

Name: _____

Date of Application _____

Phone Number: _____

NOTICE: THESE INSTRUCTIONS ARE IMPORTANT- PLEASE READ CAREFULLY BEFORE APPLYING

Dear New Life Program (NLP) Applicant,

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

New Life Program
425 South Tacoma Way
Tacoma, WA 98402

Incomplete applications will not be considered. Returning this application does not guarantee acceptance into the program. An intake interview does not guarantee entrance into the program. Missing an interview appointment or showing up late will result in denial of the application.

Your application will be sent to the New Life Program staff committee for review. When there are openings in the program, you will be contacted for an interview.

You will need to call every Thursday between 8-10am to keep your name and application on the wait list.

Who we are:

The Rescue Mission exists to offer God's help, hope and healing by sharing our Christian faith and striving to provide a permanent pathway out of poverty for people experiencing homelessness in Tacoma and Pierce County.

The New Life Program is:

✓ **Christ-centered**, because we know that the best hope we can offer to anyone is life transformation through a relationship with Jesus Christ. The New Life Program is open to men of any faith background; participation in Bible studies, Christian discipleship, and Christian church worship services is a required part of the program.

✓ **an 8-12 month Christian discipleship and addiction recovery program, providing clean-and-sober housing and meals.** The program is full-time and the schedule does not allow for employment until the last phases.

✓ **not a state-certified program**, so no formal chemical dependency assessments are conducted.

✓ **an abstinence-based recovery program.** Habit-forming medication is not allowed (narcotic pain medication, methadone, suboxone, marijuana, alcohol and others).

✓ **a program with wrap-around services** including basic adult education/other individualized education support, career navigation, case management, individual and group counseling, work therapy, service projects, recreational outings and support groups, access to community recovery programs including; Celebrate Recovery(CR), Alcoholics Anonymous(AA), and Narcotics Anonymous(NA), and opportunity to attend and engage in local church community. All program components are mandatory.

Program Eligibility:

- ✓ 18 years of age or older
- ✓ Desire for addiction recovery support; willingness to abstain from the use of all mindaltering substances, including alcohol and marijuana
- ✓ Prepared to enter the program immediately upon acceptance
- ✓ Homeless and low-income
- ✓ Able to provide full and honest disclosure of history, current situation on application and in interview
- ✓ Able to independently provide care for self and living unit (ADLs-basic and instrumental)
- ✓ Able to share residential space and live in a community setting ✓ No active arrest warrants, no history of sexual offenses

Intake Requirements:

- ✓ 24-48 hours since last use of drugs/alcohol. Must submit a urine sample for testing at intake interview. If medical detoxification is needed, this must be completed (must provide discharge paperwork) before the intake interview.
- ✓ Provide picture ID
- ✓ Provide social security card, or proof of application for replacement card
- ✓ Signed consent for criminal background check
- ✓ Complete application for Supplemental Nutrition Assistance Program
- ✓ Medical and mental health appointments complete; any prescription medication refilled
- ✓ Release of information signed (for probation officer, other service providers)

Once accepted into the New Life Program, participants are restricted to TRM/Men's Campus property for the first 30 days as a Focus Period. The purpose of the Focus Period is to provide rest, safety, time to get settled and acclimated to the program.

- o Important appointments should be arranged prior to entry into the program medical, mental health services, etc.

- o No phone calls, outside appointments, or visitors allowed during the Focus Period, without approval by the Program Manager.

I have read and understand the instructions.

NLP Applicant Signature

Printed Name

Date

THE RESCUE MISSION NEW LIFE PROGRAM – MEN PROGRAM INTAKE APPLICATION

Please write as neatly as possible.

DATE of APPLICATION: _____

NAME: _____

First

Middle

Last

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

If yes Date(s): _____ Are you an 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, please check with the court about treatment requirements (is state-certified program required?)

Do you have any other court-ordered requirements (Anger management, victim impact panel, etc.)? Yes _____ No _____ If yes, please explain:

Personal:

Address: _____ City _____ Zip _____

Phone: _____ Email: _____

Your Age: _____ Date of Birth: _____

Marital Status: Single _____ Married _____ Divorced _____ Other _____

Children: Yes ___ if Yes Ages: _____ No _____

Race/Ethnic origin: _____ Veteran: Yes ___ No ___

If you are a veteran, were you honorably discharged? _____

Highest Education Level: Last Grade Completed: _____ HS Grad _____ GED _____ College _____

