

His Way Entry Application

Thank you for your inquiry about His Way. Any individual seeking acceptance into His Way must fill out this form completely before entry. As you may already be aware, His Way is a Christ centered recovery program for men who struggle with addiction. The program length is six months and is designed to give our men an opportunity to get their lives back! One of the main goals of our program is for our residents to be honest with others and themselves. Remember that a changed heart is the only way to a changed life. Be sure to fill out this form truthfully and carefully, not omitting any details.

NAME _____ DATE _____

ADDRESS _____

PHONE (_____) _____ CELL (_____) _____

SS # _____ - _____ - _____ DOB ____/____/____ DL # _____

EMERGENCY CONTACTS: (2)

NAME _____ PHONE (_____) _____ Relationship _____

ADDRESS: _____

NAME _____ PHONE (_____) _____ Relationship _____

ADDRESS: _____

What is currently happening in your life? (Describe)

What is your prior work history?

Have you ever been to a recovery program before? (Please explain where, when, and circumstances of your departure. List ALL)

What is your (DOC) Drug of Choice? Be Honest. For Example, if it is Crack, then write Crack!!!

Are you addicted? When was the last time you used? (Explain)

Describe your using history. When did you start? Describe the development of use and major events that contributed to use.

Are you ready to commit to this six month residential recovery program on **our** terms?

Family Information

Are you married? Yes No If yes, Name _____

Do you have a girlfriend? Yes No If yes, Name _____

Are you divorced? _____

Children – How many? _____

Name	Age	Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Legal Information

ATTORNEY NAME _____ PHONE (_____) _____

ADDRESS: _____

P/O NAME _____ PHONE (_____) _____

ADDRESS: _____

ANY OTHER REPORTING OFFICER/AGENCY _____

PHONE (_____) _____

ADDRESS: _____

Have you ever been **charged** with a sexual offense, either pending or in the past? (If yes, explain)

Have you been ordered by a Judge to complete a recovery program? (List Judge and Explain)

LIST **ALL** CASES PAST OR PENDING THAT YOU HAVE BEEN ARRESTED FOR: (INCLUDE DATE & COUNTY)

CHARGE: _____

CHARGE: _____

CHARGE: _____

CHARGE: _____

CHARGE: _____

Medical Information

His Way is not a detox facility; however, His Way will determine, on an individual basis, whether the potential resident will require detoxification before entry into the program.

Do you have problems with any of the following? Please circle all that apply to you.

- | | |
|-----------------------------|---|
| High / Low blood pressure | Mental Illness (Please Specify Diagnosis) |
| Kidney / Bladder | Skin Sores |
| Asthma / Breathing Troubles | Diabetes |
| Tuberculosis (TB) | Epilepsy |
| Venereal Disease / STD's | Migraine Headaches |

Other:

Allergies (Please List):

Are you disabled or handicapped in any way? (Explain)

Do you receive disability, SSI, or any other government funds?

Do you have insurance? If so, please list Company and policy #?

LIST ANY/ALL MEDICATIONS YOU ARE CURRENTLY TAKING: (Include dosage and reason)

I, _____; attest that the above information is true, and all meds are prescribed for the specifically labeled purposes. I understand that 'His Way' is a non-narcotic facility, no exceptions.

I, _____; understand that 'His Way' is a six month Christ centered recovery facility. I will be asked to, and agree to work a full time job and to pay rent every week that I reside here.

By signing below, I agree to ALL of the information above and attest that all statements are true and given by me.

Signature: _____ **Date:** _____

Waiver and Release from Liability

I, _____; indemnify, hold harmless and forever discharge 'His Way, Inc.' and all its agents, employees, officers, directors, affiliates, successors, and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I have ever had or may have arising from or in any way related to my participation in any of the events conducted by, or on the premises of, or for the benefit of 'His Way, Inc.' provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

I understand that the activities and functions in which I participate may be conducted, but do not have to be of a volunteer nature, or for the benefit of a 501 c (3) and/or dangerous and may cause serious grievous injuries, including bodily injury, damage to personal property and/or death. On behalf of myself, my heirs, assigns and next of kin, I waive all claims for damages, injuries and death sustained to me or my property that I may have against the aforementioned releases party to such activity.

By this waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with 'His Way, Inc.' including but not limited to any volunteer activities, community events or leagues, using the facility and its equipment, practicing or engaging in organizational functions and fundraisers or other related activities on and off the premises.

This waiver and release contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter this waiver and release. The provision of this waiver and release may be waived, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

The provision of this waiver and release will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of 'His Way, Inc.' whether by agreement, by operation of law, or otherwise.

I have read and understand and fully agree to the terms of this waiver and release. I understand and confirm that by signing this waiver and release I have given up considerable future legal rights. I have signed this agreement freely, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability to the full extent of the law. I am 19 years of age and am mentally competent to enter into this waiver.

Signature: _____ Date: _____

Printed Name: _____

Reasons for Expulsion

***** *Initial by each of the below* *****

Fighting or threats of Violence

_____ Any fighting by residents, either on or off property, will be reason for immediate dismissal. This includes any work-related incidents, regardless of who the other individual is. Threats of violence of any kind, whether between residents or someone outside of the program is also grounds for immediate expulsion from the program. There is no leeway with violence here at 'His Way'.

