

# New Hope Community Health

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The following information is a description of New Hope Community Health's Faith-Based, Safe and Sober Housing Program, as well as the application for services. Please read this information carefully to ensure you are willing to fully participate in the program as required. This program is designed to guide you in your recovery and successful transition into a sober and productive lifestyle. The services we provide are: Staffed and Sober Housing Program, Case Management, Pastoral Counseling, Alcohol and Drug Education, Relapse Prevention, Anger Management, and Cognitive Self Change I & II. Please read and complete the forms, then send them back to us. We will respond to you when we have a bed available if you appear to meet eligibility criteria.

In order to be accepted into the program you **MUST**:

## **Meet all eligibility requirements:**

- Have no convictions ever of a sex offense or arson charge
- Have no convictions ever of drug manufacturing, delivery, or trafficking
- Have no warrants
- Have no recent serious or violent offenses
- Be at least 18 years of age
- Be able to work or volunteer full-time
- Pay fees at time of service
- Choose to focus on recovery and lifestyle changes

## **Participate in a Faith-Based Recovery Program:**

- Participate in daily devotions every morning at 6:30am
- Participate in a weekly house Bible study and house meeting
- Admit to having a substance abuse problem
- Attend at least 2 AA or other 12-step based recovery program per week
- Get a sponsor and work all 12 steps with him/her
- Complete any required treatment or classes
- Attend a church of your choosing at least once per week
- Actively seek and develop a relationship with God
- Work with a case manager on changing your life, behaviors, and attitudes

## **Follow all restrictions to ensure accountability:**

- Commit to an average stay of six months or as long as it takes to complete Treatment
- Be in the house by 10:00pm every night of the week
- Not have a night away from the house for the first 30 days
- Request any overnight passes at least 48 hours in advance, in writing, and with prior approval from your house manager, and your assigned probation or parole officer
- Participate in all house activities
- Be tested for alcohol and other drugs at any time
- Sign in and out of a house log book every time you come or go

**WARNING: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!**

# BASIC INTAKE INFORMATION

Name:		Sex: <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>		Today's Date:	
Street Address:		City:		State: ZIP:	
SSN:		DOB:		Home Phone: Driver's license/ Identification #:	
Marital Status:		How Long?		# Children: Ages & Gender: Are you Pregnant? Due Date:	
Emergency Contact:		Relationship:		Phone #1: Phone #2:	
Current Employer:		Job Title:		Length of Time: Salary:	
Have You Ever Been Fired?		If So, Why?			

Have you previously applied for acceptance? Yes No		When? _____		What was the outcome? _____	
Have you ever received services from New Hope Community Health? Yes No		What services? _____		Date Services Received: _____	
Most Recent Treatment Provider:		Name of Counselor		City/State Phone Number	
Mental Health Provider:		Name of Counselor		City/State Phone Number	
Medical Conditions:		Mental Health Diagnosis:			
Medications Currently Taking and Dosages:					

LEGAL:					
MISDEMEANOR Case Number		Court:		PO Name:	
PO Phone:		PO Fax:		PO Email:	
FELONY Case or IDOC Number		Court:		PO Name:	
PO Phone:		PO Fax:		PO Email:	

Year	Arrests & Charges	Sentence	Reduced?	Drug/Alcohol Related?	Felony?

DRUG & ALCOHOL USE:					
Age of First ALCOHOL Use:		Date of LAST Use:		Types of Alcohol Used: How Often?	
How much?			Heaviest Use:		
Age of First DRUG Use:		Date of LAST Use:		PLEASE LIST THE FOLLOWING SEPARATELY:	
Drug	How Much?	How Often?	Date From	Date To	



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Have you ever been in the military? Yes No If so, state discharge type.

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Is there anything that may interfere with your program? Yes No If so, describe what.

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Is anyone ordering you to be here? Yes No If so, state who/details.

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Have you ever received substance abuse treatment before? Yes No If so, state when/outcome.

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Have you received mental health services before? Yes No If so, state when/outcome.

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Do you have any child custody cases pending? Yes No If so, state details.

