Training _____

OCCUPATIONAL EXPERIENCE

Usual Occupation _____

How Many Years At Trade? _____

How Long On Present Job? _____ Is This Your Usual Occupation? _____

If Not, Why Not? _____

Are You Now Working? _____

If Yes, What Company And Where? _____

If Not Working, Why Not? _____

List Any Special Skills (*such as cook, barber, printer, mechanic, etc.*)

Last Steady Job

(*what*) (*where*) (*how long*)

Have You Ever Been Fired From A Job Because Of Your Use Of Alcohol Or Drugs?

If YES, Explain:

Have You Ever Quit Because Of Alcohol Or Drugs? _____ If YES, Explain:

Number of Jobs in the Past Five Years _____

Preferred Type of Work _____

MILITARY EXPERIENCE

Are You A Veteran? _____ Branch Of Service _____ Highest Rank _____

How Long In the Service? _____ Date And Type of Discharge _____

Service Number _____

If Other Than Honorable Discharge, Explain _____

Are You Retired From The Service? _____ Amount Of Retirement Income _____

Do You Have A Service Related Disability? _____ Amount Of Disability Income _____

Type of Work You Did In the Service

Were You Ever Court-Martialed? _____

If Yes, Explain: _____

Results of Court-Martial _____

MEDICAL INFORMATION

What Is The State Of Your Health? _____ Excellent _____ Good _____ Fair _____ Poor _____ Declining _____

Height _____ Weight _____ Usual Weight _____

Have You Had Any Recent Weight Changes? _____

List allergies you have: _____

List All Major Illness or Operations You Have Had:

Are You Handicapped In Any Way? _____

Type of Handicap _____

Do You Now Have A Venereal Disease? _____ Have you had a Venereal Disease in the Past?

What Was It? _____ When? _____

When Cured Or Arrested? _____

Have You Ever Been Tested For HIV? _____ When? _____

Are You Open To Being Tested For The HIV Virus While A Resident Here At Village Of Hope?

If You Use Any Tobacco Products Are You Willing To Give It Up To Come Into The Program?

Have You Ever Been *Hospitalized* For Alcoholism Or Drug Addiction? _____

List All Related Illnesses:

Where? _____ When? _____ Condition _____

Where? _____ When? _____ Condition _____

Where? _____ When? _____ Condition _____

Are You Now Taking Any Medication, Prescribed Or Over-The-Counter? _____

If Yes, What? _____

How Long Have You Been Taking It? _____

If Married, Is Wife Taking Any Prescribed Or Over The Counter Medications?

If Yes, What? _____

How Long Has She Been Taking It? _____

Have You Ever Suffered From Depression? _____ Describe Any Treatment You May Have Received

Have You Ever Had Any Thought Of Suicide? _____

When? _____

Have You Ever Attempted Suicide? _____

When? _____

How Did You Try To Do This?

Have You Ever Been Treated For Any Psychiatric Illnesses? _____

If Yes, Explain and Describe Treatment, If Any

Would You Be Willing To Sign A Release Of Information Form So That We Might Obtain Information Concerning Social, Medical Or Psychiatric Reports Or Information? _____

ALCOHOL/DRUG USE HISTORY

Past Use: What Was Your Use Of Alcohol Or Drugs Prior To Being Accepted For This Interview?

Alcohol: _____ How Much? _____

How Long? _____

(Beer? Wine? Whiskey? All?) (Years)

Drugs: _____ How Much? _____

How Long? _____

(Pot? Crack? Cocaine? Speed? Other?) (Years)

What Was Your Age And The Circumstances Of Your First Drinking Or Drugging Experience? _____

Has Your Drinking Or Drugging Pattern Changed? _____

In What Way?

What Is Your Drinking Or Drugging Pattern Now?

Have You Ever Tried To Control Your Drinking Or Drugging On Your Own? _____

How?

Have You Ever Had A

Blackout? _____ Seizures? _____ Hallucinations? _____ DT's _____

What Is Your Drinking Or Drugging Behaviour?

(Aggressive-Calm-Abusive-Quiet-Happy Etc.)

What Is Your Longest Period Of Sobriety In The Past Two Years?

