



DAVID'S — C O U R A G E —

Admission Application

Name _____

Address _____

Phone _____ Social Security # _____

Height _____ Weight _____ Hair color _____ Eye color _____

Date of Birth _____ Place of Birth _____

Race _____ Church Preference _____

Name of Pastor _____ Church Address _____

Probation Officer _____ Address _____

City _____ State _____ Zip _____ Phone _____

Cell Phone _____ E-mail _____

Caseworker _____ Address _____

City _____ State _____ Zip _____ Phone _____

Cell Phone _____ E-mail _____

Father's Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Cell Phone _____ E-mail _____

Date of Birth _____ Place of Birth _____

Employer _____ Marital Status _____

Mother's Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Cell Phone _____ E-mail _____

Date of Birth _____ Place of Birth _____

Employer _____ Marital Status _____

Siblings Names (Please include natural, half or step)

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Relatives Who Live Near (Grandparents, aunts, uncles, spouse, etc.)

_____	Relationship _____
_____	Relationship _____
_____	Relationship _____
_____	Relationship _____

Visitors Wanted

_____	Relationship _____
_____	Relationship _____
_____	Relationship _____
_____	Relationship _____
_____	Relationship _____
_____	Relationship _____

Psychological Information (Please attach any copies of testing available)

Have you ever received psychological testing or counseling? _____
If yes, when and with whom _____

If a Diagnosis was given, what was it? _____

Have you ever been hospitalized for psychological or drug/alcohol treatment? _____
If yes, when and where _____

What Diagnosis was given at this time? _____

What follow-up treatment was recommended? _____

Did you follow through with the recommendations? _____

Family History of Problems

Family members with emotional, behavioral, criminal, medical or physical problems;

_____	Problems _____
_____	Problems _____

Is there a history of suicide in the family? _____ If yes, whom? _____

Has someone close to you died in recent years? _____ If yes, whom? _____

School Information

Last School Attended _____

Last Grade Completed _____ Date _____

Did you receive an Individual Education Program (IEP) _____ ?

Please Attach School Records, As Part of This Admission Process

Medical Information

Major illnesses, accidents or surgeries _____

Current Medications/Dosages _____

Who prescribed the medications? _____

Last Physical Exam date _____

Physician Name _____

Corrective Glasses? _____ Date of Last Eye Exam _____

Optician Name _____

Date of Last Dental Exam _____

Dentist Name _____

Please include all records along with immunization records

Developmental History

Is there a history of sleepwalking or serious nightmares? _____ If yes, which? _____

Have you been sexually abused? _____ By whom and at what age? _____

Have you ever molested or been accused of molesting someone else? _____

Additional Information

Please answer the following, giving details

Have you used alcohol? _____

To what degree? Frequency? Quantity?

Have you used drugs? _____

List all drugs' that you have used _____

To what degree? Frequency? Quantity?

Have you ever attempted suicide? _____

If yes, give details _____

Have you ever set fires? _____

If yes, give details _____

Do you have legal problems or active warrants? _____

If yes, give details _____

Have you been physically abused? _____

If yes, give details _____

Have you been emotionally abused? _____

If yes, give details _____

Have you ever been sexually abused? _____

If yes, by who _____

Have you ever been charged with sexual perpetration? _____

If yes, give details _____

Have you ever been convicted of a violent offense? _____

If yes, give details _____

Have you been physically violent? _____

If yes, give details (violent towards people, property, animals, etc.)

What are your hobbies and/or interests? _____

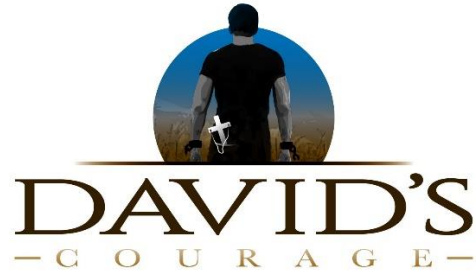
List three (3) strengths _____

What is expected for future education and/or employment? _____

I _____ have filled out this application personally and truthfully and understand that all information can and will be shared with all professional parties involved in my recovery.

Signature: _____ Date: _____

Thank you for taking the time to fill this out, so we may better serve you!



FAITH ASSESMENT

Do you believe in God? YES NO

In a sentence or two tell us what believing in God means for you.

Have you ever committed your life to Jesus Christ?

When was that, and how has that impacted your life to this day?

