PRE-APPLICATION DISCLOSURE

Thank you for your interest in The Greenhouse Recovery Residence with Revive Her Ministries (RHM). Please note the following.

- Completing this application does not guarantee acceptance into the program.
- An in-depth, structured panel interview will be required to adequately determine that The Greenhouse is able to meet your needs.
- The information provided on your application will be verified for accuracy and truth. Please complete it to the best of your knowledge and ability.
- We understand that completing this application may be emotionally taxing. Remember to take breaks as needed. Be prepared to allow up to 90 minutes to complete the application in its entirety.

BRIEF OVERVIEW:

- The Greenhouse is an 18-month, faith based program.
- If approved, you will receive a thorough, trauma-informed assessment and work with your team to create your own strength-based Individual Growth Plan (IGP)
- RHM will consult with community partners to provide a multi-disciplinary approach to help you with your recovery goals.
- We are a smoke free, tobacco free and vape-free campus.
- Program fees, hygiene products, and food costs are affordable. We assist you in finding employment.
- RHM assists you with applying for benefits.
- RHM conducts random 14-panel drug screens.

PROGRAM EXPECTATIONS

- RHM expects you to keep The Greenhouse DRUG AND ALCOHOL FREE. Refusal to submit to a drug or alcohol screen and/or dirty or diluted test results may be grounds for immediate dismissal.
- RHM expects you to remain free from the possession of any illegal substances, and/or drug paraphernalia at all times including when you are both on and off The Greenhouse property. Possession of any illegal substances and/or drug paraphernalia may be grounds for immediate dismissal.
- RHM expects you to remain free from the possession of any and all weapons at all times including when you are both on and off property. Possession of any weapon at any time will be grounds for immediate dismissal.
- RHM expects you to respect the property of others by not stealing, including when you are both on and off property. Stealing at any time may be grounds for immediate dismissal.
- D4H expects you to respect and abide by our Greenhouse rules and structure which includes but is not limited to:
    - Limited, pre-approved visitation after initial 30 days
    - Limited and restricted cell phone and computer possession or use after initial 30 days; no social media
    - Limited, pre-approved personal telephone calls after the initial 30 days
    - Limited and restricted mail and packages after 30 days
    - Weekly church attendance is required
    - Resident living expense fees of up to $100 are collected weekly upon gainful employment
    - Adherence to the Core Values of Safe Environment, Experience Based Learning, Supportive Relationships, Program Competency, Grace, Respect, Self-Discovery, and Honesty.
- RHM will screen you for drugs and alcohol on intake day. Should you screen positive for either, D4H expects you to complete detox at a detox facility before being admitted to The Greenhouse.

RESIDENT APPLICATION

Program Application—CONFIDENTIAL WHEN COMPLETED
By filling out this application, you are requesting consideration into The Greenhouse, an 18-month, faith-based program that will help you heal and become self-sufficient. Completion of this application does not obligate you to receive services.

Please return this completed application to The Greenhouse Program Director by email to: reviveherministries@gmail.com or mail to: The Greenhouse, PO Box 2019 Wendell, NC 27591

PROFILE: **DATE OF APPLICATION:** _____

NAME: _____ **PHONE#:** _____

ADDRESS: _____ **City/State/Zip** _____

DOB: _____ **City/State of Birth:** _____ **AGE:** _____

RACE: ☐ Caucasian ☐ African American ☐ Asian ☐ Hispanic ☐ Non-Hispanic ☐ Other _____

SOCIAL SECURITY #: _____ **EMAIL ADDRESS:** _____

HOW DID YOU HEAR ABOUT US: ☐ Research ☐ Friend/Family ☐ Referral from: _____

IDENTIFICATION:

Do you possess your Social Security Card? ☐ Y ☐ N **Are you a Veteran? ☐ Y ☐ N**
Do you possess a valid driver's license? ☐ Y ☐ N **If no, please explain:** _____

Do you possess a valid State ID? ☐ Y ☐ N **If yes, what State?** _____
Do you possess a Birth Certificate? ☐ Y ☐ N **Name at Birth?** _____
If no, what is the city, state & name of the medical facility you were born in? _____

EMERGENCY CONTACTS:

NAME	PHONE	ADDRESS	RELATIONSHIP

PREVIOUS ADDRESS:

PREVIOUS ADDRESS: _____
Who did you live with? **☐ Spouse ☐ Life Partner ☐ Children ☐ Parents ☐ Sibling ☐ Friends ☐ Other**