Have You Ever Misused Or Abused Prescription Drugs? _____

If So, What Drugs? _____

Have You Ever Abused Or Misused Over-The-Counter Drugs? (Nyquil, No-Doz, Vivarin, Aspirin, Etc.) _____

If So, What Drugs? _____

Have You Used or Abused Any Other Substances (Not Listed Above) In the Past to Change Your Mood or Get You "High? "If Yes,

What _____

How long? _____

Any Other Information Concerning Your Past Alcohol Or Drug Use That You Would Like To Share? _____

ARREST RECORD

Number of Times Arrested _____ What is the Longest You Have Spent in Jail _____

What Misdemeanor(s) and/or Felony(s) Have You Spent Time in Jail For _____

Are You Presently Involved In Any Lawsuits? _____ Describe _____

Has Your Driver's License Ever Been Suspended Or Revoked? _____ If So, Why and When

Have You Ever Been In Prison? _____ When? _____ Where? _____

Why? _____

RELIGIOUS BACKGROUND

Are You A Church Member? _____ Have You Ever Been A Church Member? _____

If So, What Denomination? _____

Where? _____

Pastor's Name: _____ How Often Did You Attend? _____

Were You Ever A Church Officer Or Sunday school Teacher? _____ If So, What _____

Did You Attend Church As A Child? _____ How Often Do You Read the Bible _____

Have You Ever Been Baptized? _____

When Did You Last Attend Church on A Regular Basis _____

Do You Ever Pray? _____ If so, when _____

Are You Saved? Yes _____ No _____ Not Sure _____ If Yes, When? _____

Religious Background of Your Wife _____

Are There Any Charges Pending Against You At This Time? _____

If So, Explain _____



Important:

Any Court Dates Pending At This Time? _____

If So, When, Where & What time ? _____

Do You Object To Us Notifying The Law That You Are Here? _____

Are You Presently On Probation Or Parole? _____ How Long? _____

What Province? _____

Probation or Parole Officer's Name _____

Phone _____

Remarks _____

Visitors List

Name: _____

Name	Relationship Status	Phone # & Email	Address	Orientation Completed (Staff Initials)	Visitors (Approved Denied Pending)



Please do not
proceed with application
beyond this point

PROPERTY DISPOSAL AUTHORIZATION

AND RELEASE OF LIABILITY

I hereby acknowledge that I am solely responsible for any and all personal property that I may bring or may have delivered or otherwise receive while I am a resident at The Village of Hope, 1100 Back Tracy Road, Upper Tracy, NB E5L1H7.

I realize that no one other than myself is aware of what possessions are mine and should any of my property be lost or stolen while I am a resident at the above address, I hereby release The Village of Hope, its agents and employees from any liability whatsoever.

I hereby direct The Village of Hope, or their designated agent to dispose of my property by giving it to my designated recipient.

RECIPIENT NAME _____

PHONE _____

ADDRESS _____

CITY _____

PROVINCE POSTAL CODE _____

I understand that it is my responsibility to notify said designated recipient to come to The Village of Hope within 72 hours of my leaving. Should my designated recipient fail to come with proper identification within 72 hours of my leaving to claim my property, I understand and agree that said property shall be disposed of at the discretion of The Village of Hope, or their designated agent.

Under NO CIRCUMSTANCES will my property be held by The Village of Hope beyond a period of 72 hours.

Client Signature _____ Date _____

Staff Signature _____ Date _____

MEDICAL DISCLAIMER

I understand that The Village of Hope is in no way financially responsible for any medical, visual, and/or dental expenses that may incur while a resident at The Village of Hope.

I hereby accept full responsibility for any and all medical bills and the payment thereof.

I assume responsibility to provide The Village of Hope with a valid healthcare card. If I do not have healthcare I understand that it is my responsibility to apply for healthcare within 7 days of being accepted into the program.

I understand that I am required to report any and all communicable disease, including Hepatitis Virus that I currently have or have had upon admission to The Village of Hope.

I understand that I may be asked to voluntarily submit to testing for any communicable diseases I may have been exposed to.

Client Signature

Date

Staff Signature

Date

RESIDENT CONTRACT AGREEMENT

I agree to cooperate with all the rules, regulations, policies and procedures that have been set in place here at The Village of Hope. I also agree to carry out any tasks that are given to me while my stay here to the best of my ability.

I understand that there may be changes made to the rules, regulations, policies, and procedures that are in place and agree to cooperate with The Village of Hope, it's staff and agents during said changes.

Failure to cooperate with the rules and/or changes could result in the loss of my privileges and possibly my program

I am aware that The Village of Hope is designed to be a ten month program and that my completing the program will be evaluated by my teachers and staff. I realize that my graduation will depend on my Spiritual maturity, growth, social skills, work ethic and my ability to overcome my struggles in a healthy manner harmless to myself and others.

Client Signature

Date

Staff Signature

Date

VILLAGE OF HOPE RELEASE

PICTURE'S , VIDEO AND PERSONAL INTERVIEW

The Village of Hope is a non-profit organization that reaches out to its churches and communities to partner with in the ministry of helping men overcome addictions to drugs and alcohol. During my stay here I am aware that I will be participating in events that may be photographed and/or recorded on video. I may also be asked to give testimony that will be used in the promotional material for The Village of hope and/or their partners. I understand my rights to refuse to be videotaped or recorded in anyway if I may choose to do so.

