



210 2ND St SE Hickory, NC 28602

Phone # 828-855-9055

Fax # 828-322-4814

- ***There is a \$150.00 entry fee that is due on move in day. This offsets the costs of drug tests and background checks that are part of the program.***
- ***Safe Harbor Rescue Mission is a non-smoking facility. Residents are not permitted to smoke.***
- ***We are unable to serve sex offenders due to children visiting our facilities.***
- ***Residents may not pursue any romantic relationships while a resident of the program.***
- ***A thorough Clinical Assessment completed in the last year (Substance Abuse and/or Mental Health) or a recent Intake Assessment must be sent to us in order for the application to be considered.***
- ***Residents must be physically and mentally able to maintain a rigorous schedule, including all types of household duties, on the job training in our warehouse, and managing reading and homework from several classes.***

BASIC INFORMATION (please use blue or black ink)

Name: _____ Date of Application: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Current Address: _____ Length of stay _____

Other household members and relation to applicant: _____

Prior Address: _____ Length of stay _____

Home Phone: _____ Cell Phone: _____

Sex: _____ Height: _____ Weight: _____ Social Security # _____

Driver's License/ID Number: _____

In case of an emergency, call: _____ Phone: _____

Relationship to you: _____ Address: _____

EMPLOYMENT

Please list the last three employers

Current/Last Employer: _____

Occupation: _____

Length of Employment: _____

Reason for leaving: _____

Previous Employer: _____

Occupation: _____

Length of Employment: _____

Reason for leaving: _____

Previous Employer: _____

Occupation: _____

Length of Employment: _____

Reason for leaving: _____

Please list all job skills (customer service, manufacturing, fast food, housekeeping, clerical, etc):

EDUCATION

High School: _____

Did you graduate? Yes No What year? _____ If no, what grade did you complete? _____

Have you taken the GED? Yes No If yes, did you pass? Yes No

Did you attend vocational school/college? Yes No

Name of Vocational School/College: _____

Location: _____ Credits Earned: _____

Degree/Certificate: _____ Year: _____

MEDICAL HISTORY

Please list name, location, approximate dates of service of all medical providers and hospitalizations (excluding mental health/SA) from earliest memory to the present

<u>Name of Doctor/Hospital</u>	<u>Location</u>	<u>Dates</u>

Are you currently taking any medications? Yes No

If yes, list all and what they are for (use additional paper or back of application if more space is needed):

Who prescribed them? _____

Do you have any drug or food allergies? If so, list them.

When was your last TB test and results? _____

When was your last HIV/Aids test and results? _____

When was your last dental exam? _____ Eye exam? _____

Are you pregnant? Yes No Is there a chance you could be pregnant? Yes No

Do you have any chronic medical problems which continue to interfere with your life? If so, please specify (use additional paper or back of application if more space is needed):

Do you have any physical limitations that would prevent you from cooking, cleaning, yard work and working 20 hours at Resource Warehouse and Gallery? Yes No

Do you receive a pension for a physical disability, or have you ever applied for disability? Yes No

How many days have you experienced medical problems in the past 30 days (do not include ailments directly caused by drugs/alcohol): _____

MENTAL HEALTH AND SUBSTANCE ABUSE HISTORY

Specific drug and administration types:

Place the number in the blank that corresponds with the usual or most recent route of drug administration. For more than one route, choose the most severe. The routes are listed from least severe to most severe.

1 – Oral 2 – Nasal 3 – Smoking 4 – Non-IV injection 5 – IV

	Past 30 Days	Lifetime (years)	Route of Admin
Alcohol (any use at all)			
Alcohol (to intoxication)			
Heroin			
Methadone			
Other Opiates/Analgesics			
Barbiturates			
Sedatives/Hypnotics/Tranquilizers			
Cocaine			
Amphetamines			
Cannabis			
Hallucinogens			
Inhalents			
More than 1 substance per day (including alcohol)			

Circle any of the following that have been an issue for you during the past 30 days: DT’s, shakes, cravings, disturbing effects of use, or wanting to stop and being unable to, other:

How many times in your life have you been treated for (includes detox, halfway houses, in/outpatient counseling, and AA or NA): _____

How many of these were detox only? _____

How many days have you been treated as an outpatient for alcohol or drugs in the past 30 days (include AA/NA)? _____

If applicable, how long has it been since you’ve used a drug; including alcohol? _____

What is your longest period going without drugs; including alcohol? _____

Are there other additional coping behaviors involved (check any that apply)?

___ Eating disorder ___ Workaholism ___ Relationship/Sexual Addiction ___ Cutting ___ Hoarding
 ___ Stealing ___ Other: _____

Do you smoke? Yes No

If yes, are you willing to quit to be considered for this program? Yes No

Do you receive a pension for psychiatric disability? Yes No

Has any family member ever attempted suicide? Yes No

If yes, what was the outcome? _____

Please explain your hospitalizations for mental health issues, detox centers, drug treatment/rehab programs. Include approximate dates.

Name of Hospital or Treatment Program	Location	Dates	What were you there for?	If detox or SA treatment, did you complete it?

Are you now or have you ever undergone counseling for emotional problems? Yes No

If so, what is the name and address of your counselor?

FAMILY/RELATIONSHIP HISTORY

Marital Status: Married Widowed Divorced Remarried Separated
 Never Married Common Law Marriage

Are you satisfied with this situation? Yes No Indifferent

Usual living arrangements (past 3 years): With sexual partner & children With family
 With sexual partner alone With children alone With parents Alone
 Controlled Environment No stable arrangement With friends

Are you satisfied with this arrangement? Yes No Indifferent

Do you live with anyone who: Has a current alcohol problem Uses non-prescribed drugs?