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Why do you want to come to the New Hope Community Health Program? -----

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Are you willing to do whatever it takes to get and stay sober? Yes No Initial:

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Describe your most recent "bottom" or situation that has lead you to seek help with getting and staying sober:



Have you ever experienced a “born again” event in your life?  Yes  No  I Don't Know

If “yes”, please explain: \_\_\_\_\_

**What spiritual areas would you like help in? (Check all that apply)**

I would like to:

- |   |   |
|---|---|
| <input type="checkbox"/> Know how I can change my lifestyle.        | <input type="checkbox"/> Get help forgiving other people. |
| <input type="checkbox"/> Learn how to make better decisions.        | <input type="checkbox"/> Get help forgiving myself.       |
| <input type="checkbox"/> Learn how to be a Godly spouse and parent. | <input type="checkbox"/> Overcome addictions.             |
| <input type="checkbox"/> Know that God truly loves and forgives me. | <input type="checkbox"/> Trust God more.                  |
| <input type="checkbox"/> Know for sure that I am going to Heaven.   | <input type="checkbox"/> Be baptized.                     |
| <input type="checkbox"/> Know God better and His will for my life.  | <input type="checkbox"/> Understand the Bible.            |

Please list 3 behavior patterns / cycles you wish to change:

\_\_\_\_\_

\_\_\_\_\_

Please explain where you would like to be spiritually in one year:

\_\_\_\_\_

\_\_\_\_\_

**I understand that: 1) New Hope Community Health is a faith-based organization; 2) all training is presented from a biblical, Christian perspective; 3) my participation in their program is voluntary; 4) my participation in their program is required to fully complete my mandated course(s); & 5) I voluntarily and gladly choose New Hope Community Health for this reason. (\_\_\_\_\_Initials)**

\_\_\_\_\_  
Client / Participant Signature

\_\_\_\_\_  
Date

\*Staff and volunteers may share their personal faith as it is related to the credentialed services, but shall be explicitly prohibited from membership solicitation.

## ADULT STAFFED SAFE AND SOBER HOUSING RULES AND REGULATIONS

1. **WEAPONS:** No weapons of any kind are allowed on New Hope Community Health Property.
2. **DRUGS AND ALCOHOL:** Clients are not permitted to use alcohol or illegal drugs. Should a client use any illegal drug, consume alcohol, or take drugs not prescribed by a physician for them, the client will be punished in accordance with the Adult Staffed Safe and Sober House Rules and Consequences.
3. **MEDICATION:** New Hope Community Health does not dispense medication. All medication must be prescribed by a doctor. Under no circumstances are clients permitted to share medication with another client or to take the medication outside of its prescribed use.
4. **INTIMIDATION AND/OR VIOLENCE:** Any open or subtle hints of intimidation, discrimination or violence toward clients or staff are grounds for immediate discharge.
5. **SEXUAL MISCONDUCT:** There is no sexual activity permitted in the house or between clients.
6. **PROPERTY DAMAGE:** Clients are not permitted to alter or modify the house in any way.
7. **GUESTS OF THE OPPOSITE SEX:** Guests of the opposite sex are never to be allowed in the house. Opposite sex guests may pick up clients from the house, but can stay no longer than 15 minutes and must wait in their vehicle.
8. **FAILURE TO RETURN HOME:** No client is permitted to stay away from the house without prior approval in the form of a completed Overnight Pass Request form.
9. **SNEAKING OUT:** Clients are not allowed to leave the house between the hours of their curfew and Morning Devotions unless they are attending a verifiable and appropriate event.
10. **LATE OR MISSED PAYMENTS:** Clients need to pay one week in advance as soon as possible. Clients who are employed will be notified by mail, telephone or in person of their late payments. Late payments may ultimately result in discharge.
11. **FAILURE TO UTILIZE JOB PLACEMENT PROGRAMS OR SECURE EMPLOYMENT/VOLUNTEER HOURS:** Failure to obtain employment may result in discharge. Employment secured must amount to 32 hours per week, or volunteer time to be determined by a Case Manager.
12. **FAILURE TO OBTAIN SPONSORSHIP:** All Clients must find a sponsor within 30 days of admission to program.
13. **MISSED DEVOTIONS, BIBLE STUDIES, CHURCH SERVICE OR 12 STEP MEETINGS:** All clients are required to attend devotions every morning, one Bible study, one church service every week and two 12 step meetings every week.
14. **PORNOGRAPHY:** No pornography is permitted in the Adult Staffed Safe and Sober Houses.
15. **CURFEW:** Standard curfew is 10:00pm every night of the week.

