

**FRESH START  
APPLICATION**

Every question must be answered completely and truthfully in order for the staff of Fresh Start to be as effective as possible in your treatment. Please answer N/A if the question does not apply to you.

**GENERAL:**

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

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

Referred to Fresh Start By:  
(Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

What relation is this person to you? \_\_\_\_\_

**PERSONAL:**

Driver's License/State ID# \_\_\_\_\_ Social Security# \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Weight \_\_\_\_ Height \_\_\_\_

Hair \_\_\_\_ Eyes \_\_\_\_ Race \_\_\_\_ Marital Status \_\_\_\_

Spouse/Ex-Spouse: Full Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Date Married: \_\_\_\_\_ Spouse Occupation \_\_\_\_\_

If divorced or separated, reason for breakup: \_\_\_\_\_

What is the relationship with spouses or ex-spouse: \_\_\_\_\_

Do you have any children? \_\_\_\_\_ How many \_\_\_\_\_ Names & Ages: \_\_\_\_\_

Who will take care of your children while you are in Fresh Start? \_\_\_\_\_

Have you ever been sexually molested/abused? \_\_\_\_\_ By whom? \_\_\_\_\_

How old were you? \_\_\_\_\_ How many times? \_\_\_\_\_

Have you ever had a homosexual relationship? \_\_\_\_\_ How long? \_\_\_\_\_

How recent? \_\_\_\_\_

Are you eligible for and/ or receiving welfare, unemployment, disability payments, workman's compensation or any other income? \_\_\_\_\_ If so, what? \_\_\_\_\_

Have you ever applied for or received food stamps? \_\_\_\_\_ Where? \_\_\_\_\_

Do you expect any kind of personal support to come to you while in Fresh Start from parents, church, family, etc.? \_\_\_\_\_ From Who? \_\_\_\_\_

Do you pay alimony? \_\_\_\_\_ \$ \_\_\_\_\_ Child Support? \_\_\_\_\_ \$ \_\_\_\_\_

Do you have outstanding debts? \_\_\_\_\_ Explain: \_\_\_\_\_

**WORK EXPERIENCES:**

What skills/trade do you have? Please circle: carpentry, plumbing, electrical, masonry, electronics, computer programming, typing, printing, nursing, general mechanics, specialized mechanics, auto body, auto detailing, retail sales, cashier, culinary, horticulture, other:

When was the last time you held a job? \_\_\_\_\_ What type of job was it? \_\_\_\_\_

How many jobs have you had in the last two years? \_\_\_\_\_

What has been the average length of time on these jobs? \_\_\_\_\_

What was the reason you left these jobs? \_\_\_\_\_

Have you ever been in the military? \_\_\_\_\_ If so, what branch? \_\_\_\_\_

What were you job duties? \_\_\_\_\_

**EDUCATION:**

Highest grade level completed? \_\_\_\_\_ Graduated: \_\_\_\_\_ GED? \_\_\_\_\_

College Grad? \_\_\_\_\_ Courses/ Major: \_\_\_\_\_

Have you ever had a learning disability? \_\_\_\_\_ If so, what? \_\_\_\_\_

Are you interested in furthering your education? \_\_\_\_\_

**LEGAL:**

Are you on probation or parole? \_\_\_\_\_ Name of officer: \_\_\_\_\_

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

Do you have charges pending? \_\_\_\_\_ Parish: \_\_\_\_\_

Nature of charges: \_\_\_\_\_

Lawyer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have any pending court dates? \_\_\_\_\_ If so, when? \_\_\_\_\_

**HEALTH:**

How would you rate your current health? \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor

Do you feel you have any medical problems? \_\_\_\_\_

Do you have any physical disabilities? \_\_\_\_\_

Are you presently receiving medical care? \_\_\_\_\_ For what? \_\_\_\_\_

Are you presently on any medication? \_\_\_\_\_ What are you taking? \_\_\_\_\_

Do you have any special diet requirements? \_\_\_\_\_ What? \_\_\_\_\_

Do you have any physical ailments that would keep you from manual labor or sitting for a long time? \_\_\_\_\_

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

Do you have any problems with your teeth? \_\_\_\_\_ Explain: \_\_\_\_\_

List all allergies you have: \_\_\_\_\_

List any food/medications you might react to: \_\_\_\_\_

Have you had or do you have any of the following:

			<u>Date &amp; Treatment</u>
Hepatitis	yes	no	_____
Seizures	yes	no	_____
TB	yes	no	_____
Diabetes	yes	no	_____
Ulcer	yes	no	_____
Abscess	yes	no	_____
Venereal Disease	yes	no	_____
Asthma	yes	no	_____
Arthritis	yes	no	_____
High Blood Pressure	yes	no	_____
Back Problems	yes	no	_____
Surgery	yes	no	_____

What age did you start using drugs? \_\_\_\_\_ What was the reason you started? \_\_\_\_\_

What drug caused you the most problems? \_\_\_\_\_

Do you have any feeling why you continue to use drugs? \_\_\_\_\_

Have you ever been drunk or high for several days? \_\_\_\_\_

How many of you present friends use drugs or alcohol? \_\_\_\_\_

Does any member of your family have a drug or alcohol problem? \_\_\_\_\_

When using drugs/alcohol were you generally: \_\_\_\_\_ alone \_\_\_\_\_ w/ friends \_\_\_\_\_ w/ family?

