



THIS FILE HAS BEEN INSPECTED & FILE IS COMPLETE.

PROGRAM DIRECTOR \_\_\_\_\_

DATE \_\_\_\_\_

## Student Application – “Strictly Confidential”

Please print in ink or type when completing this form

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### PERSONAL DATA AND INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Residence \_\_\_\_\_ Cell \_\_\_\_\_ Message \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No  Valid  Expired  Suspended

If Yes please fill out: Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

If No, please explain: \_\_\_\_\_

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### NEXT OF KIN / IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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### WHO HAS REFERRED YOU TO TRUE HOPE

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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**BACKGROUND**

Are you an American Citizen?  Yes  Native  Naturalized  No If no, explain: \_\_\_\_\_

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**PERSONALITY INFORMATION**

Is it easy for you to express your feelings?  Yes  No  Sometimes

Explain: \_\_\_\_\_

Do you enjoy being with other people or would you rather be alone? \_\_\_\_\_

Explain: \_\_\_\_\_

Have you ever had a severe emotional upset?  Yes  No Explain: \_\_\_\_\_

Have you ever had any psychotherapy or counseling before?  Yes  No

Circle any of the following words that best describes you now:

- |           |             |                |            |           |             |       |
|-----------|-------------|----------------|------------|-----------|-------------|-------|
| active    | ambitions   | self-confident | persistent | nervous   | hardworking | calm  |
| impatient | impulsive   | self-conscious | often blue | excitable | imaginative | shy   |
| serious   | easy-going  | good natured   | introvert  | extrovert | likeable    | quiet |
| leader    | hard-boiled | submissive     | moody      | sensitive | lonely      |       |

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**PERSONAL FAMILY HISTORY**

List parent/parenting figures, spouse, girl/boyfriend, brothers & sisters (do not list your children)

| Name  | Relationship | Age   | Residence |
|-------|--------------|-------|-----------|
| _____ | _____        | _____ | _____     |
| _____ | _____        | _____ | _____     |
| _____ | _____        | _____ | _____     |
| _____ | _____        | _____ | _____     |
| _____ | _____        | _____ | _____     |

Check the word that best describes your relationship with your parents as a child and now:

|            | Very Good | Good | Average | Fair | Poor |
|------------|-----------|------|---------|------|------|
| As a Child |           |      |         |      |      |
| Now        |           |      |         |      |      |

Are your parents still living? Father?  Yes  No      Mother?  Yes  No

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Are you adopted?  Yes  No

Were you raised by anyone other than your parents?  Yes  No If yes, please explain: \_\_\_\_\_

When did you last see your parents? \_\_\_\_\_

When did you last live at home? \_\_\_\_\_

Occupation:      Father \_\_\_\_\_      Mother \_\_\_\_\_

Parent's Marital Status:  Married  Divorced  Separated  Re-married  Living Together  Widowed

If married, how long? \_\_\_\_\_ If other, how long? \_\_\_\_\_

How would you rate their marriage?       Very Happy       Happy       Average       Unhappy

How would you rate your childhood?       Good       Fair       Poor      Why: \_\_\_\_\_

As you grew up, whom did you feel closest to?       Father       Mother       Other \_\_\_\_\_

### **PERSONAL & FAMILY MEDICAL HISTORY**

Do you have or have you ever had any of the following:

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Back problems | <input type="checkbox"/> Diabetes            |
| <input type="checkbox"/> Epilepsy  | <input type="checkbox"/> TB            | <input type="checkbox"/> Heart problems      |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> VD            | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Other     |  |  |

Please explain if you answered any above with a yes answer. If you have any problems not listed above, please explain.

