



Application for Participation in the RLM Program

Reviving Lives Ministries of New Bern, Inc. (RLM) carries a faith-based 12-Step solution for addiction to people who are willing to make key changes to live a life free from substance use who need a stable home, wellness skills, connection to community.

email: director@revivinglivesministries.org Fax: 1-888-728-6106

Today's Date: _____

General Information: Please Print Clearly

Name: _____ D.O.B.: _____

Home Address: _____

County of Residence: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Relationship Status: _____

Gender: _____ Race / Ethnicity: _____

Do you have a valid Photo I.D.? _____

Do you have access to your Social Security Card? _____

Veteran of Armed Forces: _____ Branch: _____

Highest Level of Education: _____

Religious Preference (if any): _____

Do you have experience with communal living? _____
(group home, dormitory, barracks, prison, etc.)

Are you experiencing homelessness: _____

Current Detox Facility: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Do you have children? _____

Name:

Age:

D.O.B.:

Financial / Insurance:

Note: Inability to pay initial Program Fees does not disqualify you from being accepted into the RLM Program.

Are you currently receiving one or more of the following?

VR

SSDI

EBT

Medicaid

VA

Other

Medicare

PEER Support

Welfare

Services

SSI

Re-Entry Council

Do you currently have insurance? _____

Private Insurance: _____ Exp. Date: _____

Will you be applying for disability in the future? _____

Financial Savings: _____ Current Income: _____

(weekly, monthly, or annually)

What family members depend on your financial support? _____

Will you need to apply for scholarships for RLM program service fees? _____

Will you require financial assistance with food and clothing? _____

List the types of jobs you had in the past: _____

Legal Information:

Note: Having current or past felonies does not disqualify you from being accepted. Being dishonest about legal issues can disqualify you.

Pending or Current Charges:

Scheduled Court Dates / County(s):

Lawyer: _____

Phone Number: _____

Address: _____

Are you currently on probation? _____

Probation Officer: _____

Phone Number: _____

Address: _____

List any past charges for which you were convicted; amount of time served or length of probation:

Do you give RLM permission to conduct a background check? _____

Recovery Information:

Do you have a problem with:

Alcohol Use? _____ Illegal drug use? _____ Prescription drug use? _____

Do you consider yourself an Alcoholic or an Addict? _____

Date of last alcoholic drink or drug use: _____

Do you have an honest desire to stop drinking and/or using drugs? _____

List and describe some of the problems you have because of drinking and drug use:

Have you tried to get clean and sober in the past? _____

List and describe the results of your past recovery attempts:

Have you ever attended a detox or other substance abuse programs before? _____

Where	When	Length of Recovery
-------	------	--------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever attended a residential recovery home (sober house) before? _____

Where	When	Length of Recovery
-------	------	--------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Recovery Information: (continued)

Have you attended 12-Step recovery meetings such as AA or NA in the past? _____

Please describe your experience with 12-Step recovery meetings:

Please describe why you believe your previous attempts at recovery have failed:

Please describe what you hope to accomplish from your stay in the RLM Program:

Medical Information:

Note: RLM is an abstinence-based program; we do not currently accept people who are using Medication Assisted Treatment. RLM has other restrictions for medications such as benzodiazepines and others. You may have to change medications upon arrival.

List ALL medications you are taking at the present time:

Medication	mg/Dosage	Reason for medication
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Can you:

- | | |
|--|--|
| Y / N Walk for 30 minutes | Y / N Cooperate |
| Y / N Practice good hygiene (clean yourself) | Y / N Be open-minded |
| Y / N Climb Stairs | Y / N Be honest about your needs and concerns with RLM staff |
| Y / N Cook | Y / N Be willing to make changes to your life |
| Y / N Clean | Y / N Agree to seek therapy |
| Y / N Remember to take your meds | Y / N Ride a Bicycle 2 or more miles daily |
| Y / N Share a living space with 4 other people | |

Do you:

- | | |
|--|---|
| Y / N Have breathing problems | Y / N Have concerns about your mental health |
| Y / N Have a history of cancer | |
| Y / N Have concerns about your anger | Y / N Have concerns about allergies |
| Y / N Have a history of surgeries | Y / N Have concerns about sleeping |
| Y / N Have concerns about money | Y / N Have concerns about being away from family for more than 6 months |
| Y / N Have concerns about another person wanting to harm you | Y / N Have concerns about past trauma |

Tell us more about your medical concerns:

Mental Health Information:

Note: Having mental health issues will not disqualify you from being accepted. RLM is an abstinence-based program; we do not currently accept people who are using Medication Assisted Treatment. RLM has other restrictions for medications such as benzodiazepines and others. You may have to change medications upon arrival, under the direction of a physician.

Have you ever received a mental health diagnosis? _____

Nature of the diagnosis: _____

Date of diagnosis: _____

Diagnosing Physician: _____

Phone Number: _____

Address: _____

Are you taking any medication for your mental health? _____

Medication	mg/Dosage	Reason for medication
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Traumatic Events Information:

Note: These questions are from The Adverse Childhood Experiences, or “ACEs”, quiz that was developed in the 1990s through research conducted by the CDC and Kaiser Permanente.

Before your 18th birthday:

1. Did a parent or other adult in the household often or very often... a) Swear at you, insult you, put you down, or humiliate you? b) Act in a way that made you afraid that you might be physically hurt?

Yes or No

2. Did a parent or other adult in the household often or very often... a) Push, grab, slap, or throw something at you? b) Ever hit you so hard that you had marks or were injured?

Yes or No

3. Did an adult or person at least 5 years older than you ever... a) Touch or fondle you or have you touch their body in a sexual way? b) Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes or No

4. Did you often or very often feel that... a) No one in your family loved you or thought you were important or special? b) Your family didn't look out for each other, feel close to each other, or support each other?

Yes or No

5. Did you often or very often feel that... a) You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? b) Your Parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes or No

6. Were your parents ever separated or divorced? **Yes or No**

7. Was your parent/caregiver... a) Often or very often pushed, grabbed, slapped, or had something thrown at her? b) Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? c) Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes or No

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

Yes or No

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes or No

10. Did a household member go to prison? **Yes or No**

Have you been shown a copy of the Policies and Procedures for the RLM Program? _____

If yes, do you agree with these Policies and Procedures? _____

If no, would you like to review a copy of the Policies and Procedures prior to signing this application? _____

During the first 2 – 3 months of our program, you are required to ride a bike to get to Intensive Outpatient classes about substance use disorders and how to cope. You cannot get a job until after these classes are complete.

You will be under a non-lease agreement, and as such no eviction will be necessary to require you to leave.

By signing this application, you are stating that you understand and agree that this is not a guarantee for admission. It may take 2 – 4 days to process this application. After this application has been reviewed, a staff member of RLM will contact you for a phone or in-person interview as soon as possible.

Applicant's Signature

This application has been filled out by someone other than the applicant.

Print Name

Signature

Relationship