



Frederick Rescue Mission, Inc.

419 W South Street • Frederick, Maryland

www.therescuemission.org

(p) 301-695-6633 • (f) 301-695-6637

Mailing Address: P.O. Box 3389 • Frederick MD 21705-3389

Changing Lives Now and For Eternity

Dear Friend,

Welcome to the Frederick Rescue Mission. This ministry is about changing lives – now and for eternity. The Changed Life Recovery Program is about finding help and true change through Jesus Christ. We cannot see lives changed unless a man is ready to let God change him.

In the Bible, God says He has a plan for your life. We believe that if you are willing to commit yourself to God and make changes, by His grace and the support of the Changed Life Recovery Program, you will begin to live the life that God intended for you. You are taking the first step toward a changed life by applying for our residential recovery program.

Before you fill out this application, please read the Policy and Procedures Manual and the next two pages. Please complete the application and forms thoroughly and accurately.

Once the application is completed and submitted, someone from the Residential Team will interview you concerning your possible entry into the Changed Life Recovery Program.

There is great hope in Jesus Christ. Our prayers and thoughts are with you.

In Christ,

The Residency Team of the Frederick Rescue Mission

Application for: _____
(Applicant's Name)

Interviewed by: _____

Date: _____

Consider The Following Before You Fill Out This Application.

- Falsifying or omitting information on this application and during the intake process will lead to immediate discharge from the program.
- All pending court issues must be resolved before entering the program. You must be totally off drugs and alcohol before admittance is allowed. We will not take anyone into the program who is intoxicated or under heavy sedation.
- The Frederick Rescue Mission does not admit anyone with Sex Offences to the Changed Life Recovery Program. If you do, please stop with the application. Your background will be checked. We will do our best to refer you where help is available.
- **Have you read and do you understand the Policies and Procedures of the Changed Life Recovery Program?**
- All residents of the Frederick Rescue Mission are subjected to random drug and alcohol testing. A zero tolerance policy regarding the use of drugs or alcohol is strictly enforced. Any resident who tests positive for drugs or alcohol will be immediately discharged from the program. If the resident believes, a false positive has occurred; a professional lab test must be conducted immediately at the expense of the residence. If the test is negative, the Mission will refund the resident.
- Frederick Rescue Mission encourages all residents to stop using tobacco products to become fully victorious over their addictions. All incoming residents who currently smoke or use tobacco products **MUST** attend eight Smoking cessation classes run by the Frederick County Health Department. Smoking cessation classes will also be available to all residents who are serious about quitting. Smoking/tobacco use is limited to four brief periods per day, in one specific location at the Mission. Strict disciplinary measures apply to violations of the tobacco use policy.
- All residents are to refrain from cultivating relationships with the opposite sex during the whole time of the Changed Life recovery program. Engaging in sexual and/or romantic relationships will be grounds for dismissal from the program. The focus during this time is victory over addiction and getting a new life. (For married residents, see policies).
- Upon acceptance into the program, a restriction period of 60 days is in effect. During this time, it is not permissible to leave the premises unless accompanied by an accountability partner or staff.
- Residents are not eligible for employment outside the program until the last two months of Phase 2 of the program.
- All monies in your possession and during your time at the Frederick Rescue Mission are to be surrendered to a residential savings account. Since money is opportunity – opportunity to use, money is disbursed weekly and on a limited basis.
- Work therapy is a vital part of the Program. Are you physically fit and able to work 5-8 hours a day? You must meet this criteria in order to be admitted into the Program.
- Our goal is to see you become a mature disciple of Jesus Christ. Therefore recovery classes, Bible classes, church involvement, chapel attendance and other forms of spiritual training will require your enthusiastic participation.
- The Changed Life Recovery Program is not a homeless prevention program or a drug rehabilitation center. We are serious about these 8 changes, you must also take them seriously:
 1. Passionate about Jesus
 2. Victorious over Addiction
 3. Connected to a Local Church
 - 4 Have a GED or Appropriate Level of Education
 5. Have a Mentor or Belong to an Accountability Group
 6. Be Reconciled as much as possible to your Family
 7. Have a Financially Sustaining Job
 8. Have a Safe Place to Live.
- The purpose of this application and intake process is to see if you are truly ready to receive help from God. It is our greatest desire to see you succeed. This application will help us to determine how we can best help you.

Describe your current situation:

Why are you applying for entry into the Changed Life Recovery Program?

Explain why you think you are ready to receive help and make changes in your life.