Would you return to the same place? ☐ Y ☐ N

If no, why: _____

Would you be willing to stop associating with unsafe family or friends? ☐ Y ☐ N

If no, why: _____

INCARCERATION (If you have never been arrested or incarcerated skip to FAMILY SECTION):

OPUS Number: _____

Name & Address of Correctional Institution: _____

_____

Do you have restitution or financial obligations? ☐ Y ☐ N **If yes, please explain:** _____

Have you been to court and been sentenced? ☐ Y ☐ N _____

Release/End of Sentence Date: _____

Name & contact info for your Case/Social Worker: _____

What crime(s) were you charged with? _____

What crime(s) were you convicted of? _____

How many times have you been incarcerated? _____

DATE	CHARGED WITH	JAIL OR PRISON

Have you ever been convicted of any violent charges? ☐ Yes ☐ No
Have you ever been convicted of: ☐ Assault ☐ Armed Robbery ☐ Domestic Violence ☐ Other Violent Crime
☐ Resisting Arrest with Violence ☐ Other conviction? _____
Do you have any upcoming court dates: ☐ Yes ☐ No If yes, date(s): _____
Do you have any outstanding warrants: ☐ Yes ☐ No If yes, please explain: _____

_____

_____

Are you being court-ordered to a program? ☐ Yes ☐ No

LEGAL INFORMATION PROBATION INFORMATION (if applicable):

Do you have any OPEN legal cases or charges? ☐ Y ☐ N **If yes, please explain:** _____

_____

Are you currently on probation? ☐ Y ☐ N **If so, how often do you need to report?** _____

Name of Attorney or Probation Officer: _____

Phone# _____ **Email:** _____

I hereby authorize and consent for the above attorney to provide information about my pending legal charges including court dates, expectation of release at sentencing, release dates, or any other pertinent legal information to His House for Her, Inc.

Signature _____ **Date** _____

FAMILY

HUSBAND/LIFE PARTNER:

Current LEGAL Marital status: ☐ **Single** ☐ **Married** ☐ **Divorced** ☐ **Separated** ☐ **Widowed**

Husband/Ex-Husband Name: _____ **Partner's Name:** _____

Address: _____ **Phone #:** _____

_____ **Occupation:** _____

Do they currently use drugs or alcohol? ☐ **Y** ☐ **N** **Have they used drugs or alcohol in the past?** ☐ **Y** ☐ **N**

Have they BEEN or are they CURRENTLY incarcerated? ☐ **Yes** ☐ **No**

If yes, please list date, charges & location of incarceration: _____

_____

Please describe your relationship with your husband or partner: _____

_____

_____

Have you had any previous legal marriages? ☐ **Yes** ☐ **No** **Number of times LEGALLY married:** _____

CHILDREN

CHILD'S NAME	DOB	AGE	SEX	PRESENT LIVING SITUATION AND/OR CURRENT CAREGIVER	DO YOU HAVE A RELATIONSHIP WITH THE CHILD?
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N

***Please use the back of the page to add more children, if needed.**

How many pregnancies have you experienced? _____ **Have you experienced any abortions?** ☐ **Y** ☐ **N**

Have you had any miscarriages or stillbirths? ☐ **Y** ☐ **N** **Have any of your children been adopted?** ☐ **Y** ☐ **N**

CHILDCARE INFORMATION:

Do you have LEGAL custody? ☐ Y ☐ N If yes, ☐ 50/50 ☐ Full ☐ Other _____

Is there an OPEN DCF Case: ☐ Y ☐ N Is there a case plan for reunification? ☐ Yes ☐ No

Do your children have a Caseworker? ☐ Y ☐ N Name of Agency: _____

Name of Case Worker: _____ Phone #: _____

Do your children have Guardian ad Litem? ☐ Y ☐ N If yes, name? _____

Phone# _____ Email: _____

Are there any restraining orders against you? ☐ Y ☐ N

Are you responsible for child support payments? ☐ Y ☐ N If yes, how much? _____

PARENTS:

Father's Name: _____ **Address:** _____ _____ **Phone#:** _____ **Is your father living? ☐ Y ☐ N** **If deceased, what year & cause of death:** _____	**Mother's Name:** _____ **Address:** _____ _____ **Phone #:** _____ **Is your mother living? ☐ Y ☐ N** **If deceased, what year & cause of death:** _____
Describe your relationship with your father:	**Describe your relationship with your mother:**

SIBLINGS:

