

NOTICE: THESE INSTRUCTIONS ARE IMPORTANT & INCLUDE IMPORTANT ELIGIBILITY REQUIREMENTS. PLEASE READ CAREFULLY BEFORE APPLYING

Thank you for your interest in the New Life Program at the Tacoma Rescue Mission. Please fill out the application carefully and completely. Return Signed Application:

Drop off or mail to:
New Life Program
3202 S. Tyler Street
Tacoma, WA 98409

Email: brendab@trm.org

Fax: Attn: Brenda – WNLP
(253) 627-1897

*The NLP is not a state-certified program. We DO NOT DO ASSESSMENTS.
Incomplete applications will result in a delay for intake interview.
Returning this application does not guarantee acceptance into the program.
An interview does not guarantee entrance into the NLP.*

Once the application is received by the Program Manager, she will review it and contact the applicant for a phone prescreen. **If the applicant does not have a phone number or email, she will need to contact the Program Manager at 253-383-4493, ext. 1548.** If the Program Manager is unable to contact the applicant via phone or email or does not receive a response from the applicant, the application cannot be processed further until contact is made and will be considered inactive (not eligible for next available opening). The Program Manager will make two attempts to contact applicant and then it is the responsibility of applicant to make contact. There is no financial cost or fees to participate in the program.

Once an opening in the program becomes available, Program Manager will contact the first person on the Wait-List and schedule an interview. If she is unable to reach that person or there is no response within 2 business days, the next applicant will be contacted.

Eligibility Requirements:

- ✓ While there is no cost to participate in the program, there are income limitations. If you have income, you must present verification of income and it must be at or below the limitations as listed in the table below (in accordance with family size):

Family Size	One People	Two People	Three People	Four People	Five People
Annual Income	\$15,200	\$17,400	\$19,550	\$21,700	\$23,450
Monthly Income	\$1,266	\$1,450	\$1,692	\$1,808	\$1,954

- ✓ You must be at least 18 years old to apply for the program.
- ✓ **If you require detoxification, the NLP does not conduct detox nor arrange for it.** Detox must be arranged and accomplished prior to intake interview by the applicant.
- ✓ Applicants who are inebriated will not be interviewed. You may be UA'd or given a breathalyzer test.
- ✓ A minimum **thirty-day blackout** commences upon entry into the program.

- Discuss any scheduled appointments to ensure that they will not violate compliance with this requirement, resulting in non-acceptance.
- No phone calls, outside appointments, or visitors allowed during the blackout without Manager approval.
- If you require prescription medication, you must have enough to get you through the blackout period.
- ✓ The New Life Program (NLP) is an **8-12 month residential recovery program**. No outside employment or schooling while participating in the NLP. Employment/education may be authorized during the last phase or as approved by Program Manager.
- ✓ **Our program is Christian based**. Although non-Christians are welcome, all clients are expected to attend a Christian Church, Bible studies, and other Christian activities.
- ✓ **ALL** pending legal issues (court dates, etc.), with the exception of CPS-related matters, must be resolved prior to consideration for acceptance into the program. Outstanding warrants will prohibit acceptance – these legal issues need to be resolved in order for applicant to be considered for program.
- ✓ **CPS-involved applicants are accepted on a case-by-case basis**. If CPS/court requirements prohibit full participation in the program, we cannot accept applicant.
- ✓ **The program requires a considerable amount of reading and writing. If you are unable to read and comprehend adequately, you may be denied entry into the program. If your command of the English language is not adequate to understand course material you will be denied acceptance**
- ✓ Medical and psychological diagnosis may or may not be an issue for admittance. Each is handled on an individual basis. Some diagnosis' are beyond the scope of the NLP to accommodate.
- ✓ All medications must be disclosed and turned into staff upon admission.
- ✓ **Any applicant taking prescription narcotics will not be accepted.**
- ✓ Applicants on the **Methadone** program will not be admitted.
- ✓ All applicants must be willing to submit to a UA/breathalyzer on the day of intake. A dirty UA/Breathalyzer may result in delay or non-acceptance.
- ✓ You must agree to a Washington State Patrol criminal background investigation. A criminal history will not suspend you from application or acceptance to the program. **Level 2 and 3 sex offenders are NOT eligible for our program.**
- ✓ *There must be full and honest disclosure on this application.*
- ✓ *Children living with you must be in school or daycare.* We do not provide daycare and you must be able to participate in all elements of the program.

I have read and understand the instructions.

NLP Applicant Signature

**THE RESCUE MISSION
NEW LIFE PROGRAM – WOMEN
PROGRAM APPLICATION**

Please write as neatly as possible

DATE of APPLICATION: _____

Name: _____

Have you ever been a client in the New Life Program (NLP)? Yes ___ No _____

If yes Date(s): _____

NLP Graduate? Yes___ No____

Have you ever applied to the New Life Program prior to this application? Yes___ No____

If yes, when? (Month and Year) _____

Who referred you to the program? _____

Are you court-ordered to treatment? YES_____ NO_____ **If yes, bring court paperwork to interview.**

Do you have any other court-ordered requirements (Anger management, victim impact panel, etc.)