Date of Application: _____

This application is for:

The Changed Life Recovery Program – A one year Christ-centered Residency program

Have you applied to the Frederick Rescue Mission before? Yes No

If yes: When? _____

For what services? _____

PERSONAL INFORMATION

1. NAME: _____
First Middle Last

2. Social Security Number _____ **3. Date of Birth** _____ **4. Age** _____

5. Birthplace _____ **6. US Citizen: yes** _____ **no** _____ **7. Race** _____

8. Current Address or Last Place of Residence:

Street City State Zip Code

9. Mailing Address:

Street City State Zip Code

10. Current Phone Number: _____

11. Are you a Veteran? yes ____ no ____ **12. Do you have your DD214?** yes ____ no ____

12. Have you ever been homeless? yes ____ no ____

If so, how recent and for how long? _____

EMERGENCY CONTACT INFORMATION

13. Person to contact in case of emergency:

Last Name First Name Relationship

Street City State Zip Code

Phone Number _____

FAMILY INFORMATION

14. Marital Status: _____
Single Married Divorced Legally Separated Divorced

15. If married name of Spouse:

Last Name First Name Phone Number

16. Who was your primary care-giver growing up? _____

Last Name First Name Phone Number

17. How many children do you have? _____

Please list their names, ages and if you have custody.

| Child's Name | Age | Custody (Yes / No) |
|--------------|-------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

18. Do you currently owe child support? _____
If so, what is your monthly child support payment? _____

19. How will your family be cared for while in the program? _____

20. Parents:

Father's Name Address Phone Number

Mother's Name Address Phone Number

MEDICAL INFORMATION

21. When was your last physical exam? _____

22. Do you have any medical conditions that would prevent you from participating in work therapy?

Yes _____ No _____

If so explain _____

23. Please list all medical conditions, major surgeries, illnesses and restrictions that apply to you:

Medical Condition /Major Surgeries/ Illnesses

Medical Restriction

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

24. Are you currently taking prescribed and over the counter medications? Yes _____ No _____

If so please list:

25. Have you been tested for the following?

| Test | Date of Last Test | Positive; Yes/No |
|-----------|-------------------|------------------|
| TB | _____ | _____ |
| HIV | _____ | _____ |
| Hepatitis | _____ | _____ |

26. Are you under medical care now? Yes _____ No _____

Doctor's Name _____ Phone Number _____

27. List any type of Medical Coverage or Health Insurance you have: _____

28. Have you ever been treated for mental illness? Yes _____ No _____ If so, please explain:

SUBSTANCE ABUSE INFORMATION

29. Do you have a history of using drugs and /or alcohol? Yes _____ No _____

30. What is your drug of choice? List only one: _____

31. List secondary drugs you have used: _____

32. What age did you start using drugs and /or alcohol? _____

33. How many years have you actively used? _____

34. What is your longest amount of uninterrupted clean time (do not include time while being incarcerated) ? _____

35. When have you last used or drank? _____

36. How many rehabs/ recovery have you been in? _____

37. List your last rehab/ recovery program: _____
Program Date

38. List all the programs you have been in: _____

39. Do you struggle or have issues with any of the following? (Circle all that apply)

Gambling Pornography Sexual Addiction Anger Eating disorders Other _____

LEGAL HISTORY

There will be a criminal background check. Please disclose your legal history to the best of your ability. Providing false information and/or omitting important information will result in an immediate dismissal from the program.

40. Do you currently have any court cases and outstanding fines? Yes_____ No _____

If so please explain: _____

41. Do you have an attorney? Yes_____ No _____

If so please list: _____

Name

Address

Phone

42. Have you ever been arrested? Yes_____ No _____ If so, how many times? _____

List all the crimes for which you have been arrested and the approximate date:

43. Are you currently on Parole or Probation? Yes_____ No _____

If so: Agent's Name _____ Phone _____

Location _____

What is your regular report day and frequency? _____

Are you under court order to pay restitution and fines? Yes_____ No _____

If so, explain: _____

44. Have you ever been incarcerated? Yes_____ No _____ If so , how long? _____

If so, explain: _____

EMPLOYMENT HISTORY

45. Please list the jobs you have held in the last five years:

46. What is the longest stretch of continuous employment? Months _____

47. Have you ever lost a job because of substance or alcohol abuse? Yes _____ No _____

48. What skills do you have? _____

49. Have you ever attended any trade schools? Yes _____ No _____

50. Do you possess any trade licenses? Yes _____ No _____ If so, please list: _____

EDUCATION INFORMATION

51. Do you have a GED or a high school diploma? Yes _____ No _____

52. What is the highest level of education have you completed? _____

53. Have you ever been told you have a learning disability? Yes _____ No _____

If so, please explain:

SPIRITUAL HISTORY

The Changed Life Recovery Program of the Fredrick Rescue Mission is a Christ-centered ministry. It is a core value of the program that the power of Jesus Christ is essential to real change and victory over addiction. Thus a key part of the program requires enthusiastic participation in and attendance of Bible classes, Church attendance, Chapel attendance, and other Christ-based programming.