How many brothers and sisters do you have? _____

Name: _____ Age: _____ Living? ☐ Yes ☐ No

Name: _____ Age: _____ Living? ☐ Yes ☐ No

Name: _____ Age: _____ Living? ☐ Yes ☐ No

Name: _____ Age: _____ Living? ☐ Yes ☐ No

Name: _____ Age: _____ Living? ☐ Yes ☐ No

***Please use the back of the page to add more siblings, if needed.**

<u>EDUCATION:</u>

Did you graduate from High School? ☐ Y ☐ N If no, highest grade completed? _____

Have you received a GED? ☐ Y ☐ N If not, have you taken any GED classes? ☐ Y ☐ N

Have you had any technical, vocational, or college education? ☐ Y ☐ N

If yes, please list what, where, and the year or number of hours completed:

EMPLOYMENT HISTORY:

What is your trade/profession, if any? _____

FROM MO/YR	TO MO/YR	EMPLOYER	TYPE OF WORK	REASON FOR LEAVING

MEDICAL INFORMATION/HISTORY:

☐ I consent to provide this information. Signature: _____ **Date:** _____
☐ I decline to provide this information. Signature: _____ **Date:** _____

IF CONSENT ABOVE IS SIGNED, PLEASE ANSWER THE FOLLOWING:

Do you have Medical Insurance? ☐ Y ☐ N If no, have you applied for Medicaid ☐ Y ☐ N

If yes, please list Medical Insurance provider Number/ Insurance ID #: _____

Do you have MEDICAL issues NOT currently being treated? ☐ Y ☐ N

If yes, please list: _____

Do you have DENTAL issues NOT currently being treated? ☐ Y ☐ N

If yes, please list: _____

What provisions, if any, have been made for medical or dental expenses? _____

Do you wear glasses? ☐ Y ☐ N If yes, do you need help getting glasses? ☐ Y ☐ N

Do you wear dentures? ☐ Y ☐ N If yes, do you need help getting dentures? ☐ Y ☐ N

MEDICATIONS

Please list all prescribed and over-the-counter medications you are taking AT THIS TIME.

MEDICATION NAME	DIAGNOSIS/REASON FOR TAKING	DOSAGE HOW MUCH—HOW OFTEN	INSTRUCTIONS (WITH FOOD, TOPICAL, BY MOUTH, ETC.)

Are you able to self-administer medications ☐ Y ☐ N
If no, please explain: _____

Are you currently on Opioid treatment through the Medicated Assisted Treatment (MAT) program? ☐ Y ☐ N
If yes, please "√" ☐ Subutex ☐ Suboxone ☐ Vivitrol (monthly injection) ☐ Other: _____

Do you have any physical limitations that may limit your employment options? ☐ Y ☐ N
If yes, please explain:

Do you have ANY Allergies or require a special diet? ☐ Y ☐ N **If yes, please list and explain:** _____

Will you consent to an STI/HIV test for sexually transmitted infections? ☐ Y ☐ N

Do you have any past or current medical problems (surgeries, disabling conditions, dietary requirements, sexually transmitted infections, seizures, allergies, etc.) that may affect you while in the program? ☐ Y ☐ N

If yes, please explain the treatment plan: _____

Do you have any sleep disorders, nightmares, sleepwalk, sleep apnea? ☐ Y ☐ N

If yes, please explain: _____

MENTAL HEALTH INFORMATION/HISTORY

☐ I consent to provide this information. Signature: _____ **Date:** _____
☐ I decline to provide this information. Signature: _____ **Date:** _____

IF CONSENT ABOVE IS SIGNED, PLEASE ANSWER THE FOLLOWING:

Have you ever been diagnosed with a mental related health illness? ☐ Y ☐ N

If yes, please explain: _____

_____

Has anyone in your family ever been diagnosed with a mental related health illness? ☐ Y ☐ N

If yes, please explain: _____

_____

If you have ever been diagnosed with a mental related health issue, please complete the following:

MENTAL HEALTH DIAGNOSIS		PRESCRIBED MEDICATION	DOSAGE HOW MUCH—HOW OFTEN
	☐ Current ☐ Past		
	☐ Current ☐ Past		
	☐ Current ☐ Past		
	☐ Current ☐ Past		

Have you ever attempted suicide? ☐ Y ☐ N **If yes, how many times?** _____ **When?** _____

If yes, please explain: _____

_____

Have you ever been involuntarily committed? ☐ Y ☐ N **If yes, how many times?** _____ **When?** _____

If yes, please explain: _____

_____

Have you ever been in counseling? ☐ Y ☐ N **If yes, how long?** _____ **When?** _____