YES_____ NO_____

NOTE: If it is discovered that you have not been truthful in your responses on this application and during the oral interview, you may be removed from the program. Honesty is important and valued by the NLP.

Personal:

Address: _____ **City** _____ **Zip** _____

Phone: _____ **email:** _____

Your Age: _____ **DOB:** _____

Marital Status: Single ___ Married ___ Divorced ___ Sig Other ___

Children: Yes ___ No ___ **If yes – How many?** ___ **Do they reside with you?** Yes ___ No ___

Would children visit? Yes ___ No ___ **List sex (M/F) & age of each child:** _____

Race/Ethnic origin: _____

Veteran: Yes ___ No ___

Highest Education Level: Grade: _____ HS Grad ___ GED ___ College ___

Any learning disabilities (reading, writing, understanding English, etc.)? Yes ___ No ___

If yes, what is the issue/problem? _____

Any Income? Source and amount: _____

Emergency Data: (This data is required and must be filled in and accurate)

Contact: Name: _____

Relationship to you: _____

Address: _____

Phone: _____

Allergies: _____ Other: _____

List the top THREE priorities for you at this time:
1.
2.
3.

Work History:

List your three most recent jobs by dates, employer, and why you left:

Dates From - To	Employer	Why you left

Behavioral – Drug and Alcohol Use:

Are you in need of Detoxification at this time? Yes _____ No _____

List All:

Drug/Alcohol	Age Started	Are you addicted to this drug/alcohol?	Date Last Used

Other Compulsive Problems:

	YES	NO
Nicotine/Cigarettes		
Gambling		
Sexual		
Pornography		
Relationships		
Food/Eating		
Computer/Internet		
Television		
Shopping/Spending money		
Body Image		
Lying		
Procrastination		

Are you in recovery and worried about a relapse? Yes____ No____

How many times have you made serious attempts at recovery? _____

List all recovery programs you have been enrolled in:

Date – Month/Year	Facility/Program:	City/State:	Inpatient or Outpatient?	Treatment Completed?

What is your longest period of abstinence (sobriety) for your addiction(s)? _____

Are you currently or have you been involved in accountability/recovery groups (AA, Celebrate Recovery, etc.)?

Yes____ No____

Describe your pattern of drug and/or alcohol use in the last 30 days (frequency of use, bingeing, etc...):

Briefly, what do you think has been missing in your past (if applicable) recovery attempts? _____

Legal:

Are you currently involved in **any** of the following legal matters:

	Yes	No
ANY Court Hearing Pending? ✓ If you have a court date pending, you will not be allowed to enter the program until after the court date and results of the appearance are known. INFORM THE RECEPTIONIST.		
Are you a Registered Sex Offender? If yes, what level? _____		
Do you have an active warrant?		
Probation?		
Divorce pending?		
Child Care Custody?		
Debt Issues?		

How much time have you served in: Prison? _____ Jail? _____

List ALL prior convictions:

Conviction:	Date(s):	Time Served:

If applicable:

Probation Officer's name: _____ PO's Phone: _____

How often do you have to report? _____ Does your PO know you're applying? Yes ___ No ___

Are you involved with Child Protective Services (CPS)? Yes ___ No ___ Are you in compliance? Yes ___ No ___

Name/Phone Number of CPS Social Worker: _____

Please list upcoming court or CPS appointments dates? _____

Medical:

Do you have medical insurance? Yes _____ if so, through whom? _____

Height: _____ Weight: _____

Do you a Primary Care Doctor? Yes ___ No ___ Date of Last Physical Exam: _____

What is the general state of your health? Excellent ___ Good ___ Fair ___ Poor ___

Are you suffering from **withdrawal** symptoms right now? Yes ___ No ___

If yes, describe symptoms: _____

Do you suffer from any of the following?

Symptom	Yes	No	Symptom	Yes	No
Trouble Sleeping			High Blood Pressure		
Frequent Headaches			Diarrhea/Constipation		
Eye or Vision Problems			Sexual Issues		
ANY Allergies(food, drugs, medication)			Stomach/GI Problems		
Blood in Stool			Liver Problems (Hepatitis?)		
Tremors			Diabetes		
Seizures			Persistent Respiratory (cough, etc.)		
Difficulty Breathing			Any Contagious Condition(s)		
Sores That do not Heal			Venereal Disease/STD		
HIV/AIDS					
Suicide Attempts			Other:		

Are you currently under the care of a:

Physician _____ Psychiatrist/Psychologist _____ Therapist _____

If so, may we contact them? Yes _____ No _____

Are you **diagnosed** with any disease or illness? Yes ___ No ___

If yes, what is/are the Diagnosis? _____

Have you been diagnosed with any form of mental illness (depression, bipolar, schizophrenia, anxiety, PTSD, etc.)? List all:

If you have been diagnosed with a form of mental illness, are you under the care of a Mental Health Professional at this time? YES ___ NO ___ If not, when was the last time you were seen? _____

Are you taking any prescription medication? Yes _ No ___ **If so, list all:**

(No narcotics or medical marijuana allowed in the NLP at any time)

Do you have sufficient quantity to satisfy the 30 day Blackout? Yes ___ No ___

Medical continued:

Do you have any disability or ANY physical limitations? Yes _____ No _____

If yes, list disability/limitations: _____

Have you been a victim of abuse (sexual, violent physical, emotional)? Yes _____ No _____

Do you have an anger problem? Yes _____ No _____

Do you have any difficulty expressing or controlling feelings? Yes _____ No _____

Spiritual Background

NOTE: Being a Christian is not a prerequisite for admittance to the program, but pay attention to the questions and notes below.

