

Application for the New Life Program River of Life Rescue Mission

(A MINISTRY OF THE BOISE RESCUE MISSION MINISTRIES)

575 S. 13th St., Boise, ID. 83704 Phone: 208-389-9840 Fax: 208-389-9773

Please fill out neatly and completely.

PERSONAL INFORMATION

TODAY'S DATE: _____

CURRENT MAILING ADDRESS: _____

_____ PHONE # _____

Mr. _____
(LAST) (FIRST) (MI) DOC# _____

Other Names (Alias's) _____

DOB ___/___/___ Age ___ Place of Birth _____ Height _____ Weight _____

Marital Status _____ Driver's License # _____ State ___ Expires ___/___/___

Last known address _____ How long did you stay there? _____

Currently staying? _____

How long have you been homeless? _____

Relative Nearest to You _____ Phone # () _____

Are you a registered sex offender? ___ Yes ___ No

Are you a Vet? ___ Yes ___ No How long did you Serve? _____ Branch of Service _____

Church Affiliation

Church Attending _____

Address _____

Pastor's Name _____ Phone # () _____

Have you committed your life to Christ? ___ Yes ___ No When? _____ Where? _____

In your own words, describe what happened and how you felt _____

Family information

Marital Status: Single Married Divorced Widowed

Name of Person involved with _____

Their address: _____ Phone # _____

Describe the relationship: _____

Are you expecting to become a new parent? _____ Due Date ___/___/___

Children:

From any sexual relationships you have had in the past; how many children do you have? _____

Have any resulted in miscarriages? _____ How Many? _____

Have any led to abortions? _____ How Many? _____

Do you have you have custody or visitation of them? _____

Children:

1. **Name** _____ **DOB** _____ **AGE** _____ **M/F**____
Address _____ Last lived with you _____
Phone _____ Mother or current custodial care person's name _____
Social worker _____ Child entering residential program; ___ yes ___ no

2. **Name** _____ **DOB** _____ **AGE** _____ **M/F**____
Address _____ Last lived with you _____
Phone _____ Mother or current custodial care person's name _____
Social worker _____ Child entering residential program; ___ yes ___ no

3. **Name** _____ **DOB** _____ **AGE** _____ **M/F**____
Address _____ Last lived with you _____
Phone _____ Mother or current custodial care person's name _____
Social worker _____ Child entering residential program; ___ yes ___ no

4. **Name** _____ **DOB** _____ **AGE** _____ **M/F**____
Address _____ Last lived with you _____
Phone _____ Mother or current custodial care person's name _____
Social worker _____ Child entering residential program; ___ yes ___ no

Family of Origin

Mother _____ Maiden Name _____
Address _____ Phone: _____
Any addiction history, Relationship? _____

Father _____
Address _____ Phone: _____
Any addiction history, Relationship? _____

Siblings;

Name _____ **M/F**____ **Age** _____ **Phone** _____
Address _____
Any addiction history, Relationship? _____

Name _____ **M/F**____ **Age** _____ **Phone** _____
Address _____
Any addiction history, Relationship? _____

Name _____ **M/F**____ **Age** _____ **Phone** _____
Address _____
Any addiction history, Relationship? _____

Alcohol History

Describe your drinking pattern in the past: Daily Occasionally Binges

Explain: _____

What was your longest period of sobriety in the past year? _____

What is the longest period you have been abstinent? _____

At what age did you take your first drink? _____

How long has drinking been a problem for you? _____

Drug History

Describe your pattern of drug use in the past 30 days: Daily Occasionally Binges

Explain: _____

How long has using drugs been a problem for you? _____

Have you used any of the following drugs? List date of last use and how much you used:

Cocaine/Crack _____

Marijuana _____

Heroin/Opiates _____

PCP/Angel Dust _____

Crystal Meth _____

Alcohol _____

Prescriptions (yours, others) _____

Huffing (What) _____

Nicotine _____

Caffeine _____ Other _____

Have you ever suffered severe withdrawal from any of these drugs? _____

Have you ever shared needles? _____

Do you have any specific concerns that you would like to discuss confidentially? _____

Do you use tobacco/ nicotine products? ___ Yes ___ No If yes, what? _____

If you are currently incarcerated, did you smoke or chew before incarceration? ___ Yes ___ No

This is a non-tobacco use program. Are you ok with giving up tobacco products? ___ Yes ___ No

Shelter/Program History

Previous Programs or Shelters (Starting with most recent)

Program #1 Name _____ Type _____

Location _____

Length of stay _____ Dates ___/___/___ - ___/___/___

Did you graduate from the program? ___ Yes ___ No

Program #2 Name _____ Type _____

Location _____

Length of stay _____ Dates ___/___/___ - ___/___/___

Did you graduate from the program? ___ Yes ___ No

Have you ever been asked to leave? ___ Yes ___ No - If yes, why? _____

AA ___ NA ___ Name of Sponsor & Phone # _____

Meetings per week _____ What do you think is missing? _____

Medical History

All the following information is requested in order to serve you better. The Information provided will be kept in the strictest confidence by Boise Rescue Mission personnel.