How many times have you stopped using? \_\_\_\_\_ Longest time clean? \_\_\_\_\_

What was your motivation to stop? \_\_\_\_\_

Why did you return to using? \_\_\_\_\_

I depend on drugs because: \_\_\_\_\_

\_\_\_\_\_

<b>Drug used</b>	<b>Age</b>	<b>Date/Year</b>	<b>How often</b>	<b>IV</b>	<b>Orally</b>	<b>Smoke</b>
Alcohol						
Barbiturates						
Amphetamines						
Heroin						
Cocaine						
Crack						
Hallucinogens						
Codeine						
Inhalants						
Marijuana						

**Parental & Family History:**

Mother's Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

Mothers Occupation: \_\_\_\_\_ Church: \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

Fathers Occupation: \_\_\_\_\_ Church: \_\_\_\_\_

What is your current relationship with your parents? \_\_\_\_\_

When did you last visit home? \_\_\_\_\_ Last time seen them? \_\_\_\_\_

Were you adopted? \_\_\_\_\_ Were you raised by anyone other than your parents? \_\_\_\_\_

If so, who? (Relationship) \_\_\_\_\_

Parent's marital status \_\_\_\_\_ How many siblings do you have? \_\_\_\_\_

What is your relationship with them? \_\_\_\_\_

**Spiritual:**

Have you ever committed your life to God? \_\_\_\_\_ If yes, date & place \_\_\_\_\_

What are the circumstances that lead to this? \_\_\_\_\_  
\_\_\_\_\_

How many times have you backslid? \_\_\_\_\_

Denominational background: \_\_\_\_\_ How often do you attend church? \_\_\_\_\_  
\_\_\_\_\_ Which church? \_\_\_\_\_

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

Do you believe in God? \_\_\_\_\_ Do you want to? \_\_\_\_\_

Do you have or read other religion books other than the Bible? \_\_\_\_\_ Which ones? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in the occult? \_\_\_\_\_ List occult involvement \_\_\_\_\_  
\_\_\_\_\_

Explain your need of God \_\_\_\_\_  
\_\_\_\_\_

**THE PROBLEM:**

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

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

What is your greatest need in order of priority? \_\_\_\_\_  
\_\_\_\_\_

Do you believe you have any serious problems? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_

Do you believe that other people (family, probation officer, etc.) feel that you have any serious problems?

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

\_\_\_\_\_

Have you ever been in a treatment center? \_\_\_\_\_ Where & When? \_\_\_\_\_

\_\_\_\_\_

Are you presently or have you ever received treatment for psychological problems? \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

What would you like to do after completing the program? \_\_\_\_\_

\_\_\_\_\_

Please list any information that you see we might need to know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ do fully acknowledge that the information provided herein is accurate and is true to the best of my knowledge, and I fully understand that if any information in this application is false it could cause disqualification from admittance into the program, whether I am just entering or in the program.

\_\_\_\_\_

Student's Name

\_\_\_\_\_

Date

**Withdrawal from Substance Addiction Agreement**

I, \_\_\_\_\_ understand that FRESH START HOUSE is a drug and alcohol free residential care center, and do hereby agree to enter the program with the understanding that withdrawal from substance dependence or addiction will be accomplished without medication.

\_\_\_\_\_

Student's Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Staff Witness

\_\_\_\_\_

Date

Admissions  
Fresh Start House  
P.O. Box 593  
Winnsboro, La 71295

### Statement of Student's Rights

1. You will be fully informed upon admission of your rights and responsibilities and limitation of those rights imposed by the agreements of Fresh Start
2. You may voice grievances to your group leader, counselor, to the Director and Executive Director, and to outside representatives of your choice with freedom from restraint, interference, coercion, discrimination or reprisal.
3. You will be treated with consideration, respect, and full recognition of your dignity and individuality.
4. You will be protected by your leaders at Fresh Start from neglected; from physical, verbal, and emotional abuse and from all forms of exploitation.
5. Fresh Start will assist you in the exercise of your civil rights.
6. You will be allowed to send personal mail unopened. Mail and packages received will be opened in the presence of a staff.
7. You will participate in the development of the treatment plan for your growth while here at Fresh Start. You will also receive sufficient information about proposed and alternative interventions and program goals.
8. You will participate in all scheduled activities including class, chapel, church, work, and recreation.
9. You will have free use of designated areas in the facility. Consideration will be given regarding privacy, personal possessions and the rights of others.
10. You will be provided privacy and freedom for the use of the bathrooms.
11. Your personal items are subject to approval by the guidelines of Fresh Start.
12. You will be allowed visits at designated times and places under supervision.
13. Upon admission, you will be allowed to fill out a mailing list of those people you desire to communicate with, which is subject to approval by the Director or Administrator.
14. You have the right to a humane and safe environment, free from abuse, neglect, and exploitation. You shall not be detained against your legal consenter's will. You shall be granted dignity and personal privacy to the extent possible consistent to the staff supervisor's concerns.