Stealing

_____ Any resident who is caught stealing on the premises or in the community will be dismissed immediately. Any resident found going through other resident's belongings without authorization will also be dismissed.

Sex

_____ No sex of any kind will be allowed at 'His Way'. Regardless of whether a resident is married or not, no sexual relations are permitted on property.

Alcohol/Drugs

_____ Any use or possession of drugs or alcohol will be grounds for immediate dismissal from the program. There are no alcohol or drugs, prescribed or not, allowed at 'His Way'. Any drugs found will be confiscated and the authorities will be notified. Any alcohol usage **on or off property** will also be grounds for immediate expulsion.

Vehicles

_____ Any unauthorized use of 'Way' vehicles will be grounds for dismissal from the program. No vehicles at all will be allowed on property unless specifically authorized by the Program Director.

Waiting list policy

***** *Initial below* *****

Call Weekly

_____ Potential residents are required to call weekly to check in with the Case Manager, 256-859-7377 or email info@thewayinc.org. This process ensures that the potential resident will remain active on our waiting list.

After 10 days of not checking in

_____ After 10 days of failing to check in, the potential resident will forfeit his position on the list and will be moved to the bottom of the waiting list. No notice will be provided prior to or after being moved.

After 20 days of not checking in

_____ After 20 days of failing to check in, the potential resident will be removed from our waiting list. No notice will be provided prior to or after removal.

When the potential resident is contacted about an available opening, there will be seven days in which he must enter the program. Failure to do so will mean the potential resident will be moved to the bottom of our waiting list. (Date and time of entry is to be set up through our case manager)

Note: Those who are incarcerated will have the same seven days from the date the order is signed by the judge.

Medical requirements

His Way is not a detox facility; however, His Way will determine, on an individual basis, whether the potential resident will require detoxification before entry into the program. A list of possible detox facilities are provided below:

- Crestwood Medical Center 256-429-4000
- Bradford Health Services 256-760-0200
- Huntsville Hospital 256-265-8123
- Cedar Lodge 256-582-9807
- Colonial Management Group 205 836-3345
- Gadsden Treatment Center 256 549-0807
- Pearson Hall 205-925-6552
- UAB 205-917-3784
- Wellstone 256-705-6444

A physical is required and results from your physical to include a complete metabolic panel, a hepatitis panel, RPR (syphilis), chlamydia, gonorrhea, HIV antibody, and tuberculosis (TB) testing must be provided. **Documentation of a negative TB test result must be provided before entry into the program. You may get this documentation from a physician of your choice or you may arrange for testing with our program prior to your entry date.** Your complete physical can be done by a doctor of your choice before entry or will be done after you arrive, at your expense, for \$100.00. Positive results on required medical tests do not necessarily prohibit an applicant from entering His Way for treatment.

Please keep this page!

List of things to bring and not to bring

Bring:

1. Bible – New International Version or another easy to read version
2. Open heart and attitude
3. **You must have a valid form of identification** (e.g., Drivers License, State ID, Military ID, Passport) **and a Social Security card**
4. Clothes – dress clothing for church and interviews and no more than 14 casual outfits
5. Shoes – casual and dress
6. Toiletries
7. Linens for twin bed and pillow
8. Towels and washcloths
9. Laundry basket and detergent if you prefer your own
10. Tobacco products are allowed
11. Radio and/or alarm clock
12. Reading material that supports spiritual Christ-centered recovery
13. Writing materials for letters and stamps
14. Limited amount of money for incidental expenses which will be monitored by staff

Do not bring:

1. TV
2. Weapons
3. Cell phones
4. Video games
5. Computers
6. Pets
7. Music devices

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Waiting List Guidelines

To remain on our waiting list you must meet the following requirements:

- 1) Detox, if required (please see pages 5 and 10)
- 2) Contact His Way's Case Manager, **weekly**, to let us know how you are doing as you wait. After **10 days** of not checking in, you will be moved to the bottom of the list. After **20 days** of failing to check in with the Case Manager, you will be removed from the waiting list. You are welcome to contact us by calling our office at 256-859-7377. Please leave a message if no one answers. You may also email info@thewayinc.org or write to us at **His Way, 582 Shields Road, Huntsville, AL, 35811**.
- 3) When the potential resident is contacted about an available opening, there will be seven days in which he must enter the program. Failure to do so will mean the potential resident will be moved to the bottom of our waiting list. (Date and time of entry is to be set up through our case manager). Note: Those who are incarcerated will have the same seven days from the date the order is signed by the judge.
- 4) Attend church, outpatient meetings, and/or recovery meetings agreed upon at the time of your interview. Time waiting should also be time spent seeking recovery.
- 5) See a doctor for a health screening. **You will be required to provide lab results from the following:** a complete metabolic panel, a hepatitis panel, RPR (syphilis), Chlamydia screening, HIV antibody, and tuberculosis (TB) testing. Provide documentation to a staff member as soon as you can **or be prepared to cover the cost of an exam for \$100 upon entry**. Documentation may be delivered or mailed to our office at the address highlighted above. You may also fax results to 256-859-5687.

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