16. **DISRUPTION AFTER LIGHTS OUT:** Lights must be out at midnight every night. Clients may read in their bunks if their light does not disturb their roommate(s). Loud conversations, television or stereos, having lights on or disrespect of housemates trying to sleep will not be tolerated.
17. **GUESTS STAYING PAST 15 MINUTE TIME LIMIT:** Each client is allowed one same sex visitor in the house at a time. Guests are allowed to be on the property for no longer than 15 minutes.
18. **SMOKING:** Smoking is allowed in the back yard only. Cigarette butts are to be disposed of in outside garbage.
19. **SIGN IN/OUT POLICY:** All clients are required to sign out upon leaving the house. The date, time, locations, estimated return time must be in the book before the house is left. When the client comes home the actual return time must be logged.
20. **CLEANLINESS:** All clients must maintain a clean personal space. Bunks must be made before leaving the house, closets must be kept organized. Clothing is to be stored as neatly as possible. Dried and packaged food is allowed in the rooms. Open food may not be left out and will be thrown away if found. Dishes are to be rinsed off and placed in dishwasher after use. Personal documents are to be kept stored out of site.
21. **EATING AREAS:** All eating of meals must be done in the kitchen, dining or living areas. No exceptions!
22. **DRESS CODE:** Clothing advertising or depicting drugs and/or alcohol and their use will not be tolerated. Clothing depicting sexual acts or vulgar language will not be tolerated.
23. **PETS:** Clients are not allowed to have pets on the property of an Adult Staffed Safe and Sober House.
24. **MISUSE OF HOUSE PHONE OR CELL PHONES:** Having conversations of a sexual nature or about drugs and/or alcohol will not be permitted. Receiving pictures via camera phone of a sexually explicit nature will not be tolerated.
25. **VEHICLE VIOLATIONS:** Each client is allowed to have one vehicle on the property. The vehicle must be registered, insured and the owner must have valid driver's license. The vehicle must be in reasonable condition and may not have a loud exhaust system. Vehicles must be parked in the garage to the extent possible. Other vehicles owned by clients must be parked on street (not in front of garage door). Vehicles with leaking fluids must be parked on street.
26. **STRANDED VEHICLES:** Non running vehicles may not be on the property of an Adult Staffed Safe and Sober House. They will be towed at the owner's expense if not moved.
27. **CHORES:** All residents must do their assigned chore once a day.
28. **EXCESSIVE FURNITURE/PERSONAL ITEMS:** Clients are not permitted to bring in televisions over 30 inches or entertainment centers. Excessive clothing that takes large amounts of space will not be allowed. Speaker boxes, VCR's, DVD players may not be allowed if the amount of wiring becomes a safety concern.

29. **EXCESSIVE UTILITIES:** Leaving on TVs, lights, or other electronic devices while not in use will now be tolerated.

30. **LOUD MUSIC OR TELEVISION:** All televisions and music must be played at a reasonable volume. No music or television may be on after midnight.

I have read, understand, and agree to comply with all above rules and regulations.

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Signature

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Date

### **REQUESTED SERVICES**

Please check all services that you are applying for.

**Cognitive Self Change Stage 1**

**Cognitive Self Change Stage 2**

**Safe and Sober Housing** (Upon admission to the Staffed Safe and Sober Housing program please be prepared to pay for at least one week of Staffed Safe and Sober Housing \$80.50. Payment is expected on Mondays there after for the next week of Staffed Safe and Sober Housing.)

**Outpatient Treatment**

**Case Management**

