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

Incomplete applications will result in a delay for intake interview.
Neither returning this application nor an interview/tour guarantee entrance into NLP.

Once the application is received by the Program Manager, she will review it and add applicant to the waitlist. **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 2 attempts to contact applicant and then it is the responsibility of applicant to make contact within the timeframe provided. 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 waitlist and schedule an interview/tour. If she is unable to reach applicant or there is no response within 3 business days or the timeframe provided by Manager, the application will be removed from consideration.

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 30% AMI (Area Median Income) as listed in the table below (from HUD for Pierce County, 2025):

Family Size	One People	Two People	Three People	Four People
Annual Income	$25,380	$29,010	$32,640	$36,240
Monthly Income	$2,115	$2,418	$2,720	$3,020

- ✓ 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 by the applicant.
- ✓ Applicants who are inebriated or even appear impaired will not be interviewed.
- ✓ **You cannot be involved in a romantic relationship.** Participants in this program must be willing and able to devote their full attention to their own growth and healing while in the program. They must be willing to terminate or suspend any active romantic relationships at the time of admittance to the program and agree to not initiate any romantic relationships while in the program.

- ✓ A thirty-day **FOCUS PERIOD (similar to inpatient blackout)** begins upon entry into the program.
    - Inform Program Manager of any prior scheduled appointments.
    - Program Manager approval required for any phone calls, outside appointments, or visitors.
    - Have enough prescription medication to last Focus Period
- ✓ The New Life Program (NLP) is an **8-12 month residential recovery program**. No outside employment or schooling while participating in the NLP until the final phase. Employment/education will 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 DCYF-related matters, should (if possible) be resolved, prior to consideration for acceptance into the program. All outstanding warrants and legal obligations need to be discussed with Program Manager prior to admittance. Legal issues are not necessarily a barrier to acceptance but are handled on a case-by-case basis.
- ✓ **DCYF-involved applicants are accepted on a case-by-case basis.** If DCYF/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, this program may not fit your needs.**
- ✓ Medical and psychological diagnosis may or may not be an issue for admittance. Each is handled on an individual basis. Some diagnoses are beyond the scope of the NLP to accommodate.
- ✓ All medications must be shown to and documented by staff upon admission.
- ✓ **Any applicant taking prescription narcotics, Methadone or Suboxone will not be accepted.**
- ✓ All applicants must be willing to submit to a supervised UA/breathalyzer on the day of intake and throughout program.
- ✓ 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.**
- ✓ **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.
- ✓ New Life Program Participants purchase and prepare their own food in fully furnished kitchens, so food stamps or adequate income are required to meet food needs.
- ✓ Required: ID, Social Security Card, and Medical Insurance information. Notify staff if you do not have these items, but it will not bar you from acceptance – we will need to work to acquire these items.
- ✓ **No animals allowed: no pets or service animals, regardless of certification or documentation.**
- ✓ **We are unable to serve pregnant women. We can provide a list of Substance Use Providers for pregnant women in Western Washington upon request.**

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 _____ Significant Other _____

Children: Yes ___ No ___ If yes – How many? ____ Do they reside with you? Yes ___ No ___ Would minor children visit? Yes ___ No ___ List gender (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: _____

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: (If you do not have an addiction you are not eligible for this substance abuse program)

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, binging, 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? **Date(s):** **What for:**		
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 Department of Children,Youth & Families (DCYF) formerly CPS? Yes ___ No ___
Are you in compliance? Yes ___ No ___

Name/Phone Number of DCYF Social Worker: _____

Please list upcoming court or DCYF 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 _____ Unsure, Don't know_____

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 or hold an alternate belief system:*

- 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.
- Staff welcomes any questions regarding faith and belief. Please seek out a staff member for these questions.

This is a difficult program. You need to be willing to devote 8-12 months of your life to finding your self-worth and identity in Christ Jesus and seeking the healing that He offers. The success of the program relies mainly on your dedication, your effort, and your willingness to be honest with yourself, God, and the staff of this program. Please answer the following questions as COMPLETELY AND TRUTHFULLY AS YOU ARE ABLE.

Why are you applying for the New Life Program?

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

Briefly, please share why you are interested (or not if it doesn't matter) in a Christian program? (Your response has no bearing on your admittance to the program)

New Life Program Agreement

I am choosing to enter the New Life Program, acknowledging I need guidance and support as I actively pursue freedom from addiction to drugs/alcohol and the unhealthy coping behaviors that have negatively impacted my ability to live the life and have the healthy relationships God intended.

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

Acknowledge:	***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.***
Alcohol/Drugs:	***I will live alcohol and drug free.***
Relationships:	***I will terminate or suspend (throughout the duration of the program) any active romantic relationship prior to entering the New Life Program and I agree not to initiate any romantic relationships while in the Program.***
Accountability:	***I will remain accountable for my actions.***
Responsibility:	***I will take responsibility for my attitudes, actions, behavior, and decisions.***
Facilities:	***I understand that the Tacoma Rescue Mission (TRM) invites applicants to join their New Life Program (NLP) at the discretion of the NLP staff, and those clients are housed on TRM property. The NLP has authority over TRM's Tyler Campus housing units. Removal from the program will result in my vacating the Tyler Campus Unit designated for my use while in program.***
Compliance:	***I agree to comply with the Program Guidelines and the direction of the New Life Program and Rescue Mission staff.***
Attitude:	***I understand that recovery is more than sobriety (just living drug/alcohol free). I am applying to this program because I truly want a new life. As such, I recognize that this means leaving the old life (attitudes, behaviors, thought processes, etc.) behind to embrace the new. I recognize that I have a lot to learn about this new life and so I seek and choose to receive guidance on this journey and the support of the NLP community.***

Applicant:
Print Name (Clearly)_____ Signature_____

DATE:_____
NOTE: If you are submitting electronically, your signature will be required when you present in person.

Rescue Mission
HELP • HOPE • HEALING

The Rescue Mission

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

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, DOB _____
Print First Middle Last

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 Criminal Background Check

Authorizing Signature: _____Date:_____

Witness: _____Date:_____