Promise of Hope, Inc.

P.O. Box 321 Dudley, GA 31022 478-676-4673
P.O. Box 537, Cochran, GA 31014 478-934-0774
Fax 478-676-4675

"To shine upon those who sit in darkness and in the shadow of death, to guide their feet into the way of peace." Luke 1:79

To Whom It May Concern:

Thank you for your inquiry about Promise of Hope.

Enclosed is the application you requested. A motivational statement from the applicant should be enclosed with the application when it is returned for evaluation.

Please understand that due to our limited resources, we cannot accept all applicants. We do not always have a bed available. We will however be willing to make referrals if the waiting period is longer than you desire to wait, or in the event your application is not accepted at this time.

Blessings on your journey,

Jessica Dobbins
CEO

Promise of Hope, Inc.
Men's Financial Agreement

Initial Fee: $500.00
Payment of initial fee needs to be made with Cashier's Check, Certified Check, Money Order, Credit Card or Cash. **We do not accept personal checks.**

The program is established for a (12) month recovery process. The initial fee is $500.00 and this covers the first week's fees. The initial fee will be paid in full no later than the resident's first day in the program. Any resident that is currently on any form of medication when entering our program or that may require medication during the duration of their stay here will be charged a $25.00 deposit for a key to our med box. This deposit will be refunded to the resident's account once the key has been returned.

There is **No Refund on Initial Fee.** Promise of Hope will in no way cover a residents cigarette expenses, this includes charging. If a resident comes in on a grace bed or scholarship bed, a family member or friend will need to provide or cover the cost for cigarettes. Let it be noted that the Entry Fee of $500.00 if not paid in its entirety prior to admission will be assigned to the resident's balance and will be paid before the resident may begin accruing money for saving.

Spending accounts are established for the resident. With permission family members may contribute to this account. If the fee account is current and not behind, wages earned over the cost of the weekly fee ($275.00/week) are kept in the spending account. Once resident completes or enters the 9 month phase a credit will be processed and a check will be mailed within (45) business days to the resident. If resident fails to enter 9 month phase or complete program then the refund will be issued to the financial responsible party. Once resident has reached the 9 month phase they will be required to pay a deposit fee equivalent to one week's fee.

After the first week of resident's stay, weekly fees of $275.00 begin accruing. Resident now assumes financial responsibility from their salary. Any balance that incurs more than $500.00 while resident is working will need to be paid by the family as soon as possible. If this balance is not paid then this may lead to dismissal of resident. After 6 months an evaluation is made for allowing the resident to have their own transportation on property. If resident is unable to find gainful employment and fulfill the financial responsibilities then Promise of Hope has no choice but to dismiss resident from program.

Our goal is to return to you a healthy productive member of society.

If you would like to receive a quarterly electronic newsletter, please enter all email addresses that you would like it sent to here:

I hereby agree to the conditions of the financial agreement for Promise of Hope, Inc. By signing this agreement, I authorize Promise of Hope, Inc. to contact the responsible party regarding financial matters.

Resident Signature:_____Date:_____
Responsible Party Signature:_____ Date:_____
Witnessed by:_____ Date:_____

PROMISE OF HOPE
P. O. Box 537
COCHRAN, GA 31014

In filling out an application for entry into Promise of Hope, we ask that you write a letter of motivation, stating why you feel as though you want help at this time. Return this letter along with your application as soon as possible. Without letter of motivation your application will not be reviewed.

Use the space below and the back of this page for your letter.

God Bless you

Admission Criteria

The potential client must:

1. Have primary Diagnosis of Chemical Dependency
2. Not be actively suicidal or homicidal
3. Having adequate control over their behavior and assessed not to be imminently dangerous to self or others; no violent tendencies
4. Express a desire to recover from addiction to drugs and alcohol
5. Be assessed as medically appropriate and free of any illness that requires isolation from others
6. Be 18 years of age or older
7. Have the capacity for active participation in all phases of the program
8. Be responsible for taking own medications as prescribed
9. Be able to work
10. Be willing to suspend contact with family, friends, and acquaintances while on level one (30-45) days
11. Be willing to remain at Promise of Hope for at least (9) months and no longer than (1) year
12. Having all legal matters in order
13. Be willing to interview with Operational Team if applicant case is questionable-in this event the applicant would be responsible for transportation to the interview
14. Have test results from TB, Hepatitis, RPR, and Aids test when you report for admission.