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Signature of Student

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Date

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Signature of Staff Witness

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Date

Admissions  
Fresh Start house  
P.O. Box 593  
Winnsboro, La 71295

### **Confidentiality of Fresh Start Records**

Notice to Students  
In Accordance with 42 CFR S 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\_\_\_\_\_.

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Signature of Student

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Signature of Staff Witness



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### **Civil Rights Waiver Acknowledgement**

I, \_\_\_\_\_ understand that I have civil rights guaranteeing confidential communications by phone and mail, as well as exercising the religion of my choice. Fresh Start 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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Witness

\_\_\_\_\_  
Date

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**Release of all rights in personal story**

I do hereby irrevocably authorize Fresh Start Outreach Ministries 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 Fresh Start in whole, or in part, including any photograph or video of myself.

I hereby waive any right 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 Fresh Start, its successors and assigns, and all persons acting under its permission or authority from any liability by virtue of misprint, error 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 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 \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Staff Witness

Admissions  
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P.O. Box 593  
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**Disclosure with Student's consent**

I, \_\_\_\_\_, give Fresh Start Outreach Ministries authorization to disclose: (kind & amount of information to be disclosed, Ex. You are in the program, how long, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Disclosure shall be made to : (names of people, company): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Witness

\_\_\_\_\_  
Date

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

This consent expires: \_\_\_\_\_ -

**Disclosure Statement**

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Fresh Start does not maintain "patients" but uses this word because it is required by law. As an evangelical Christian discipleship ministry, Fresh Start residents are "students" not patients, some of whom are dealing with the life controlling problem of substance abuse.

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### **Statement of Responsibility For Liability**

Notice:

It is hereby understood that Fresh Start Outreach Ministry cannot and will not be held responsible for any personal property, life, lost or stolen from the premises of the Center.

It is further understood that Fresh Start Outreach Ministries cannot and will not be held responsible for any injury occurring to anyone while in our program.

Any money you bring into the program or any money you acquire while in the program (from family & friends) during the Induction Phase will be held by Fresh Start.

Upon entering and during your stay as a student of the Fresh Start program, the staff have the right to inspect personal belongings and/ or rooms for possession of unauthorized items. These inspections will be done by staff members and may take place without prior notice.

I HAVE READ THE RULES AND REGULATIONS OF FRESH START AND WITH FULL UNDERSTANDING AGREE TO COOPERATE WITH THEM. I ALSO UNDERSTAND AND AZGREE THAT IF I BREAK ANY OF THE RULES, I WILL BE SUBJECT TO DISMISSAL OR LOSS OR PRIVILEGES.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Witness

\_\_\_\_\_  
Date

Admissions  
Fresh Start house  
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Winnsboro, La 71295

### **Financial Policy**

Fresh Start has a Five Hundred dollar induction fee. This is to help offset expenses occurred during the admissions process. This induction fee is non-refundable after entering the program.

\_\_\_\_\_ initial

Our monthly fee is \$500.00. Currently we are not charging for months 3 & 4. During the third phase or the intern phase of the program, you will be expected to pay \$500/ month to help with your living expenses.

Are you receiving a regular check? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, what check is it and what is the amount? \_\_\_\_\_

### **Non Completion of the Program**

In the event that you (the student) leave the program or get dismissed you will forfeit all money in your account, including any induction fee. Exception, this does not include money put into your account from SIS, Disability, and Welfare checks. These funds will be put into a personal account, after inductions fees are paid in full. This account can be drawn from to put money into your student account for snacks, medicine and hygiene products.

If however, you leave or act out in such a way that you get dismissed your account will go toward the expenses incurred while you were with us.

I fully understand these policies and agree to abide by them.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Witness

\_\_\_\_\_  
Date

## FOOD STAMP POLICY

While I am a resident at the Fresh Start Center and in the Fresh Start Program, I grant permission to the staff at Fresh Start to help me attain and use food stamps if I qualify. The manner in which the staff uses the food stamps is totally up to their discretion, and I give up all rights to how the food stamps are used as long as I am involved in the program.

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

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

Signature: \_\_\_\_\_

I realize that Fresh Start is working with Rayville Recovery for ATR approved counseling at the Fresh Start Center. Because of this relationship, I am authorizing permission for the staff at Fresh Start and the staff at Rayville Recovery to be able to communicate about my files and situation to be able to better serve my needs. This includes but not limited to files and verbal communication from group and individual sessions.

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

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

Signature: \_\_\_\_\_

I realize that Fresh Start is working with River City Professional Counseling Services under the direction of Debra Dublin for ATR approved counseling at the Fresh Start Center. Because of this relationship, I am authorizing permission for the staff at Fresh Start and the staff at River City Professionals to be able to communicate about my files and situation to be able to better serve my needs. This includes but not limited to files and verbal communication from group and individual sessions.

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

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

Signature: \_\_\_\_\_