Any learning disabilities Yes ___ No ___

If yes, please describe? _____ Income: _____

SOURCE	AMOUNT
Disability	\$
GAU	\$
GAX	\$
Retirement	\$
EBT-Food Stamps	\$
Other -	\$

List the top three priorities for you in your life 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

Substance Use History:

Are you experiencing withdrawal symptoms currently? Yes ___ No ___

If yes, please describe: _____

List All:

Drug/Alcohol	Age Started	Do you think you might be addicted to this substance?	Date Last Used

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:

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

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

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

Yes ___ No ___

If yes, please describe: _____

Legal Issues:

	Yes	No	
ANY Court Hearing Pending?			If yes, list court and dates:
Do you have an active warrant?			If yes, charge and jurisdiction?
Are you currently on probation?			If yes, charge and jurisdiction?
Divorce/legal separation pending?			
Any child custody issues or other family law issues?			
Debt/credit Issues?			

List all prior criminal convictions:

Conviction:	Date(s):	Time Served:	State/County of conviction:

If applicable:

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

How often do you have to report? _____

Does your PO know you're applying? _____

Medical:

Do you have medical insurance? Yes _____ No _____

If yes: _____

Height: _____ Weight: _____ 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:

Have you ever used drugs intravenously? Yes _____ No _____

When were you last tested for the following:

	Date:	Result:
HIV/AIDS		
Hepatitis B		
Hepatitis C		

Do you have any chronic medical issues? (Including vision or hearing loss, or dental emergencies.)

Diagnosis/Condition	Date Started	Under the care of a physician? Y/N

Have you ever seen a counselor? Yes _____ No _____

If yes, when was the last time you were seen? _____

Have you ever been diagnosed by a counselor/psychiatrist? Yes ___ No ___

If yes, please explain:

Are you taking any prescription medication? Yes _____ No _____

If so, list all:

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

_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any reason that you would be unable to participate in any part of the program, including Work Therapy, chores and recreational activities? Yes ___ No ___

If yes, please explain:

Spiritual Background/Religious Preference

NOTE: Being a Christian is not required for admittance to or participation in the program.

How would you describe your religious upbringing? _____

Are you currently attending a church? Yes ___ No ___

How would you categorize your faith?

Christian _____ Denominational preference _____

Islam _____ Judaism _____ LDS _____ Other _____

Who is Jesus to you? (Please Describe)

This is a Christian program. All program clients are required to participate in the Christian aspects of the program including church attendance, faith-based recovery classes and education, devotions, and other activities as assigned. Do you agree to participate?

Yes ___ No ___

Recovery takes a lot of hard work and requires you to walk towards and through your past hurts and pain. You need to be willing to devote 8-12 months of your life to finding your identity in Christ Jesus and seeking the healing that He offers. Your success in this program is determined mainly by your dedication, effort, and willingness to be honest with yourself, God, other program participants and the staff of this program. We believe that healing takes place only in the context of relationship, so it is critical to learn how to be in right relationship with yourself, God and others. The community setting of the New Life Program provides ample opportunities for these relationships to develop and flourish.

Please answer the following questions as completely and truthfully as you are able. If you require more space, please write on the back.

Why are you applying for the New Life Program?

What does success look like to you? (Be specific)

What are your personal strengths?

New Life Program Agreement

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

Acknowledge:	<i>I acknowledge that I am powerless over my addiction – that my life has become unmanageable. I want change in my life and acknowledge that I need help from others in taking the next steps towards recovery.</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 choose to be accountable to others for my actions.</i>
Responsibility:	<i>I will take responsibility for my attitudes, actions, behaviors and choices and will learn about the impact my choices have on people around me.</i>
Residential Units:	<i>I understand that the Rescue Mission (RM) provides residential units for participants of the Men's New Life Program at the Men's Campus. These units are shared with other program participants and are drug/alcohol free. Exiting from the program will result in my exiting the residential unit, and I must remove my belongings at the time of exit.</i>
Compliance:	<i>I agree to comply with the Program Guidelines. I agree to set goals with staff/interns working with me and make continuous progress towards reaching those goals. Failure to progress in any part of my program may be a choice to exit the program.</i>

Applicant Signature

Print Name

Date

MNLP Department

Downtown Tacoma Campus, 425 South Tacoma Way, Tacoma, WA 98402
253-383-4493 (phone)

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, DOB _____ hereby
Print First Middle Last

authorize **THE RESCUE MISSION** to release to **WASHINGTON STATE PATROL / INTELICORP** 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 / Intellicorp 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: _____ Date: _____

Witness: _____ 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 CFR 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.