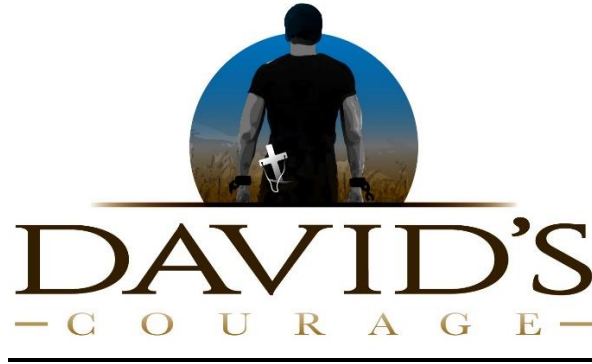
Have you ever been involved in a church or religion? YES NO

If yes, which one/s?

What is your current involvement in the church or your religious practice?

Are you willing to explore faith in God through Jesus as found in the Bible? YES NO

How might we best help you take a next step in exploring and growing in faith?



Recovery Phase I Agreement

Program breakdown:

Agreement to commit to this 9-12-month addiction recovery program

**** You must fully complete this recovery program to obtain the program completion certificate.***

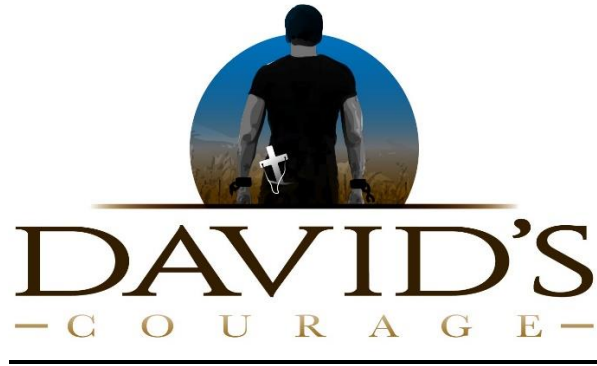
House Policies

1. Zero tolerance for gambling, drugs and alcohol or their use anywhere on David's Courage property. If residents use drugs and/or alcohol residents will be dismissed from the program immediately for a minimum of thirty days. 15-day lockdown for gambling infraction.
2. Zero tolerance of violence and/or threats of violence on David's Courage property. Gangster/intimidating/cell block mentality is unacceptable at this facility. Zero tolerance of racism. No foul language at any time.
3. No sexual innuendos or references to any sexual orientations-this may extremely agitate some of our residents.
4. Cell phones are not permitted in our recovery program. The house phone calls will be limited to 10 minutes per call on your scheduled day and time.
5. All new residents / returning residents who are new to reading the bible are encouraged to begin their journey of Faith in Christ within the Gospel of John.

6. There is a mandatory 30-day probation period for new residents / returning residents coming into (back into) the Phase I program. During this time, residents will be restricted to the David's Courage property and only permitted outside of house with accountability by mature resident or staff member.
7. No smoking in the building. A smoking area has been provided in the back of the recovery house. Cigarette butts are to be placed in the proper area and not thrown on the property. There is no smoking in front of David's Courage properties.
8. The kitchen is off limits to residents unless they are scheduled to help prepare, serve or clean up after meals.
9. Laundry is to be done on your scheduled day.
10. All residents must participate in daily chores including cleanup (includes cleanup of personal space and personal hygiene) and skills development.
11. You must make your own bed every morning before going for breakfast. Your room must be kept clean. Daily room checks will be done.
12. Personal belongings and/or personal bedroom may be searched at any time by staff. Staff has the authority to search your personal being if suspected of having contraband. You are subject to a breathalyzer and/or drug test whenever returning to the property.
13. Appropriate attire is always expected. All residents are expected to be fully clothed except for swimming activities that require a swimsuit. You must maintain proper dress code to avoid exhibitionism or voyeurism. In the event you demonstrate that you do not understand proper dress protocol, you will be informed and educated on this matter by staff. No suggestive articles of clothing will be permitted during your treatment stay. Articles of clothing with logos or messages that are alcohol, drug related or inappropriate in language will not be permitted. Sunglasses are not to be worn in the house (groups nor services), and if you are wearing a hoodie, the hood will be left down during groups and services. Earphones are not to be used during groups or services.
14. Any literature other than approved literature will not be permitted during your treatment stay.