Name: _____ Date: _____

Date of Birth: ___/___/___

IMPORTANT! Do you have any allergies to any medications? _____

Do you have any other life threatening allergies? _____

Have you ever thought about, planned, or attempted suicide? Explain: _____

When and where was last attempt? _____

What was your method? _____

Names of medications you are currently prescribed to take and name of Physician:

| Medication | Date Prescribed | Physician | Status (Have/Out of) |
|------------|-----------------|-----------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Do you have any physical disabilities that limit your ability to do certain types of work? ___ Yes ___ No

If yes, please describe _____

What type of pensions or benefits do you receive? _____

Do you have any of the following? Confusion: _____ Memory difficulty: ____ Mood swings:_____ Depression: _____
 Obsessions: Thoughts or urges to use: _____ Anxiety: _____ Stress: _____ Problems sleeping: _____

Do you have any mental health/psychiatric issues or diagnoses?

Do you have a Learning Disability or diagnosis? _____

PAST MEDICAL PROBLEMS

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING?

(Please circle if your answer is affirmative.)

1. Heart Disease
2. Lung Disease
3. Kidney Disease
4. Hernia
5. Sexually Transmitted Diseases
 ___ Gonorrhea
 ___ Syphilis
 ___ Herpes
 ___ Genital Warts
 ___ Chlamydia
 ___ Trichomonas
 ___ Crabs/Scabies
 ___ Other

6. Diabetes
 ___ Insulin Dependent
7. Tuberculosis
8. High Blood Pressure
9. Urinary Tract Infections
10. Test for Hepatitis
 Date ___/___/___ A Results; Positive Negative
 Date ___/___/___ B Results; Positive Negative
 Date ___/___/___ C Results; Positive Negative
11. Test for HIV; Date ___/___/___ Positive Negative
12. Test for AIDS; Date ___/___/___ Positive Negative
13. Ulcer Disease
14. Eye Diseases
15. Ear Diseases
16. Sinus Infections
17. Previous Surgeries
18. Psychiatric History
19. Spinal injuries
20. Seizures
21. Other _____

SIGN AND SYMPTOMS

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING?

(Please circle if your answer is affirmative.)

1. Headaches
2. Visual Problems
3. Hearing Difficulty
4. Sore Throat
5. Difficulty Swallowing
6. Heartburn
7. Nausea
8. Vomiting
9. Diarrhea
10. Constipation
11. Blood in your Stool
12. Abdominal Pain
13. Cough
14. Sputum Production
 ___ Red
 ___ Green
 ___ Yellow
15. Shortness of Breath
16. Wheezing
17. Difficulty Breathing
18. Fevers
19. Chills
20. Sweats
21. Weight Loss
22. Dizziness
23. Yellow Eyes/Skin
24. Dark Urine
25. Painful Urination
26. Rash

* Please Note: Due to public health code regulations some ministry assignments may be restricted for compliance reasons.

Have you been hospitalized? _____ Reasons _____
 Have you had any major accidents? _____
 Do you have any major life threatening illness/disease? _____
 Do you wear glasses? _____

Food addictions? (Caffeine, Corn Starch, Sugar, other) _____
 Eating disorders? (Bulimia, Anorexia, other) _____

Sexual Activity

Describe your sexual activity

- Virgin Monogamous Several Partners Numerous Partners

Frequency of activity

- several times daily several times a week once a week other

Have you had or is it your practice to have sex with partners you do not know? ___Yes ___No

Have you had or is it your practice to have sex with partners affected with an STD? ___Yes ___No

If yes what was the STD? 1. _____ 2. _____ 3. _____

Please circle the following with whom you have had sex?

