

**FRESH START WOMEN'S CENTER
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 occupation skills do you have?

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 & 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: _____

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

Parental & Family History:

Mother's Name _____ Phone: _____

Address: _____ Phone: _____

Father's Name _____ Phone: _____

Address: _____ Phone: _____

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 consenters' will. You shall be granted dignity and personal privacy to the extent possible consistent to the staff supervisor's concerns.

Signature of Student

Date

Signature of Staff Witness

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_____.

Signature of Student

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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Fresh Start house
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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 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

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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

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Financial Policy

Fresh Start has a Five Hundred dollar induction fee. This induction fee is non-refundable after entering the program.

_____ initial

We have a set monthly fee of \$500/month. Due by the 15th of each month.

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