If yes, please explain: _____

Have you ever been admitted to an overnight mental health hospital or program? ☐ Y ☐ N

If yes, how many times? _____ **When?** _____

Were you admitted ☐ Voluntarily ☐ Involuntarily **Please provide dates & explain:** _____

_____

_____

Have you ever received outpatient care for a mental health reason (e.g. counseling/therapy)? ☐ Y ☐ N

If yes, how long? _____ **When?** _____

Were you admitted ☐ Voluntarily ☐ In-voluntarily **Please provide dates & explain:** _____

Have you ever had an eating disorder? ☐ Y ☐ N **If yes, ☐ Anorexia ☐ Bulimia ☐ Binge-Eating ☐ Other**

If yes, please explain: _____

Do you have a history of learning difficulties? ☐ Y ☐ N

Have you ever had an Individual Education Plan (IEP) for school related challenges? ☐ Y ☐ N

If yes, please explain any current or ongoing learning difficulties: _____

Have you ever experienced physical trauma (injury caused by weapons, assaults, etc.)? ☐ Y ☐ N

If yes, please explain: _____

Have you ever experienced emotional trauma (death, divorce, neglect, poverty, abuse, etc.)? ☐ Y ☐ N

If yes, please explain: _____

SUBSTANCE USE

What substances have you used recently and/or in the past? Place a "√" for all that apply.

DRUG NAME	YEAR	DRUG NAME	YEAR	DRUG NAME	YEAR
☐ Alcohol		☐ Hallucinogens		☐ Mushrooms	
☐ Amphetamines		☐ Hashish		☐ Nitrous Oxide	
☐ Barbiturates		☐ Heroin		☐ Opium	
☐ Crack		☐ Inhalants Other		☐ Oxycodone	
☐ Cocaine		☐ Marijuana		☐ Rohypnol	
☐ Dilaudid		☐ Mescaline		☐ Roxicodone	
☐ Ecstasy		☐ Methadone		☐ Valium	
☐ Fentanyl		☐ Methamphetamine		☐ Xanax	

List all OTHER substances you have tried that are NOT listed in the above chart:

DRUG NAME	YEAR	DRUG NAME	YEAR	DRUG NAME	YEAR

Have you ever injected a drug? ☐ Y ☐ N **If yes, last injection date:** _____

Please list what drug(s): _____

_____

Have you ever sold drugs? ☐ Y ☐ N **If yes, list what drug(s):** _____

_____

How old were you when you first used drugs or alcohol? _____

What led you to start using drugs or alcohol? _____

_____

What is your drug(s) of choice? _____

What was your longest period being clean and sober? _____

Duration of being clean/sober time? _____ **When?** _____

What caused your relapse? _____

_____

_____

_____

What are your triggers (events/situations) that cause you to relapse? _____

_____

_____

_____

Date of last drug/alcohol use of any kind: _____ **What substance?** _____

Do you currently use any tobacco products (e.g. cigarettes, cigars) or vape (e-cigarettes)? ☐ Y ☐ N

If yes, please explain: _____

_____

SUBSTANCE ABUSE TREATMENT HISTORY

PROGRAM/REHAB NAME	LOCATION	DATES	REASON FOR D/C

			☐ **Successful completion** ☐ **Dismissed**
			☐ **Successful completion** ☐ **Dismissed**
			☐ **Successful completion** ☐ **Dismissed**
			☐ **Successful completion** ☐ **Dismissed**

YOUR PERSONAL GOALS FOR RECOVERY

Why do you want to be a part of this program? Please be specific: _____

_____

_____

_____

What do you hope to receive from this program? Please be specific: _____

_____

_____

_____

Why do you think this program's outcome will be different from others? _____

_____

_____

_____

What is the longest time you have stayed in another program? _____

Why did you leave? _____

_____

_____

_____

What are your personal goals for change, growth, and healing? Please be specific.

1. _____
2. _____
3. _____
4. _____

5. _____

6. _____

Why do you feel like you are ready to make a commitment to change your life now?

What would you like to do after the completion of this program?

Please describe yourself—your personality:

SPIRITUAL LIFE

Have you ever committed your life to the God of Jesus Christ? ☐ Y ☐ N If yes, when? _____

Did you attend church as a child? ☐ Y ☐ N Have you attended church as an adult? ☐ Y ☐ N

What type of church did you attend? _____

How often do you currently attend church? ☐ Weekly ☐ Couple times a month ☐ Occasionally ☐ Never

Have you ever been involved in ☐ Satanism ☐ Witchcraft ☐ Occult activity? If yes, please explain:

Have you ever attended any faith-based programs or classes? ☐ Y ☐ N

If yes, please explain: _____

What is your opinion of God?