Women

Men

Do you understand that our program teaches the biblical doctrine of no sex out of the marriage covenant (Marriage being defined as the union between a man and a woman?) ___Yes ___No

Do you understand that our program teaches the biblical doctrine that only a heterosexual lifestyle is an acceptable lifestyle to God? ___Yes ___No

Education

High School Graduate? ___Yes ___No ___ Completed GED ___Yes ___No ___ College # of years _____ Degree

| High School | Address |
|-------------|---------|
| | |

| Business/Trade/Technical School | Address |
|---------------------------------|---------|
| | |
| | |

| College/University | Address |
|--------------------|---------|
| | |
| | |

Are you enrolled in school? ___Yes ___No If yes, school attending _____

Course of study _____ Hours per week in school _____

Is Higher Education a goal you would like to pursue? ___Yes ___No

Do you have any personal hobbies? _____

Employment

Please list your previous employers:

| Employer | Address | Position | Dates |
|----------|---------|----------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

What job or vocation has been most satisfactory? _____

Criminal History

List all of your convictions

County

Date of
Conviction

Date of
Release

Are you a registered sex offender? Yes No

Where are you currently registered? _____

For which crime(s)? _____

Are you currently incarcerated? Yes No Are you on probation or parole? Yes No

Probation or Parole Officer: _____ Phone# _____

Location SICI ISCI IMSI ISCC Other _____

Parole Eligibility Date ___/___/___ Full-Term Release Date ___/___/___ Next Hearing Date ___/___/___

Requesting parole to: Idaho, District # ___ Washington ___ Oregon ___ Other _____

If you are incarcerated, we must have a contact person in order to process your application in a timely manner:

Institution Counselor's Name _____ Phone # _____

Probation/Parole Officer's Name _____ Phone # _____

Attorney's Name _____ Phone # _____

Pre-Sentence Investigator's Name _____ Phone # _____

Briefly explain why you are currently incarcerated:

Classes currently attending:

Class:

Facilitator/Instructor:

| | |
|--|--|
| | |
| | |
| | |
| | |

Criminal History Continued

What do you feel is the most serious problem you have yet to overcome?

How did you hear about the New Life program? _____

Do you understand what is expected of you and are you willing to cooperate? ___Yes ___No

Describe your Current financial obligations; _____

Testimony

Explain to us why you want to change your life and what made you decide to seek help with us. How do you think this program and a better relationship with God can help you? What are your expectations? _____

PLEASE ANSWER ALL QUESTIONS
COMPLETELY AND HONESTLY

1. What is your religious preference? Catholic___ Protestant___ Muslim___ Judaism___ Other_____
2. What are your feelings about participating in a biblically based program for self-improvement?
3. Briefly describe your family background (brothers, sisters, parents – married/divorced, etc.) as well as your relationship with them.
4. Are you married? If so, what is your relationship with your wife?
5. If previously incarcerated what are your feelings about the crimes, you were convicted of?
6. Describe why you would like to be a part of the program at Boise Rescue Mission and how you feel we could best help you.

River of Life Rescue Mission
575 S. 13th St.
Boise, Id. 83702

RELEASE OF INFORMATION

Client Name _____

| Last Name | First | Middle |
|-------------|-------------------------|---------------|
| _____ | _____ | _____ |
| Maiden Name | Previously Married Name | Date of Birth |
| _____ | _____ | _____ |

I hereby request and authorize:

Name _____
Address _____
City _____ State _____ Zip _____

To Release to: Boise Rescue Mission Ministries
River of Life Rescue Mission
P.O. Box 1494
Boise, ID. 83701

A copy of the following reports from the client's files:

- Medical Information
- Vocational Rehabilitation information and verification of services received.
- Health & Welfare program information and verification of services received.
- Employment agency information and verification of services rendered by _____
- Social service agencies services rendered by _____
- Other pertinent information _____
- Exchange of verbal information _____

This information will be used for:

I acknowledge that data to be released MAY INCLUDE material that is protected by Federal Law and that is applicable to ANY or ALL of the above.

My signature below authorizes release of all such information to and from River of Life Rescue Mission and Boise Rescue Mission Ministries.

Signature of Client or Responsible Party

Relationship to Client

Date

Witness

To the above signed, understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

To the party receiving this information; This information has been disclosed to you from the records, whose confidentiality is protected by Federal and/or State Law. Federal and/or State regulations prohibit you from making any further disclosures of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation.

Acknowledgement of River of Life Rescue Mission's New Life Program Policies and Procedures and Information Release Form

By signing and dating below, I, _____, have read the Boise Rescue Mission Ministries' River of Life Rescue Mission's New Life Program Policies and Procedures in its entirety and agree to follow the rules and policies found therein while a participant in the New Life Program. I hereby declare that my answers, information, and statements in the River of Life Rescue Mission's New Life Program Application are true to the best of my knowledge and understand that I may be discharged from the program for providing any false information. I declare that I will fully cooperate with all Mission staff and understand that failure to adhere to these Policies and Procedures will result in corrective discipline (including removal from the program) or my choice to leave the program unsuccessfully. I further acknowledge that the Policies and Rules are subject to change at any time at the Director's discretion and without notice.