With whom do you spend most of your free time? Family Friends Alone

Are you satisfied with spending your free time this way? Yes No Indifferent

Have you ever been or are you now in a romantic relationship (other than through legal marriage)?
__Yes __No If yes, how long? _____

Are you satisfied with this relationship? __Yes __No

List the names and birth dates of each of your children, and father if known (if more space is needed, use additional paper or the back of the application):

Do you have custody of your children? __Yes __No If not, who does? _____

Who will keep your children while you are here (if applying for residential program)?

Has child protective services ever been involved with your children? __Yes __No

As a child was child protective services ever involved with you and your family? __Yes __No

Has there ever been any abuse in your family of origin (**physical, sexual, emotional**), intimate relationships, or other? __Yes __No If yes, what kind? _____

Have you ever had to flee your home for safety? __Yes __No

Have you ever stayed in a domestic violence shelter or received assistance/programming for domestic violence issues? __Yes __No

How many days in the past month have you had serious conflicts with your family? _____

How many days in the past month have you had serious conflicts with other people (excluding family)?

Do you have an active support system who would want to help in your recovery? If so, please list anyone you believe would be a positive influence during your treatment (circle the one whom you believe is the very biggest support person in your life): _____

Is there anyone opposed to you coming to Safe Harbor Rescue Mission? If so, explain why you think they are not supportive. _____

List three references and their relationship to you:

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

SPIRITUAL

Religious Preference: __ Protestant __ Jewish __ Other _____

 __ Catholic __ Islamic __ None

What is your current relationship with God? _____

Continue to next page

LEGAL HISTORY

Are you now or have you in the past been involved with the law in any way? Yes No

If yes, please fill out the following table:

How many times in your life have you been arrested and charged with the following (Include total number of counts, not just convictions. Do not include juvenile crimes, unless you were charged as an adult. Include formal charges only):

Shoplift/Vandal	
Parole/Probation	
Drug Charges	
Forgery	
Weapons Offense	
Burglary/Larceny/B&E	
Robbery	
Assault	
Arson	
Rape	
Homicide/Manslaughter	
Prostitution	
Contempt of Court	
Disorderly conduct, vagrancy, public intoxication	
Driving while intoxicated	
Major driving violations	
Other: _____	

Was this application prompted or suggested by the criminal justice system? Yes No

Of the charges listed have any resulted in convictions (including fines, probation, incarcerations, suspended sentences, and guilty pleas; not including misdemeanors) **Please be specific and list convictions:**

How many months were you incarcerated in your life (if incarcerated 2 weeks or more, round this up to one month)? _____

How many days in the past month were you detained or incarcerated (include being arrested and released on the same day)? _____

Are you presently awaiting charges, trial, or sentencing (don't include civil cases, unless a criminal offense is involved)? Yes No

If yes, list the offense: _____

If you are awaiting sentencing or have unresolved legal issues, where will you be required to go to **court and when?**

Where/District? _____ When? _____

Where/Superior? _____ When? _____

Do you have an **attorney**? Please give name and phone number:

Name: _____

Phone Number: _____

Are you on parole or probation? Yes No

If yes, give name and phone number of **probation officer**:

Name _____

Phone Number: _____

FINANCIAL INFORMATION

Please list all current known financial obligations: _____

Please list current financial assets (food stamps, vehicle, home, savings, cash, etc.): _____

Continue to next page

How much money did you receive from the following sources in the past 30 days?

Employment (net or take home pay, include any "under the table" money)	
Unemployment Compensation	
Welfare (include food stamps, transportation money provided by an agency)	
Pensions, benefits, or social security (include disability, pensions, retirement, veteran's benefits, SSI & worker's comp)	
Mate, family, or friends (money for personal expenses, including unreliable sources of income, unexpected money, money from loans, gambling, inheritance, tax returns, etc.)	

How many people depend on you for the majority of their food, shelter, etc.? _____

Do you pay child support? __Yes __No

Does someone contribute the majority of your support? __Yes __No

If so, who? _____

Do you have a valid driver's license? __Yes __No

Do you have an automobile available? __Yes __No

If the car available is one you own, please state license plate number: _____

Insurance Carrier, if applicable: _____

Please list any and all outstanding debt:

RECREATION/HOBBIES

What were your hobbies before addictions took over your life?

Safe Harbor Rescue Mission
210 2nd St SE
Hickory, NC 28602
Phone: 828-326-7233
Fax: 828-322-4814

AUTHORIZATION TO RELEASE INFORMATION

To: _____ Re: _____

I, _____, give my consent for the release of information, oral and/or in writing, to Safe Harbor Rescue Mission, from the following:

Person at SHRM to receive information and/or records (name and title):

Signed: _____ Date: _____



Just a reminder:

The entry fee for Safe Harbor is **\$150.00**. This covers drug tests, and background checks. Safe Harbor is also a **non-smoking facility**. Residents of the recovery program at Safe Harbor Rescue Mission **are not permitted to smoke** at any time while a participant of the program.

Residents of Safe Harbor may not pursue any romantic relationships while a resident in the program.

A thorough Clinical Assessment completed in the last year (Substance Abuse and/or Mental Health) or a recent Intake Assessment must be sent to us in order for the application to be considered.

Please make sure you complete all parts of the application. The completed application is 12 pages that include: **the Application and the Authorization to Release Information form.**