Please check the appropriate box for any family member that has experienced any of the following problems:

|                        | Grandparents | Father | Mother | Spouse | Brother | Sister | Child |
|------------------------|--------------|--------|--------|--------|---------|--------|-------|
| Drug abuse             |              |        |        |        |         |        |       |
| Alcohol abuse          |              |        |        |        |         |        |       |
| Physical problems      |              |        |        |        |         |        |       |
| Mental health problems |              |        |        |        |         |        |       |

Describe any illness and developmental problem/concern you experienced as a child: \_\_\_\_\_

Do you have any special diet requirements?  Yes  No If yes, please explain: \_\_\_\_\_

When your teeth were last examined? \_\_\_\_\_

Are you currently experiencing problems with your teeth?  Yes  No If yes, please explain: \_\_\_\_\_

If you drink coffee, tea, or smoke cigarettes, please list the amount you consume each day:

Cigarettes: \_\_\_\_\_ packs smoked per day

Coffee: \_\_\_\_\_ cups consumed per day

Tea: \_\_\_\_\_ cups consumed per day

List how often you used the following drugs. (Never, once, several times, or regularly)

Alcohol \_\_\_\_\_ Huffing glue, gas, etc. \_\_\_\_\_

Barbiturates (downers) \_\_\_\_\_ Methadone \_\_\_\_\_

Methamphetamines (uppers) \_\_\_\_\_ Marijuana \_\_\_\_\_

Heroin \_\_\_\_\_ Crack \_\_\_\_\_

Cocaine \_\_\_\_\_ LSD \_\_\_\_\_

Hallucinogenic \_\_\_\_\_ PCP \_\_\_\_\_

Morphine \_\_\_\_\_ Ecstasy, G \_\_\_\_\_

Opium \_\_\_\_\_ Others: (specify) \_\_\_\_\_

List your present physician's name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_

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### **MARITAL / INTIMATE RELATIONSHIP HISTORY**

Marital Status:  Married  Single  Engaged  Separated  Divorced  Re-married  Widowed

List your present living arrangement: (please check all that apply)

Living alone  With parents  With spouse  With others (non-relative)

With others (relatives, including children)  Other \_\_\_\_\_

If you are, or have been married, please list: (start with your most recent marriage)

| Person Married To<br>(first name only) | Month/Year | Ended In<br>(divorce, separation, death, etc.) | Month/Year |
|--|------------|--|------------|
| _____                                  | _____      | _____  | _____      |
| _____                                  | _____      | _____  | _____      |
| _____                                  | _____      | _____  | _____      |

Current spouse (full name): \_\_\_\_\_

Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Describe your relationship with your spouse: \_\_\_\_\_  
Residence Cell Work

Do you have any children?  Yes  No If yes, please list.

| Name of child | Age   | Where are they living |
|---------------|-------|-----------------------|
| _____         | _____ | _____                 |
| _____         | _____ | _____                 |
| _____         | _____ | _____                 |
| _____         | _____ | _____                 |

Describe any positive or negative aspects of your relationship with your children: \_\_\_\_\_

Describe any problems or concerns related to your relationship with your spouse or girl/boyfriend. \_\_\_\_\_

Have you been sexually abused?  Yes  No

To your knowledge, has anyone in your family ever been sexually abused?  Yes  No

When: \_\_\_\_\_ Who: \_\_\_\_\_

When: \_\_\_\_\_ Who: \_\_\_\_\_

Sexual Lifestyle: (please check all that apply)

Heterosexual  Bisexual  Homosexual  Pornography  Prostitution  Pedophilia

How recently involved? \_\_\_\_\_

Have you ever engaged in homosexual activities?  Yes  No

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**SOCIAL INVOLVMENT HISTORY**

Describe your involvement in the following:

Religion \_\_\_\_\_

Recreation/sports \_\_\_\_\_

Peer Group \_\_\_\_\_

Community affiliations \_\_\_\_\_

Hobbies \_\_\_\_\_

Other \_\_\_\_\_

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**SIGNIFICANT LIFE EVENTS**

Describe any of the following that you are experiencing or have recently experienced:

Moves \_\_\_\_\_

Losses (Personal, Financial) \_\_\_\_\_

Sexual abuse/rape \_\_\_\_\_

Physical abuse/ neglect \_\_\_\_\_

Foster home placement or institutionalization \_\_\_\_\_

Ethnic/cultural influences \_\_\_\_\_

Other (specify) \_\_\_\_\_

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**ACADEMIC HISTORY**

List the highest grade you have completed: Elementary \_\_\_\_\_ Jr. High School \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

Are you currently in an education program?  Yes  No

If yes, list \_\_\_\_\_  
(Street) (City, State)

If you are no longer in an education program, please explain your reason for leaving school: \_\_\_\_\_

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Are you receiving or have you received vocational training?  Yes  No