I also acknowledge that I understand there will be no confidentiality between the staff and any law enforcement and judicial officials in regards to my recovery. Any information about my recovery and my stay at the Lighthouse can be released to, but not limited to, police, court officials, and probation and parole officials. Signing this document will constitute consenting to this policy and will serve as a release of information to any and all law enforcement/judicial agencies we deem appropriate.

Signature

Date

Sign, date and return this Acknowledgement Form, along with the Application, to:

**New Life Program
Program Manager
River of Life Rescue Mission
575 S. 13th St.
Boise, Id. 83702**



RELEASE OF LIABILITY

PLEASE READ CAREFULLY!

THIS IS A LEGAL DOCUMENT WHICH AFFECTS YOUR LEGAL RIGHTS!

This Release of Liability (this "**Release**") executed by the undersigned guest ("**Guest**") in favor of Boise Rescue Mission, Inc., an Idaho nonprofit corporation doing business as Boise Rescue Mission Ministries, and its directors, officers, employees, volunteers, landlords and agents (collectively, the "**Rescue Mission**").

Guest desires to receive certain services, assistance or benefits from the Rescue Mission, directly or indirectly, which may include, but may not be limited to, food, shelter, clothing, counseling, education, medical care, employment, assistance, services and other matters (collectively, "**Services**"). The Rescue Mission will not provide Services Guests without this release, and therefore Guest does hereby freely and voluntarily execute this Release to receive such Services.

Release Guest hereby waives, releases and discharges the Rescue Mission from any and all liability, claims and demands of any kind or nature whatsoever, either in law or in equity, that may arise from or be related to the Services or Guest's presence at any Rescue Mission Facility, including any liability, claim, demand or damage that Guest may now have or have in the future with respect to any bodily injury, personal injury, illness, death, property loss or property damage, even if caused in whole or in part by the negligence of Rescue Mission.

Consent to Medical Treatment Guest hereby authorizes the Rescue Mission to provide or authorize any medical treatment or other care that the Rescue Mission deems appropriate in any circumstances where, if the Rescue Mission's judgment, Guest does not have, or does not readily appear to have, the ability to make reasonable medical treatment and care decisions for himself/herself. Guest hereby waives and releases the Rescue Mission from any claim whatsoever that may arise from or be related to the Rescue Mission's provision of any medical treatment or other care to Guest. Guest understands that the Rescue Mission does not provide medical insurance for Guest and that Guest will be responsible for the cost of any medical care that Guest receives.

Assumption of Risk Guest understands that there will be many other persons at the Rescue Mission's facilities from time to time, and that Guests may be in proximity or contact with such other persons while at the Rescue Mission's facilities. Guest acknowledges that such other persons present risks of potential bodily injury, personal injury, illness, death, and property loss or property damage. By way of example, and without limitation, such other persons may have contagious diseases, may have mental illnesses, may have weapons, may have drugs, may have violent tendencies, or a history of violence towards himself/herself or others, and may make hurtful or defamatory statements. Guest understands the Guest will take precautions to protect himself/herself from the foregoing risks. Guest waives and releases the Rescue Mission from any and all liability, claims and demands of any kind or nature whatsoever, either in law or in equity, that may arise from the related to foregoing risks, even if such risks were caused in whole or in part by the negligence of Rescue Mission.

Work/Task Assignments Guest understands that he or she may be asked to do work or tasks for the Rescue Mission Guest assumes the risk of injury or harm in any such activities and hereby waives and releases the Rescue Mission from any liability or claim for bodily injury, illness, death, or property damage resulting from such activities.

Conduct Guest understands that he or she must fully and faithfully abide by all rules and requirements of the Rescue Mission. Any failure to do so may result in remedial action as the Rescue Mission deems appropriate, including, but not limited to, immediate expulsion from the Rescue Mission's facilities.

Photographic Release Guest hereby grants the Rescue Mission the right to take and use photographic images and recordings and audio recordings of Guest as the Rescue Mission desires. Guest hereby disclaims any right to such images and recordings, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

This Release is intended to be as broad and inclusive as permitted by law. If any clause or provision of this Release is held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not affect the remaining provisions of this Release which shall continue to be fully enforceable.

By my signature I acknowledge that I have read and understand this liability release.

Signature _____

Name Printed _____

Date _____

River Of Life 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 **Candidate 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 #13? _____

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: New Life Program
River of Life Rescue Mission
575 S. 13th St.
Boise, ID 83702

Fax: New Life Program
(208) 389-9773
Email: craigp@boiserm.org
Phone: (208) 389-9840 ext. 405