Promise of Hope, Inc.

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List of supplies and personal belongings you will need

Due to space, personal items are limited to <u>no more than</u>:

POH –Female	POH -- Males
5 pairs of fingertip length shorts (summer time) 5 pairs of pants (winter time) 2 pairs slacks or long pants (summer time) 2 pairs shorts (winter time for exercise) 7 shirts (no tank tops, no low cut tops) 2 pairs of pajamas, a house robe and bed shoes You may bring 2 dresses if you choose to Underwear No more than 4 pairs of shoes Personal hygiene products (soap, shampoo, deodorant, feminine products, etc.) You may also bring your pillow from home.	5 pairs pants or jeans 5 pairs of shorts 7 shirts (dress shirts, t-shirts, or tank top) 2 pairs of work or exercise pants 2 belts or suspenders 2 hats or caps 2 pairs of pajamas, a house robe and bed shoes 1 Suit if you choose Underwear No more than 4 pairs of shoes Personal hygiene products (soap, shampoo, deodorant, etc.) You may also bring your pillow from home.

You will be allowed to wash your clothes twice a week. At the end of your first month you may "swap out" some of your belongings on your first visit, if your family is willing to bring you different clothes.

Residents are allowed 5 packs of cigarettes per week and $10.00 in spending money per month. Promise of Hope will NOT provide money for your personal purchases. Cigarettes are considered a personal purchase and that is the resident's responsibility.

All of your NEEDS will be provided thanks to our many faithful supporters.

PROMISE OF HOPE, INC.
P.O. BOX 537
COCHRAN, GA 31014
PHONE (478) 934-0774 - FAX (478) 676-4675

PRE-ADMISSION INFORMATION

Name_____Age_____

Address _____

City/State _____Zip_____

Telephone **(___)**_____Birth Date _____

Gender_____Race _____SSN _____

NAME AND PHONE NUMBER OF EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone Number: (___)_____

Marital Status (M)_____ (S)_____ (W) _____ (D)_____ (SEP)_____

If divorced or separated give date(s)_____

Spouse's Name_____

Number of dependent children _____

Church affiliation _____

Pastor's Name _____ Church Phone (___)_____

Education High School _____ College _____ Other_____

CHEMICAL CHART **Circle chemicals that you have used**						
Chemicals	Age began using	How much Minimum Maximum	How often	How long	Last used	Drug route: Oral, IV, Inhale
ALCOHOL: beer, wine, moon shine, liquor						
CANNABLS: Marijuana, pot, hash						
COCAINE: coke, white snow, crack						
NARCOTICS: Codeine, Darvocet, Darvon, Demerol, dilaudid, heroin, hydrocodone, methadone, morphine, opium, perdocet, percodan, talwin, ultram						
C.N.S. Depressants: amytal, barbiturates, benadryl, dalmane, doriden, elavil, Librium, Nembutal, Phenobarbital, Quaalude, seconal, valium, xanax						
C.N.S. Stimulants: Amphetamine, caffeine, diet pills, meth., preludin, Ritalin, tenuate						
HALLUCINOGENS: LSD, MDA, mescaline, mushrooms, PCP, psilocybin						
OTHER: ecstasy, nitrous oxide, other inhalants						

PERSONAL MEDICAL STATUS: What type of drugs have you been abusing and how long? Be complete about frequency and rate**:** _____
_____
_____
_____
_____

Is there a history of substance abuse in your family? If so, please describe:
_____
_____
_____
_____

Have you ever had convulsions, seizures, or blackouts?
_____
_____
Allergies_____
Other Medical Problems: _____
_____

Rate yourself in the following: (Excellent, Good, Fair, Poor)
Physical_____ Mental_____ Emotional_____ Spiritual_____

Are you taking any medications? _____ If so, what_____
_____
_____
_____

WE ARE NOT A MEDICAL FACILITY AND CANNOT GIVE MEDICAL CARE. WE NEED TO KNOW WHO WILL BE RESPONSIBLE FOR MEDICAL EXPENSES INCURRED WHILE YOU ARE HERE:
Insurance Company:_____ Policy Number:_____
IF YOU HAVE NO INSURANCE, GIVE THE NAME OF THE RESPONSIBLE PERSON, Name:
_____
Address: _____
Phone Number:_____

LEGAL STATUS: Are you currently on parole, probation, under bond, or involved in any legal matters at this time? _____ If so, for what and for how long?