If yes, list:

| Type of Trade or Skills | Date of Training | Certification Issues |
|-------------------------|------------------|----------------------|
|                         |                  |                      |
|                         |                  |                      |

Can you read?  Yes  No  Good  Average  Poor

Can you write?  Yes  No  Good  Average  Poor

Describe your future educational and vocational training goals and plans:

Educational \_\_\_\_\_  
\_\_\_\_\_

Vocational \_\_\_\_\_  
\_\_\_\_\_

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### **OCCUPATIONAL HISTORY**

What is your vocational trade or profession, if any? \_\_\_\_\_

How many jobs have you held in the last two (2) years? \_\_\_\_\_

List your present employment status:

- Unemployed (Have not sought employment in last 30 days)
- Unemployed (Have sought employment in last 30 days)
- Employed part-time (Working less than 35 hours per week)
- Employed full-time (Working 35 hours or more per week)

List your two most recent jobs: (Start with your most recent job)

|   |                               |
|---|-------------------------------|
| _____<br>(Name of Employer)               | _____<br>(Position Held)      |
| _____<br>(Employed from – Mo/Yr to Mo/Yr) | _____<br>(Reason for leaving) |
| _____<br>(Name of Employer)               | _____<br>(Position Held)      |
| _____<br>(Employed from – Mo/Yr to Mo/Yr) | _____<br>(Reason for leaving) |

List your current average monthly income \$ \_\_\_\_\_

Describe your primary source of income \_\_\_\_\_

Describe your future occupational goals and plans \_\_\_\_\_  
\_\_\_\_\_

Skills: \_\_\_\_\_  
\_\_\_\_\_

Have you ever experienced or presently had a physical ailment, injury, or handicap that would prevent you from performing manual work-related tasks while enrolled in True Hope?  Yes  No

If yes, explain \_\_\_\_\_

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**PSYCHOLOGICAL HISTORY**

Have you ever received mental health treatment?  Yes  No If yes, please list:

| Date | Name of Clinic | Reason for Mental Health Treatment | Outcome |
|------|----------------|------------------------------------|---------|
|      |                |                                    |         |
|      |                |                                    |         |
|      |                |                                    |         |

Has a family member or someone close to you ever attempted or committed suicide?  Yes  No

Have you ever thought about committing suicide?  Yes  No

Are you currently thinking about committing suicide?  Yes  No

Have you ever received psychiatric care?  Yes  No

If yes, please explain \_\_\_\_\_

Will you, as a student of True Hope, be willing to authorize doctors or agencies involved in previous treatments to release your medical records?  Yes  No

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**SPIRITUAL HISTORY**

Are you born-again? \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

What is your current spiritual condition? \_\_\_\_\_

What were the circumstances that led to this? \_\_\_\_\_

Denominational preference: \_\_\_\_\_

How often do you attend church?  Never  Occasionally  Regularly

Are you a member of any church or religion? \_\_\_\_\_ Which one? \_\_\_\_\_

How often did you attend church as a child? \_\_\_\_\_

Which denomination was it? \_\_\_\_\_

How old were you when you stopped attending? \_\_\_\_\_

Why did you stop attending? \_\_\_\_\_

Do you believe in God?  Yes  No  Uncertain

Do you ever pray?  Never  Occasionally  Often

How often do you read the Bible?  Never  Occasionally  Often

Do you read books of other religions instead of the Bible?  Never  Occasionally  Often

Which ones? \_\_\_\_\_

What recent changes have you had in your religious life (if any)? \_\_\_\_\_



Have you ever been involved in cults, such as Christian Science, Jehovah's Witnesses, Mormonism, Scientology, TM, Eastern Religions, or others? Explain \_\_\_\_\_

**LEGAL HISTORY**

Are you legally mandated to participate in a True Hope-type program?  Yes  No If yes, by whom?  Parole Board  Court  Other Explain: \_\_\_\_\_

If answer is court, please list county of origin: \_\_\_\_\_

Are you currently or will you be under legal supervision?  Yes  No

Method of reporting:  Phone  Letter  In person  Other (explain) \_\_\_\_\_

How often do you report? \_\_\_\_\_ How Long? \_\_\_\_\_ Time remaining? \_\_\_\_\_

List your probation/parole officer's name: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Are any of the following pending against you? (Please check those that apply)

