

# Lighthouse Rescue Mission

## New Life Program

### Entrance Questionnaire

Please answer the following questions honestly and completely. Use notebook paper or the back side of this questionnaire for additional writing space if needed.

1. Are you aware that the program is at least twelve months in length? \_\_\_\_\_
2. The program requires that you not work a job outside the facility for at least the first ten months. Do you see this requirement as a barrier to participating in the program? \_\_\_\_\_
3. The first month of the program is a black out status, meaning you are not allowed face to face or electronic contact with friends and family (letter writing is allowed). Do you see this being a barrier to participating in the program? \_\_\_\_\_
4. The program is a no tobacco or vaping program. Use of any tobacco products or their derivatives is prohibited. The NLP also does not allow nicotine patches or gum. Is this a barrier to participating in the program? \_\_\_\_\_
5. The program is a no Schedule 2-5 medication program. Use of these schedule medications is prohibited. Is this a barrier to participating in the program? \_\_\_\_\_
6. The program requires all programmers who do not have a High School Diploma or a GED obtain a GED prior to completion of the program. We provide a learning center and tutors to help you obtain your GED. Do you have a High School Diploma or GED? \_\_\_\_\_  
If No, do you see this as a barrier to participating in the program? \_\_\_\_\_
7. The program requires your daily participation in performing tasks/chores around the facility. Do you have any limitations to completing tasks? \_\_\_\_\_  
If No, are you willing to cooperate to complete the ones assigned to you? \_\_\_\_\_
8. The program requires evangelical church attendance and involvement. The evangelical church you attend may likely be of a different nature or even denomination of which you may be familiar with. Would this be a barrier to participating in the program? \_\_\_\_\_
9. If you are married or in a relationship, have you talked to your partner about participating in this program and the program requirements? \_\_\_\_\_  
Is this person supportive of you entering the program? \_\_\_\_\_  
Does the person you are in relationship with struggle with addiction? \_\_\_\_\_  
If Yes, are they involved in or going to enter in an addiction recovery program? \_\_\_\_\_  
If you are not married but in a relationship, are you willing to have no face-to-face contact with this person while you are in the program? \_\_\_\_\_

10. If you are on Probation/Parole, Pre-Trial Release or under Court supervision, program staff will inform your supervising agency of your progress and participation in the program. This information includes but is not limited to Urinalysis results, Program Progress reports, attendance and any violations of the conditions of your supervision.

**Please tell us: Probation/Parole Officer (prior to your incarceration):**

\_\_\_\_\_

**County of your Pre-Trial release:** \_\_\_\_\_

11. If incarcerated, please answer all that apply:

- a. Are you currently on parole/probation pending a violation hearing? \_\_\_\_\_  
If Yes, state the violation: \_\_\_\_\_
- b. Is your incarceration a result of new charges? \_\_\_\_\_
- c. Have you ever absconded supervision? \_\_\_\_\_

**Explanation:**

12. Are you being considered for Drug Court or Mental Health Court? \_\_\_\_\_

13. Do you receive a monthly income either from a pension, benefits or trust? \_\_\_\_\_  
If Yes, are you willing to work with a "Payee" to manage your income while in the program? \_\_\_\_\_

14. Do you receive a monthly income from any source other than what is stated in #12? \_\_\_\_\_  
If Yes, source of income: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

15. Are you willing to comply with the Policy, Procedures and rules of the New Life Program and Boise Rescue Mission Ministries? \_\_\_\_\_

By signing this form, you are affirming that the information provided is true and correct.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return with your application to:

Mail: Program Manager  
Nampa Lighthouse  
304 16<sup>th</sup> Av. N.  
Nampa, ID 83687

Fax: Program Manager  
(208) 461-4833