15. Televisions are not permitted in rooms.
16. Attendance and participation in all group activities is required. If any resident has a problem or concern with David's Courage group activities, please bring it to the attention of staff and not in a group setting.
17. All scheduled program sessions & services are deemed as mandatory attendance for All residents in the recovery program (except for medical reasons, that are approved by Staff). Failure to attend will result in disciplinary action and or possible dismissal from the program.
18. If a resident indicates he/she is ill to the management staff, that client shall remain in-house for the day and not leave for convenience walks, program schedule or events to ensure a full recovery. Staff will document and chart symptoms and report to Nurse Practitioner as needed.
19. Curfew is Sunday to Saturday 10:00pm and you are to be in your individual rooms by 11:00pm. The curfew will be enforced and if curfew is broken, there will be consequences set forth by the leadership team.
20. Quiet time is at 10pm. Please show respect for those who rest at that time.
21. 11:00pm is lights out for all residents within the Phase I recovery house. Residents will be asked to proceed to their rooms for rest or study to ensure alertness for next day activities.
22. Residents are only permitted at the recreation center at the discretion of recovery staff.
23. All residents must participate in the Intrepid Phoenix exercise program unless assigned to an approved work detail program.
24. Phase-I residents will not be permitted to look for work during their first month in the program. The first month is to focus on you.
25. In any case of a discharge or suspension from the program for any reason, you will be given 1 hour to remove your belongings from the property. If the items are not removed, David's Courage will not be responsible for the items left behind.

26. All residents are to be in their room at 6:00pm each weeknight for personal study in preparation for devotion group sharing at 6:30pm. Residents are not to book meetings or calls during this time. Failure to adhere to tending to personal study at this time will result in disciplinary action.
27. During group share meetings, residents are to respect other residents time to share with no disruptive cross talk, debate, or derogatory comments.
28. All residents are asked to share during the 6:30pm group devotion time. This is not a suggestion and is for the spiritual growth benefit of all residents in the recovery house.
29. The 6:30pm group devotion will be active until 8:00pm. Residents are not to book call appointments until sessions end. If the session goes past 8:00pm, residents wishing to leave (if discussions endure longer than scheduled) may be excused by management staff.
30. Residents are to respect the spiritual guidance given to other residents from the recovery management staff and or David's Courage Ministry staff. Spiritual recommendations from management staff to residents are not to be offset by residents' opinions or influenced in a negative manner from residents. Spiritually mature residents are to support management staff, trusting they are there to help aid in the physical, emotional and spiritual recovery of all residents.
31. If you receive 3 disciplinary tickets, you shall appear before the leadership team who will decide whether a 30-day dismissal shall be handed out.
32. Phase I residents are expected to attend a local church every Sunday morning. The David's Courage van will attend a default church location.
33. Any extra monies are to be held for them by staff.
34. It is every resident's responsibility to help manage utility costs. When a room is unoccupied, please turn off all the lights. Thermostats are to be operated by staff only. Room temperatures are to be kept at 70 degrees during the winter and 72 degrees during the summer unless otherwise specified by David's Courage staff.
35. Visitation after the initial 30-day assessment will be scheduled in advance and not considered family therapy. Visitors are limited to approved family members and individuals on your visitors list.



Recovery Phase I Agreement

I have read, understand and agree to abide by the House agreement.

Residents Signature: _____ Date: _____

Staff Signature: _____ Date: _____



Recovery Program “No Dating Policy”

Romantic relationships during a time when you are recovering from life controlling addictions can be detrimental to long term recovery. It is understandable that relationships and romantic feelings arise among those with whom you spend the most time; therefore, David’s Courage has implemented a “no dating policy”. This means that the commencement of a dating relationship during your stay in the addiction recovery program is prohibited. Under no circumstances will anyone be permitted to spend time alone with the opposite sex. Dating while in the program distracts your attention from dealing with issues. This then places the focus on another person which can be an unhealthy transference.

**Those entering the program already involved in a long-term relationship will be given guidance and counseling to help foster healthy commitments especially relationships involving marriage and/or children.*

Healthy relationships are an important part of a healthy lifestyle.

I have read and understand the David’s Courage “No Dating Policy”.

Residents Signature

Date

Staff Signature

Date



**Recovery Program
Testimonial/Photo Release Form**

In consideration of good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, the undersigned, hereby grant to David's Courage, LLC. and their agents the right to use my name, photographs, images, story and/or testimonial, in whole or in part. The rights granted herein shall extend in perpetuity, unless revoked in writing to David's Courage, LLC. by me, including without limitation for marketing and advertising purposes of David's Courage, LLC, and in any and all media, including without limitation David's Courage, LLC website and Facebook Group Page. I acknowledge that David's Courage, LLC has no obligation to return any photographs or images to me.

I have read and understand the David's Courage "Release Waiver".

Residents Signature

Date

Printed Name

Staff Signature

Date