Arrest warrant  Court appearance  Criminal charges  Sentencing  Other (Explain) \_\_\_\_\_

If you have checked any of the above, please explain: \_\_\_\_\_

List all arrests and convictions:

| Date | Charges | Conviction |    | Sentence | Time in Jail | Was Alcohol (A) of Drugs (D) Involved? |
|------|---------|------------|----|----------|--------------|--|
|      |         | Yes        | No |          |              |  |
|      |         |            |    |          |              |  |
|      |         |            |    |          |              |  |
|      |         |            |    |          |              |  |
|      |         |            |    |          |              |  |
|      |         |            |    |          |              |  |

Have you ever been in prison?

| Date | Institution |
|------|-------------|
|      |             |
|      |             |
|      |             |

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**INSURANCE HISTORY**

List your health insurance type: (please check)

 No health insurance    Other private insurance    Blue Cross/Blue Shield Medicaid/Medicare    Other public funds \_\_\_\_\_

Insurance policy number: \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

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**FINANCIAL STATUS**

If you enter our program what provisions will be made for the following expenses?

Medical \_\_\_\_\_

Dental \_\_\_\_\_

Are you eligible for and/or receiving the following:    Welfare    Disability payments Unemployment compensation    Workman's compensation    Other income (please explain) \_\_\_\_\_Have you ever applied for food stamps?    Yes    No   Where? \_\_\_\_\_Do you have any outstanding debts?    Yes    No   Explain \_\_\_\_\_

List your outstanding debts:

| Owed to | Amount | Address | Phone | Payments |
|---------|--------|---------|-------|----------|
|         |        |         |       |          |
|         |        |         |       |          |
|         |        |         |       |          |

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**MILITARY SERVICE HISTORY**Have you ever served in the U.S. Armed Forces?    Yes    No

If yes, describe:   Branch of Service \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Military occupation standing (MOS): \_\_\_\_\_

Rank attained: \_\_\_\_\_

Discharge received:    Honorable    Less than Honorable    DishonorableEligible for V.A. medical benefits?    Yes    No    UnknownAre you presently in the Reserves?    Yes    No   Explain \_\_\_\_\_

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**PREGNANCY HISTORY** (Women Only)

List number of pregnancies: \_\_\_\_\_

Have you ever experienced any of the following problems?

Miscarriages:  Yes  No

Abortions:  Yes  No

Other problems: (please specify) \_\_\_\_\_

Do you think that you may be pregnant now?  Yes  No

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**THE PROBLEM**

What is your main problem, as you see it? \_\_\_\_\_

What have you done about it? \_\_\_\_\_

What are your greatest needs, in order of priority? \_\_\_\_\_

Please check the items listed below that must change in your life during your stay at True Hope if you are going to have a successful future.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Attitude                            | <input type="checkbox"/> Self-discipline       | <input type="checkbox"/> Financial Management |
| <input type="checkbox"/> Values                              | <input type="checkbox"/> Thought life          | <input type="checkbox"/> Sexual life          |
| <input type="checkbox"/> Work habits                         | <input type="checkbox"/> Dress & appearance    | <input type="checkbox"/> Use of free time     |
| <input type="checkbox"/> Sleeping habits                     | <input type="checkbox"/> Relationship w/family | <input type="checkbox"/> Relationship w/God   |
| <input type="checkbox"/> How I view and respond to authority |  |   |

What would you see as your biggest hindrance to completing the program? (Examples: girlfriend, disciplines, dress code, schedule, missing family, obeying authority, Christian emphasis, etc.)

**(Attach your comments on another sheet of paper.)**

Have you ever been in a treatment program before? \_\_\_\_\_

Was it religious or secular (non-religious)? \_\_\_\_\_

How many programs have you been in before? \_\_\_\_\_

List program: Name 1 : \_\_\_\_\_

City/State: \_\_\_\_\_

Dates: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

List program: Name 2 : \_\_\_\_\_

City/State: \_\_\_\_\_

Dates: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Have you ever been in True Hope program before?  Yes  No

When: \_\_\_\_\_ Where: \_\_\_\_\_

Why did you leave?  Dismissed by staff  Left on own  Graduated  Other \_\_\_\_\_

Why do you wish to be admitted? \_\_\_\_\_

What are you expecting (believing) God to do in your life through the program? \_\_\_\_\_

Describe what you are willing to do, or what you think is required of you: \_\_\_\_\_

What would you like to do after you leave True Hope? \_\_\_\_\_

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The undersigned student applicant fully acknowledges that the information provided herein is accurate and true to the best of his or her knowledge and that the application form has been completed and filled out by student applicant in his or her own handwriting. Student applicant further understands that any false or incomplete information may cause and result in disqualification from admittance into the program, whether a student is just entering into or is in fact in the program.