54. Have you ever made a commitment to follow Christ? Yes _____ No _____

55. What is your church background? _____

56. Are you a church member? Yes _____ No _____

If so, please fill out the following: _____
Name of Church

Address _____ City _____ State _____

Name of the Pastor _____ Phone _____

OTHER INFORMATION

57. Do you receive SSI or SSDI monies? Yes _____ No _____ If so, monthly amount _____

58. Do you receive Workman’s compensation benefits? Yes _____ No _____
If so, monthly amount _____

59. Do you have other forms of income? Yes _____ No _____ If so, monthly amount _____

60. How did you hear about the Frederick Rescue Mission? _____

APPLICATION STATEMENT

I am applying to the Changed Life Recovery Program of the Frederick Rescue Mission. I have read and fully understand the Policy and Procedures Manual and the Application. I have decided to apply for the Changed Life Recovery Program.

Print Name

Time

Client Signature

Date

FREDERICK RESCUE MISSION

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RELEASE OF INFORMATION

I, _____, consent to and authorize
(Please Print)

The Frederick Rescue Mission and _____

to disclose to each other the following information: _____

for the purpose of _____.

I understand that these records are to be kept confidential and the information is for use by Frederick Rescue Mission staff persons involved in providing services to me.

This Release of Information expires _____. *(No later than one year from the date below.)*

A photo static copy shall be valid the original.

Client Signature _____

Date _____

Staff Signature _____

Date _____

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RELEASE AND HOLD HARMLESS AGREEMENT

I, (we) the undersigned, do hereby agree to release the Frederick Rescue Mission, including, but not limited to it's subsidiaries, agents, assigns, employees, director, and/or volunteers, from any and all liability including, but not limited to, any loss, damage, theft, injury or any other harm whatsoever suffered by myself (ourselves), my child (children) and/or my (our) property as a result of any and all contact with and activities in any way associated with the Frederick Rescue Mission and/or it's subsidiaries, facilities, agents, assigns, employees, directors, and/or volunteers.

I, (we) the undersigned, further agree to indemnify and hold harmless the Frederick Rescue Mission, including but not limited to, it's subsidiaries, agents, assigns, employees, directors and/or volunteers, for any claim for any loss, damage, theft, injury or any kind of liability whatsoever.

In witness whereof, I (we) the undersigned, have voluntarily and knowingly executed this *Release and Hold Harmless Agreement* as my (our) own free act and deed.

Client Name (Please Print)

Client Signature

Date

Staff Signature

Date

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RELEASE FORM FOR USE OF WRITTEN WORKS AND/OR PHOTO

In consideration of my appreciation for the work of The Frederick Union Rescue Mission, the undersigned hereby gives The Frederick Union Rescue Mission the absolute permission to copyright and/or publish, or use any writings by me and/or any photographs and/or pictures of or by me, or in which I may be included in whole or in part, both unaltered and/or distorted in character or form, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, for fund raising, public relations, advertising, and or any other lawful purpose whatsoever.

I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge, and agree to hold harmless The Frederick Union Rescue Mission from any liability by virtue of any use of said material, whether intentional or otherwise,

Client Signature

Date

Staff Signature

Date

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PROGRAM FEES AND MONEY DISTRIBUTION AGREEMENT

I hereby agree to pay the Frederick Rescue Mission the amount of \$500.00 for my entry into the Changed Life Recovery Program and up to \$120.00 for any Administration fees (i.e., birth certificate, Maryland ID, social security card, driver's license, background checks, etc) that might occur. I understand that total payment to the Frederick Rescue Mission is due upon admittance. Being unable to pay upon admittance, I will submit to Mission opportunities that will provide a means for it to be paid. **There will be no money distributions until the Program Fee and Administrative Fees are paid.**

Once the Program Fee and Administrative Fees are paid, withdrawals are allowed. Weekly withdrawals cannot exceed \$20.00. The withdrawal must be accompanied by a contribution to my savings account. The contribution to the savings account must equal the amount of the withdrawal up to \$20.00. Greater amounts for savings are allowed and encouraged.