I understand that if I consent to my pictures and testimonies to be used by The Village of Hope and/or their partners that I am in not entitled to any of the funds that are raised during the use of said material. In signing this document I waive all rights associated with the use of Village of Hope promotions.

I understand that the sole purpose of promotional material is to bring awareness and hope to families, churches, and communities that are dealing with addictions.

Client Signature

Date

Staff Signature

Date

CONSENT TO SEARCH PERSON
AND PROPERTY FOR CONTRABAND

I hereby, in signing this consent agree to have my self and personal property searched for contraband prior to my admittance into The Village of Hope. Also in signing this waiver I am acknowledging that I have surrendered all contraband to The Village of Hope staff and am not bringing in anything that could harm my personal program or the men here with me.

I also understand that my room and property may be subject to search if it is suspected that I may be harboring item's that are not approved by my counselors.

In signing this consent I am not holding Village of Hope, it's staff or agents responsible in the violation of my privacy during such said searches.

Client Signature

Date

Staff Signature

Date

DRUG & ALCOLHOL TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by the Village of Hope (VOH) in order to meet with VOH policy regarding the selection of applicants or residents at the VOH.

I further authorize and give full permission to have the VOH and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the VOH. I further agree to and hereby authorize the release of the results of said tests to the VOH.

I understand that it is the current use of illegal drugs that would prohibit me from being a resident at the VOH.

I further agree to hold harmless the VOH and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the VOH's consideration of my application or being a resident at the VOH.

I further agree that a reproduced copy of this consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Client Signature Date

Staff Signature Date

CONTRACT FOR ACCEPTANCE AND FINANCIAL RESPONSIBILITY

TO THE VILLAGE OF HOPE REGENERATION PROGRAM

The Village of Hope has been fortunate enough to have had people partner and donate their time, money, knowledge and resources to building this facility. Our buildings on the property are owned by The Village of Hope and have nothing owed. This allows us to help men better by offering a more affordable program fee. The estimated cost to provide food, laundry, services, utilities, housing and staff during a man's stay would exceed Three-thousand dollars a month if we did not have the help of our churches and communities in the advancement of this facility. Therefore we are able to cut that cost to \$2000.00 a month.

There is a **non-refundable** program entry fee of \$1000,00 which is to be paid prior to entry. If you are unable to pay prior to entry then arrangements will be made to pay it back. Note that this fee is required whether you complete the program, are medically dismissed, are dismissed from the program due to non-compliance or quit the program on your own will.

While you are enrolled in the Village of Hope program you may be entitled to receive funds from the government agencies for example Social Assistance, EI Sick Benefits, Income Tax returns, HST returns ETC. Should you be entitled to apply for any of these benefits the staff will assist you with the application process. Any funds received will go towards your program payment. Understand that everyman's program is on an individual basis and there are methods and resources that are available to some and not to others. All payment arrangements are to be set up by The Village of Hope and not by individual's families or other parties. All checks are to be mailed to The Village of Hope and endorsed by the individual. If in the event you should decide to quit the program and you owe on your entry fee or other responsibilities you will be required to endorse check if applicable. If your entrance fee has been paid in full and you decide to quit the program monthly fees collected on your behalf from either social assistance or sick benefits will **NOT** be refunded.

I, have read and/or have had read to me the forgoing questions and/or statements and have made the answers thereto contained in this application and am fully aware of the meaning of same and I willingly and personally sign this application and contract fully knowing what I am doing.

I hereby assume any risks that may be incident to my stay here and do hereby for my heirs, executors, administrator, myself or any personal representative release and relinquish forever any and all claims of any nature whatsoever that might arise out of my stay at The Village of Hope.

NOTE: NO OTHER PERSON THAN THE APPLICANT IS AUTHORIZED TO SIGN THIS APPLICATION/CONTRACT

Applicant Signature

Date

Witness Signature

Date

Entrance Fee

Entrance Fee Paid: _____

Date: _____
Date: _____
Date: _____
Date: _____

Items Donated:

Item/Serial Number: _____

Value: _____ **Date:** _____ **Initials:** _____

Item/Serial Number: _____

Item: _____ **Value:** _____ **Date:** _____

Item/Serial Number: _____

Item: _____ **Value:** _____ **Date:** _____

Item/Serial Number: _____

Item: _____ **Value:** _____ **Date:** _____

Item/Serial Number: _____

Item: _____ **Value:** _____ **Date:** _____

COUNSELING NOTES

Date Entered Program: _____ Date Completion Program: _____

Date: _____

Date: _____