\_\_\_\_\_  
(Student applicant signature)

\_\_\_\_\_  
(Date)

If the enclosed application form has been completed or filled out by anyone other than student applicant, please provide the following:

1. Name of person completing and filling out application form: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

2. Relationship to applicant: \_\_\_\_\_

3. Explain why student applicant was unable to complete or fill out the enclosed application form: \_\_\_\_\_

# STUDENT PARTICIPANT AGREEMENT

Read each of the following statements carefully. Your initial and signature indicate you have read and agree to each item on this form.

I agree to abide by the policies of TRUE HOPE MINISTRIES I do hereby state, that I wish to enter into their 12-15 month program, and will remain there until it is decided by both staff and myself that I am ready to leave.

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Student Signature

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Parent/Guardian/Other Signature

I understand that if I am dismissed from or leave the program, there will be a 30-day period before I will be considered for re-entering in the program.

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Student Signature

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Parent/Guardian/Other Signature

I also understand that if I decide to leave I forfeit all donated items I've acquired during my stay in the program.

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Student Signature

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Parent/Guardian/Other Signature

I have read and understand True Hope "Student Rules". I voluntarily choose to abide by said rules and policies and cooperate with True Hope staff for my betterment. I understand that if I do not cooperate with the rules and policies of True Hope I can be dismissed from the program. It is further understood that if I do not cooperate with the rules and regulations of TRUE HOPE MINISTRIES I can be asked to leave.

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Student Signature

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Parent/Guardian/Other Signature

I understand if I decide to leave or am dismissed I must receive prior approval from Executive Staff to come back on campus.

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Student Signature

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Parent/Guardian/Other Signature

I also understand that should I decide to dismiss myself and request that I be transported to a public transportation pick-up point, I will be required to pay the following charges: \$75.00 to nearest bus pick up point, \$75.00 to Greyhound Bus station and \$150.00 to the airport. I also must wait for approval of the appropriate staff for use of this service. Should I leave before or after normal office hours (Mon.-Fri. 9:00AM to 5:00PM) I will not be able to get money from my account. I will leave a forwarding address to have any money mailed to me. I also understand the cost of the money order, stamp, envelope and 1 hour of staff time will be charged. I also understand should my account be less than all money needed to complete this transaction the money will be put in the indigent fund. I also understand that once the decision is made to leave for any reason I will have no more than one hour to be packed and off campus and will not be allowed to go and talk to other students. I

also understand that I cannot receive money from anyone for any reason that is at True Hope. I understand that if I am dismissed from or leave the program, I must take all of my personal belongings with me. Any personal items not taken will become the property of True Hope unless arrangements are made to pick them up with in 24 hours of departure. I do not hold True Hope responsible for my personal property.

True Hope is not responsible / nor obligated / to ship any of those belongings to me.

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Student Signature

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Parent/Guardian/Other Signature

I also understand and agree that I will not hold True Hope responsible for any loss of personal items at any time. I also understand that True Hope cannot be held responsible for personal injury while I am in the program. I will be held responsible for all medical expenses incurred while in the program.

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Student Signature

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Parent/Guardian/Other Signature

I understand that the \$1,000 induction fee is a non-refundable fee.

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Student Signature

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Parent/Guardian/Other Signature

I understand that the advisors, staff and volunteers of True Hope are not professional counselors, and are not licensed or certified by any state agency. They are committed Christians, who will share their honest opinions, advice, and counsel based on the principles found in the Holy Bible.

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Student Signature

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Parent/Guardian/Other Signature

I understand that a personal check of my belongings will be made when I enter the program. In the event that I leave prematurely, there will again be a check of my personal belongings.