What is your opinion of Jesus?

What is your opinion of the Holy Spirit?

Do you desire a deeper relationship with God? ☐ Y ☐ N

Do you attend Bible studies? ☐ Y ☐ N

Do you pray and read Scripture daily? ☐ Y ☐ N

REFERENCES

List at least two references:

NAME	PHONE	EMAIL
ADDRESS		

NAME	PHONE	EMAIL
ADDRESS		

RELEASE OF INFORMATION

GH Recovery Residence Program
D4H Genesis Process Program
D4H Jobs For Life Program
D4H Faith and Finances Program
D4H Community Outreach Program
GH Mentor Program

As part of my application process for any of the programs at The Greenhouse with Dew4Him Ministries, Inc. I, _____, hereby authorize any of the entities specified below to release without liability, information regarding my physical, mental health, and psychiatric medical history, substance use history, history of treatment for substance use, employment, income, and/or criminal background.

I understand that this authorization can only be used to obtain information about me that is pertinent to my eligibility for the programs at Dew4Him Ministry, Inc. Pertinent information includes my physical and mental health medical history, substance use history, history of treatment for substance use, and my ability to pay required program fees.

The following groups or individuals will be contacted as deemed necessary. The groups or individuals that may be contacted include, but are not limited to:

- Any and all Physicians
- Any and all Treatment and Recovery Centers
- Any and all Treatment Providers, Clinicians and Therapists
- Past/Present Employers
- Background Check Providers
- Attorney, Probation and/or Parole Office and Department of Corrections
- Department of Children and Families, Guardian-ad-Litem Program and any case management agencies
- Friends, Personal Contacts, Family Members
- Any and all social service agencies pertinent to my treatment and recovery

CONDITIONS:

I, _____, agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for 18 months from the date signed. I understand that I have a right to review this file and correct any information that I can prove is incorrect.

ACKNOWLEDGEMENT:
My signature below signifies that I have read and understand the terms and conditions set forth in this Release of Information.

_____ _____
Signature of Program Participant/Resident Date

CONGRATULATIONS ON YOUR DECISION TO SEEK A FRESH START!
Please read the following statements and initial them if you agree.

_____ **I understand that completing this application does not guarantee I will be accepted into the program.**

_____ **I understand that I may be offered an in-depth interview to adequately determine that D4H is able to meet my very important needs during the program.**

_____ **I understand the information I provide on my application will be verified for accuracy and truth.**

_____ **I understand this program is a Christ-centered program for adult women desiring growth and healing.**

_____ **I understand The Greenhouse program is an 18-month faith-based program with a minimum of 9 months required.**

_____ **I understand, if approved, I will receive a thorough, trauma-informed assessment and work with the Individual Growth Plan Team to create my strength-based Individual Growth Plan (IGP).**

_____ **I understand The Greenhouse is a smoke free, tobacco free and vape-free campus.**

_____ **I understand the program will assist me in finding employment to contribute towards my program fees.**

_____ **I understand the Care Team conducts random 14-panel drug screens and that refusal to submit to a drug or alcohol test and/or dirty or diluted test results may be grounds for immediate dismissal.**

_____ **I understand possession of any illegal substances and/or drug paraphernalia both on and off D4H property may be grounds for immediate dismissal.**

_____ **I understand not respecting the property of others and stealing both on and off D4H property may be grounds for immediate dismissal.**

_____ **I understand, if I am accepted into the program at The Greenhouse, I will be required to abide by their rules and house structure which includes but is not limited to: limited and restricted cell phone possession or use, no social media, limited and restricted computer use, limited pre-approved personal telephone calls, mail, and visitation after initial 30 days.**

_____ **I understand weekly church attendance and adherence to the Core Values of Safe Environment, Experience Based Learning, Supportive Relationships, Program Competency, Grace, Respect, Self-Discovery, and Sincerity.**

_____ **I understand, if accepted, I will be screened for drugs and alcohol at the time of move-in. If I screen positive, I understand I am expected to complete detox at a detox facility <u>before</u> I may be admitted to the residence.**

I do hereby agree that all the information contained in this application is true, correct, and complete. I understand that any misrepresentation, falsification, or omission of information on this application may result in immediate dismissal from The Greenhouse program.

_____ _____

Signature of Applicant **Date**