Once the savings goal of \$500.00 is met, weekly withdrawals can be made up to \$35.00. Continued deposits to my savings are expected. Money in my savings is not to be used until I graduate from the Mission.

All monies during my stay at the Mission are to be deposited into my residential account. Failure to do so will result in some form of discipline and possible dismissal from the Mission.

For me to move from Phase 1 to Phase 2, I must have my Program Fee fully paid. In order to graduate, I must have the Program Fee and Administrative Fees fully paid and have at least \$500.00 in my savings account.

The goal for me is to: 1) become financially responsible, 2) disciplined to save and 3) have money to start my new life once I leave the Mission.

I understand that this is a work therapy program and that I must work. If at any time I am not able to work or decide to apply for SSI/SSDI or any other benefits instead of working than I will be dismissed from the program.

In the event, I leave or am dismissed from the program I acknowledge and consent that all monies in my account for the Program Fee remain the monies of the Frederick Rescue Mission. The Program Fee will not be prorated. Once I am admitted, the full Program Fee is to be paid. Additionally, I understand that any monies that I accumulate beyond the program fee and administrative fees will be distributed to me on the day when monies are normally distributed to residents. **There will be a \$200.00 discharge and replacement processing fee if I leave before I graduate.** Any monies that I do not claim 30 days after I leave will become monies of the Frederick Rescue Mission.

I fully understand, thus I completely give my consent and compliance to the above policy.

Client Signature

Date

Staff Signature

Date

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House Supply Donations

I hereby pledge to make periodic donations to the Residential House Supply Fund. I have been informed and acknowledge that all contributions to the fund will be used solely for the purpose of those men participating in the Changed Life Recovery Program. This would include but is not limited to; toiletries, cleaning supplies, laundry detergent, and etc. I understand that this pledge is in addition to the aforementioned Program Fee and agree to honor this pledge to the best of my ability.

Client Signature

Date

Staff Signature

Date

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Application Agreement for Frederick Rescue Mission Residential Policy and Procedures

I have read or have had read to me the Residential Policies and Procedures information and I understand its content. I have had the opportunity to ask questions and request clarification on any items that were unclear to me. I accept these requirements, expectations, services, and privileges. I agree to come under the policies and procedures outlined in this material. I understand that my failure to comply can result in discipline or suspension from program.

Client Signature

Date

Staff Signature

Date

Agreement for Pain Management Medication Frederick Rescue Mission Residential Policies and Procedures

I have read or have had read to me the Residential Policies and Procedures information and I understand its content. I have had the opportunity to ask questions and request clarification on any items that were unclear to me. I accept these requirements, expectations, services, and privileges. I agree to come under the policies and procedures outlined in this material. Today I agree to stop any current prescription narcotic medication for pain management purposes. I agree to seek other non-narcotic pain management medications for future pain management issues.

Client Signature

Date

Staff Signature

Date

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Changed Life Recovery Program Volunteer Service Ministry

One of the greatest negative effects of addiction is selfishness. When one has been in bondage to drugs and alcohol, he has lived a life of self centeredness. The key to recovery is to discover there is more to life than oneself. Jesus said “For whoever wants to save his life will lose it, but whoever loses his life for me will find it.”

The Frederick Rescue Mission believes serving others is key to serving Jesus and living a life pleasing to God. Recovery cannot adequately happen until a man is freed of himself. Jesus also said, “The greatest among you will be your servant. For whoever exalts himself will be humbled, and whoever humbles himself will be exalted.”

As a resident of the Frederick Rescue Mission, you represent Christ and the Mission to the community. This is the same community that makes the Mission possible. While at the Mission there are several ways we expect you to represent the Mission – displaying Christ-like behavior, a positive attitude, courteous interaction with those who come to the Mission and actual service to others.

Part of your work therapy experience will be serving the Mission in carrying out its vision of changing lives through Christ’s love by rescuing people from hunger, poverty, and chemical addiction. However, there will be opportunities to serve beyond your day to day work responsibilities. You will be able to benefit the Mission and your experience in the program, but more importantly you will be able to make a difference in the lives of others and the community.

In order to graduate from the Changed Life Recovery Program you will be required to have a total of 20 volunteer hours. These hours will be assigned and approved by the Residency Team.

I fully understand and agree to fulfill the above as a resident of the Changed Life Recovery Program.

Client Signature

Date

Staff Signature

Date