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Student Signature

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Parent/Guardian/Other Signature

I understand that if I receive a monthly income from any source that 70% will go to True Hope Ministries (whether or not the check comes to True Hope).

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Student Signature

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Parent/Guardian/Other Signature

I understand that if I qualify, I will may be required to apply for food stamps while at True Hope Ministries.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian/Other Signature

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff's signature

\_\_\_\_\_  
Date

## EMERGENCY MEDICAL CARE CONSENT FORM

Name of New Student: \_\_\_\_\_

List of Drug Allergies, if known: \_\_\_\_\_

List two individuals to be contacted in case of emergency:

Name: \_\_\_\_\_  
(Last) (First) (Initial)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Initial)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**\*\*This form expires upon graduation or discharge of the student from True Hope Ministries.**

# INTAKE INVENTORY

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Student's name: \_\_\_\_\_

The following items were surrendered by the student during intake to be kept in a secure place until the student becomes an Intern, Graduates or is dismissed.

Cash: \_\_\_\_\_

Wal-Mart Card: \_\_\_\_\_

Driver's License/ID \_\_\_\_\_

Misc. \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

CONFIDENTIAL



# CORRESPONDENCE, PHONE & VISITATION AUTHORIZATION

Student's name: \_\_\_\_\_ Date: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

(City)

(State)

(Zip)

Phone: \_\_\_\_\_

Approved:  Yes  No

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

(City)

(State)

(Zip)

Phone: \_\_\_\_\_

Approved:  Yes  No

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

(City)

(State)

(Zip)

Phone: \_\_\_\_\_

Approved:  Yes  No

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

(City)

(State)

(Zip)

Phone: \_\_\_\_\_

Approved:  Yes  No

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By my signature I am requesting True Hope Ministries to send the above loved ones a monthly newsletter

Copies to:  Administrative File  Intake Coordinator  Student File  
Student Intake

# INDUCTION FEE AGREEMENT

I, \_\_\_\_\_ agree that I am responsible for  
Responsible party

the balance of the Induction Fee of \$1,000.00 and that it will be paid in full within six months of the student's entrance into True Hope program.

\_\_\_\_\_  
Responsible party's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print responsible party's name

\_\_\_\_\_  
Witness' signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Witness' name (make copy of signed document for responsible party)

# INDUCTION FEE PAYMENT PLAN

I, \_\_\_\_\_ agree that I am responsible for  
Responsible party

the balance of the Induction Fee of \$1,000.00. By my signature below, I agree to pay the Induction Fee of \$1,000.00 within the first six-months of the student's program.

If for any reason the student leaves the program early, I understand that I am still responsible for this obligation.

Down payment of: \_\_\_\_\_

Today's Date: \_\_\_\_\_

1<sup>st</sup> Payment of: \_\_\_\_\_

Due in 90 days: \_\_\_\_\_

2<sup>nd</sup> Payment of: \_\_\_\_\_

Due in 120 days: \_\_\_\_\_

\_\_\_\_\_  
Responsible party's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print responsible party's name

\_\_\_\_\_  
Witness' signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Witness' name (make copy of signed document for responsible party)

# STUDENT CONTACT GUIDELINES & PROCEDURES

I, \_\_\_\_\_ hereby acknowledge that there is to be no contact, (verbally, written or through physical gestures), with any member of the opposite gender other than approved immediate family. I also understand that there is a zero-tolerance regarding this policy and that violation of this policy will result in immediate expulsion from True Hope Ministries.

\_\_\_\_\_  
Print student's name

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Witness' name

\_\_\_\_\_  
Witness' signature

\_\_\_\_\_  
Date

## CIVIL RIGHTS WAIVER ACKNOWLEDGMENT

I, \_\_\_\_\_, understand that I have civil rights guaranteeing confidential communications by phone and mail as well as exercising the religion of my choice. True Hope Ministries is an evangelical Christian discipleship ministry for people with life-controlling problems. As such, I realize and submit to the ministry's expectations to attend Christian religious activities coordinated by the ministry. Further, for reasons of assisting me in dealing with my life-controlling problem, I understand staff will regulate and monitor my communications for a period of time determined by the staff. I voluntarily give my consent allowing staff to exercise these procedures. I fully understand my rights and what I am waiving.