Were you raised in a religious home? Yes _____ No _____

Are you currently attending a church? Yes _____ No _____

How would you categorize your faith?

Christian _____

Non-Christian _____ If yes, indicate faith: (Islam/Muslim, JW, Mormon, etc.) _____

Agnostic _____

Atheist _____

This is a Christian program. All program clients are required to participate in the Christian aspects of the program.

Do you agree to participate? Yes _____ No _____

NOTE: If you are practicing another faith:

- For the required course work, only an approved Christian Bible may be used.
- You will not be allowed to perform rituals (bowing, chanting, incantations, sacrifices, etc.) associated with your faith within the confines of the NLP.
- You are not allowed to argue or debate faith against faith.
- You are not allowed to teach tenets of your non-Christian faith.
- Reason: all of these things may pose a stumbling block to young believers within the program.
- Staff welcomes any questions regarding faith and belief. Please seek out a staff member for these questions.

New Life Program Agreement

I need the New Life Program (NLP) because I have serious life-controlling addictions and problems.

During my recovery at the NLP I agree to the following:

Acknowledge:	<i>I acknowledge that I am powerless over the effects of the choices I have made thus far in my life – that my life has become unmanageable. I acknowledge that it is necessary for me to submit to authority and that compliance with the guidelines and teachings within the New Life Program (NLP) can be a beginning to a new, fulfilling, and healthy life.</i>
Alcohol/Drugs:	<i>I will live alcohol and drug free.</i>
Relationships:	<i>I will live without relationships that conflict with my recovery.</i>
Accountability:	<i>I will remain accountable for my actions.</i>
Responsibility:	<i>I will take responsibility for my attitudes, actions, behavior, and decisions.</i>
Facilities:	<i>I understand that the Rescue Mission (RM) invites applicants into their New Life Program at the discretion of the NLP staff, and those clients are housed at the RM facility. The NLP has authority over the portion of the facilities designated to house NLP clients. Removal from the program will result in my vacating the NLP portion of the premises.</i>
Compliance:	<i>I agree to comply with the Program Guidelines and the direction of the New Life Program and Rescue Mission staff.</i>

Permission to use photograph, video, or story/testimony:

I grant the Rescue Mission (RM) the absolute and irrevocable right and permission to photograph me and use my picture, silhouette, or other reproductions of my likeness; to copyright the same, to use and re-use the same, in whole or in part, individually or in conjunction with other visual, audio, or written materiel, in any medium, for any purpose.

I hereby release the Rescue Mission (RM) from any and all claims and demands.

This authorization and release shall also insure to the benefit of the legal representatives, licensees and assigns of the RM.

Applicant:

Print Name (Clearly) _____ **Signature** _____

Witness:

Print Name (Clearly) _____ **Signature** _____

DATE: _____

NOTE: If you are submitting electronically, your signature will be required when you present to the RM in person.



Adams St. Family Campus

2909 South Adams
Tacoma, WA 98409
(253) 3834493 - phone

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, DOB _____ SS# _____ hereby authorize the **RESCUE MISSION** to release to **WASHINGTON STATE PATROL** the following specified information. I release the above named provider from any legal liability that may arise from this authorization.

Information to be released: Identifying information

Purpose of this release: Washington State Patrol Background Check

I understand my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Records, 42 CFR part 2, HIPAA 45 CFR, Washington State Uniform Health Care Act including RCW 70.02 & WAC 388-805, Child/Adult Abuse Information Act including RCW 43.43.830-845 & WAC 446-20-285, Criminal Records Privacy Act RCW 10.97.050 WSP Identification and Criminal History Section, may disclose, upon request, conviction criminal history record information and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand I may **REVOKE or RESTRICT** this consent at any time except to the extent that action has been taken in reliance on it, and in any event this consent expires automatically as follows:

(Specification of the date, event, or condition upon which this consent expires)

Authorizing Signature(Client): _____ **Date:** ____/____/____

Printed "FULL" Name(Client): _____

Maiden Name(s) Used: _____/_____/_____

Alias Name(s) Used: _____/_____/_____

Witness:(Staff) _____ **Date:** _____

Confidentiality of Records

This information has been disclosed to you from records whose confidentiality is protected by State and Federal Laws. Federal regulations 42 CRF Part 2 , HIPAA 45 CFR, Washington State Uniform Health Care Act including RCW 70.02 and WAC 388-805, Criminal Records Privacy Act RCW 10.97.050 prohibit you from making any further disclosure or re-disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.