_____

_____

Parole Officer _____Phone: (_____)_____

Who recommended Promise of Hope to you? _____

_____

CHILD SUPPORT: Do you pay or owe child support or have a pending child support case?

_____

_____

DISABILITY: Have you applied for disability, have a pending disability case or are you receiving benefits at this current time?

_____

_____

_____

1. Do you feel guilty about eating?
2. Are you prone to consume large quantities of junk food?
3. Do you hide food or hide from others while eating?
4. Do you eat to the point of nausea and vomiting?
5. Are you sometimes repulsed by food?
6. Have you ever forced vomiting? If so, how often?
7. Do you take laxatives to control weight?
8. Do you take diet pills to control appetite?
9. Have you found yourself unable to stop eating?
10. Do you weight in on a scale more than once a week?
11. Do you fast to control weight?
12. Do you think your eating pattern is abnormal and embarrassing?
13. Do you eat until your stomach hurts?
14. Does eating cause you to fall asleep?
15. Do certain occasions require certain foods? (i.e. movies & popcorn)
16. In your lifetime have you lost more than 50 pounds?
17. Does a “good” restaurant serve large portions?
18. Do you “inhale” your food?
19. Have you heard others call food “too rich” and felt confused?
20. Do you awake from sleep to eat?
21. Do you eat standing up?
22. Do you become irritated at postponed eating?
23. Do you eat snacks before going out to eat with others?
24. Do you relish preparing food even if you don’t eat?

NEW RESIDENT SCREENING PROCESS

Please fill out pre-admission form and answer these questions to the best of your ability. Please use reverse side to answer if you need more room.

1. How has your life been affected by your chemical abuse? What about your relationship with your family?

2. What is your motivation for wanting to come to Promise of Hope?

3. What are your goals for treatment? For your life?

4. Describe your past religious involvement.

5. Have you been in treatment before? When?

6. What do you know about AA/NA?

7. Have you ever attended a meeting?

8. Do you have a skill/career?

9. Do you have an income?

10. Do you experience difficulty meeting people?

11. Do you smoke?

12. For the first 4 weeks, you are not allowed visits or phone calls. You may, however, communicate by mail; staff is allowed to check on children, etc. for you during this time.

13. You will need to bring written test results from TB, Hepatitis, RPR, and Aids test when you report for admission.

14. Due to space we limit your personal items to no more than 4 dresses (for females), 5 pair shorts (summer), or 5 pair pants (winter), 2 pair long pants (summer), or 2 pair shorts (winter, for exercising), 7 shirts, PJs and a robe, 1 pair bed shoes, underwear (females) (bras, socks, panties, pantyhose), no more than 3 pair of shoes, and personal hygiene items. **IF YOU ARE UNABLE TO PROVIDE ANY OF THESE ITEMS WE WILL ASSIST YOU IN GETTING THEM.**

15. Are you on any medications? Please list:

16. Are you ready to do WHATEVER it takes to stay clean and sober?

If you answer <u>YES</u> to any of the following questions, please give explanation.

1. Do you feel responsible for other's feelings and/or behaviors?

2. Is it difficult for you to identify and express feelings?

3. Are you angry? Lonely? Sad? Happy? Joyful?

4. Do you worry about how others may respond to your feelings?

5. Do you fear being hurt and/or rejected by others?

6. Do you have difficulty in forming and/or maintaining close relationships?

7. Do you place too many expectations on yourself and others, seeking perfection?

8. Do you have difficulty making decisions?

9. Do other people's actions and attitudes control how you respond and react?

10. Do you put other people's wants and needs above your own?

11. Is it hard to acknowledge good things about yourself?

12. Do you feel that what you do, say or think is not "good enough"?

13. Are you steadfastly loyal even when the loyalty is unjustified and personally harmful?