\_\_\_\_\_  
Print student's name

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Witness' name

\_\_\_\_\_  
Witness' signature

\_\_\_\_\_  
Date

# CLIENT'S RIGHTS

As an incoming student at True Hope Ministries, you are hereby advised of your rights in this program.

This is a voluntary program and you are free to leave at any time. There will be no restraints used at any time. We are here to help and advise you.

You will receive a copy of this form and all others that you are asked to sign.

- ❖ No student shall be deprived of civil rights by reason of treatment.
- ❖ The student shall not be discriminated against.
- ❖ The student shall have the right to inspect his/her progress reports, monthly evaluations, program violations, incident reports, and/or educational records.
- ❖ If the student is denied access to his/her record, he/she has the right of appeal to this denial following the standard grievance procedure.
- ❖ The student may request correction or removal of information in the file and may submit rebuttal of aforementioned information in the records.

---

Print student's name

---

Student's signature

---

Date

## DECLARATION

"I understand that:

1. The treatment and recovery services at True Hope Ministries are exclusively religious in nature and are not subject to licensure or regulation by the Alabama Commission of Alcohol and Drug Abuse; and
2. True Hope Ministries offers only non-medical treatment and recovery methods such as prayer, moral guidance, spiritual counseling and scriptural study."

---

Print student's name

---

Student's signature

---

Date

## INFORMED CONSENT FORM

This form is to be placed in the new student records. It is a document that appries the new student of the following:

1. The new student understands the scope of the True Hope Program.
2. The new student understands the expectation for student participation in the program.
3. The new student understands the discipline policy, including circumstances that may lead to immediate discharge such as the following:
  - a. Striking a staff member
  - b. Causing physical harm to self or others
  - c. Threatening physical harm to self or others
  - d. Failure to complete probation period
  - e. Refusing to cooperate with staff or program
  - f. Destruction of True Hope property
  - g. Stealing
  - h. Leaving the True Hope center without permission
  - i. Smoking, drinking of alcohol, or doing drugs
  - j. Possession of cigarettes, alcohol or drugs
4. The student has received a copy of the program rules.
5. The rules of the program have been explained to the student.

---

Student's signature

---

Date

---

Staff's signature

---

Date

# CONFIDENTIALITY OF RECORDS

## Notice to Students

In accordance with 42 CFR§ 2.1 (10-1-91 ED.)

The confidentiality of alcohol and drug abuse patient records maintained by this ministry is protected by Federal law and regulations. Generally, the ministry may not say to a person outside the program that a student attends the program, or disclose any information identifying a student with a life-controlling problem, especially alcohol or drug abuse unless:

1. The student consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

Violation of the Federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a student either at the program or against any person who works for the program or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

I warrant that I have read the above notice prior to its execution and that I am fully familiar with the contents thereof.

Dated this \_\_\_\_\_ day \_\_\_\_\_ of 20\_\_\_\_\_.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Witness' signature

## DISCLOSURE WITH STUDENTS CONSENT

I, \_\_\_\_\_, give True Hope Ministries authorization to disclose (kind and amount of Information to be disclosed): \_\_\_\_\_

Disclosure shall be made to: \_\_\_\_\_

For the purpose of: \_\_\_\_\_

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Witness' signature

This statement of consent is subject to revocation by the student at any time, except to the extent that the ministry of person who is to make the disclosure has already acted in reliance on it.

### RELEASE OF RIGHTS TO PERSONAL STORY

I \_\_\_\_\_ do hereby irrevocably authorize True Hope and those acting under its permission and on its authority to use and publish for any lawful purpose whatsoever my personal story which I have related to True Hope in whole, or in part, including any photographs of myself.

I hereby waive any rights that I may have to inspect or approve the finished product or copy that may be used in connection therewith, or the use to which it may be applied,

I hereby release and discharge True Hope, its successors and assigns, and all persons acting under its permission or authority from any liability by virtue of misprint, error, or distortion that may occur unless it can be shown that they and the publication thereof were maliciously caused, produced and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

I do hereby warrant that I am of full age and have every right to contract in my own name in the above regard and further, that all of the information in my personal story was obtained from me and not from me and not from records subject to protection by law. I further warrant that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

Dated this \_\_\_\_\_ day \_\_\_\_\_ of 20\_\_\_\_\_.

\_\_\_\_\_  
Student's signature

## MEDICAL RELEASE

I, \_\_\_\_\_ hereby state that my medical Doctor would not sign a release for me to stop taking my Psychotropic Medication(s) and that I quit taking my Medication(s) on my own free will. I also release True Hope Ministries from all known and unknown medical liabilities.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff's signature

\_\_\_\_\_  
Date

## MEDICAL & DENTAL ACKNOWLEDGEMENT

I, \_\_\_\_\_ understand that during my stay at True Hope Ministries I will be required to follow their disciplinary training. I may be required to get involved in some strenuous duties and I hereby state that I am in good physical health, and I am in no need of dental care. I also acknowledge that should a pre-existing illness or ailment affect my ability to follow the prescribed disciplinary training, I may be asked to leave the program until said illness / ailment is remedied and a clearance to return is signed by a Medical Doctor or Dentist. I also understand that should I leave, I must call back and talk to the Program Director before being allowed to re-enter True Hope.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff's signature

\_\_\_\_\_  
Date



## SEARCH PROCEDURES

Searches may be conducted to protect health, safety and welfare of students, including detection of drugs and weapons.

All searches must comply with the following standards:

1. Staff members performing a personal search will be the same gender as the client.
2. The student will be allowed to remain partially clothed during a personal search. Staff may use their hands to pat down the student's body to feel for illicit items.
3. The student must be present when a search is conducted of belongings such as backpacks, purses and luggage.
4. We reserve the right to randomly search the dorm rooms at any time. All clothing and personal items will be returned to their original state as much as possible.
5. All searches must be witnessed by a second staff person or another individual who is not directly involved in the search.

---

Student's signature

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Date

---

Staff's signature

---

Date

## ALCOHOL, DRUG AND TOBACCO TESTING POLICY

True Hope Ministries reserves the right to conduct random drug testing. We believe that our students are committed to their recovery and will abide by house rules of no drugs or tobacco use of any kind. In the event it is suspected that you are under the influence of a mood altering substance or that you have used any type of tobacco products, you will be instructed to report to the staff on duty or program director's office to voluntarily take a urine analysis test. If it is determined that you were in fact under the influence it is grounds for immediate dismissal and/or you may be asked to leave the property.

---

Student's signature

---

Date

---

Staff's signature

---

Date

# STUDENT ACKNOWLEDGEMENT AND AGREEMENT REGARDING WORK ASSIGNMENTS

## Statement of Student

1. I understand as a True Hope student that I do not have to pay for my own monthly expenses such as food, housing, utilities, education, transportation, etc. However, should there be any revenues generated by any work that I perform while enrolled in the program, such revenue will go to True Hope Ministries.
2. I understand that if; I am admitted as a student I will be required to participate in the True Hope Work Experience Program.
3. I acknowledge that I have read and fully agree with True Hope's description of its Work Experience Program; which addresses the importance of my work assignments in helping to build in me the Biblical values of a good work ethic and the character of a responsible, upright individual.
4. I understand that during some of the work assignments, I will be monitored by a students that have promoted to an intern/training position. Examples of such assignments are fundraising events, working in the wood shop, and some on-campus activities. These intern students facilitate the decisions of the executive staff of this program.
5. Accordingly, by signing this **Agreement**, I am not applying for a position of employment with True Hope, and if admitted as a student into the program, I understand I will not receive any compensation or in-kind benefits in exchange for the performance of my work assignments.
6. I further understand that if, I fail to perform my assigned work related tasks True Hope may revoke my status and privileges as a student. Performances of work assignments are a consideration for the receipt of such status and benefits. Each student's participation in the Work Study Program (work experience) is a necessary and vital part of the recovery process.
7. I understand that if; I am admitted to True Hope as a student I will be performing work assignments not as an employee; but, solely for my benefit to further my spiritual growth, maturity, character development, recovery from controlled substances and a preparedness to go back into the work place.

---

Student Signature

---

Date

---

Print Student's Name

# STUDENT PHONE LOG

Student Name: \_\_\_\_\_

Date of Entry: \_\_\_\_\_

Approved Phone #s:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

| Date | Number Called | Person Called | Start Time | End Time | Staff |
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CONFIDENTIAL