

Home of Recovery and Restoration

Po Box 643

Winnsboro, TX 75494

903-629-2199

APPLICATION TO BECOME A RESIDENT AT THE HOME OF  
RECOVERY AND RESTORATION

NOTE: Please read the "House Rules" before you begin your application.

1. Are you willing to abide by the House Rules? \_\_\_\_\_
2. Full Name \_\_\_\_\_ Date \_\_\_\_\_  
Preferred Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_
3. Phone # \_\_\_\_\_
4. Who referred you to the Home of Recovery and Restoration?  
Family Member \_\_\_\_\_ Church leader \_\_\_\_\_ Other \_\_\_\_\_
5. Church most recently attended: \_\_\_\_\_  
Minister's name: \_\_\_\_\_ Phone: \_\_\_\_\_

- ***You are required to take a Tuberculosis Test (TB) at your expense, and you have to pass the test to be accepted as a resident here at the Home of Recovery and Restoration. TB is so contagious that we cannot bring it into the home. Please provide documentation that you passed the test.***
- ***You must also take a HIV test before being admitted to the home. This is a group home setting with common use bathrooms and***

***kitchen. We must do our very best to ensure the safety of all our residents.***

6. Name of person for us to contact for you in case of and emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_

7. INFORMATION ABOUT YOU:

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

State \_\_\_ Expiration Date \_\_\_\_\_ Suspended? Yes or No

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

What is your marital status? \_\_\_\_\_

If you are currently married, state wife's full name. \_\_\_\_\_

Her address \_\_\_\_\_

Do you have a current Restraining Court Order? \_\_\_\_\_

Do you have children? \_\_\_\_\_ If so, what are their ages? \_\_\_\_\_

Academic Information: Mark highest level of education completed.

Grade School \_\_\_\_\_; Some High School \_\_\_\_\_; High School Graduate \_\_\_\_\_;

GED \_\_\_\_\_; Some College \_\_\_\_\_; College Degree \_\_\_\_\_;

Are you currently enrolled in any kind of educational program? \_\_\_\_\_

If so, please state program \_\_\_\_\_

8. Are you willing to totally commit to an at-least six-month recovery and restoration program?

\_\_\_\_\_

9. Have you completed withdrawal? \_\_\_\_\_

10. Are you willing to share in the daily chores here at the home? \_\_\_\_\_

11. Are you an experienced cook and are you willing to cook meals that the fellows will eat and enjoy? \_\_\_\_\_

12. Are you willing to participate in work projects to generate revenue for the Home to help you pay for your monthly upkeep? \_\_\_\_\_

13. List any current health issues and allergies that you may have.

\_\_\_\_\_

\_\_\_\_\_

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14. Do you take Prescription Medicine? \_\_\_\_\_ If so, list each prescription.

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15. I understand that all my medications will be secured and only handed out at proper times and dosages by one of the two Administrators Y/N

16. If you are currently receiving counseling, please state where \_\_\_\_\_ with whom \_\_\_\_\_, and for how long? \_\_\_\_\_

17. Are you on a special diet prescribed by a Doctor? \_\_\_\_\_

Have you ever been diagnosed with an eating disorder? \_\_\_\_\_

If so, what is your eating disorder? \_\_\_\_\_

18. Please circle any of the illnesses or symptoms you have experienced:

- Aids Anemia Arthritis Blackouts Cancer Convulsions Small Pox  
Hepatitis Diabetes Epilepsy Hallucinations Whooping Cough  
Typhoid Fever Ulcers Scarlet Fever Syphilis Gonorrhea  
Tuberculosis Measles Mumps Rheumatic Fever Nervous  
Breakdown High Blood Pressure Low Blood Pressure Kidney Infection  
Bladder Infection Chicken Pox Diphtheria Goiter Allergies  
Pneumonia Depression Asthma Anorexia Bulimia

If you circled Cancer, Hepatitis or Diabetes – please specify which type:

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19. Approximately when was the last time that you had a physical exam by a medical doctor \_\_\_\_\_ . State your Doctor's name and phone

number. Name of Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

20. Are there any medical conditions that you currently have or have had in the past that we need to know about?

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Do you wear contact lenses? \_\_\_\_\_ Glasses? \_\_\_\_\_ Give date of your last eye exam \_\_\_\_\_

Are you currently experiencing any problems with your teeth? \_\_\_\_\_

Do you wear any Dental bridges, mouth piece or dentures? \_\_\_\_\_  
If yes, specify \_\_\_\_\_

Have you had any of the following with the past six months?

Physical Exam \_\_\_\_\_  
Dental Checkup \_\_\_\_\_  
Chest x-ray \_\_\_\_\_  
Blood Test \_\_\_\_\_  
Urinalysis \_\_\_\_\_  
TB Skin Test \_\_\_\_\_

Have your ever tried to commit suicide? \_\_\_\_\_ When? \_\_\_\_\_  
Why?

\_\_\_\_\_

Do you still have that tendency? \_\_\_\_\_

21. Financial Information: Are you on any kind of government financial assistance? \_\_\_\_\_ If yes, state what kind \_\_\_\_\_

Do you know how your monthly resident fee here at the Home of Recovery and Restoration will be paid?

\_\_\_\_\_  
\_\_\_\_\_

Do you have family members, friends, church affiliations that may sponsor you in your residency here?

\_\_\_\_\_

Do you have medical insurance? \_\_\_\_\_

22. Do you have a trade such as:

Carpentry \_\_\_\_\_

Welding \_\_\_\_\_

Plumbing \_\_\_\_\_

Painting \_\_\_\_\_

Auto Mechanic \_\_\_\_\_

Diesel Mechanic \_\_\_\_\_

Small Engine Repair \_\_\_\_\_

Auto Body Repair \_\_\_\_\_

Other \_\_\_\_\_

23. List your Hobbies:

\_\_\_\_\_  
\_\_\_\_\_

24. Would you like to learn a trade while you are a resident? \_\_\_\_\_ If so, what trade do you prefer? \_\_\_\_\_

25. Do you understand that you WILL NOT be given prescription medication to combat your addiction? Please initial the space provided for your answer.

“Yes, I understand.” \_\_\_\_\_ “No, I do not understand.” \_\_\_\_\_

If you answered, “No, I do not understand,” please read why you will not be given prescription medication in an attempt to bring you out of your addiction.

25. I understand that I (the resident) will always wear proper shoes and clothing outside my room ?

26. I understand that I will be subject to **random drug testing** by the staff.

27. I understand there are three levels of Phone privileges and at any time (I) the resident can have them removed or given.

a. Level 1-NO phone

b. Level 2-Phone will be given during working hours and turned in at night

c. Phone will be allowed to be on person

28. Understand no resident can share their phone with another resident. If it happens you will have phone privileges revoked.

FACT: There is no natural escape from the addiction to drugs and/or alcohol. The only DESTINY for the addict is hard-time prison or a grave in the cemetery. Neither is very appealing!

YOU MAY ASK: Who can deliver me from my addiction?

ANSWER: JESUS CHRIST can deliver you from your addiction.

JESUS CHRIST IS THE ONLY TRUE DELIVERER! You will be taught the Gospel of Christ in love. You will not be judged, condemned, or criticized by any of us. We want you to know that Jesus considered you worth dying for; therefore, you are precious in His eyes and the eyes of God the Father.

We want to lead you to Christ so that you can be born-again in Him, and then we will fill your mind and heart with the Word of God. You will begin to develop a personal relationship with Christ and to mature spiritually in Him; and Christ working through your faith in Him will wash away your desire for drugs just like He will wash your sins away in His blood when you are born-again in Him.

The Home of Recovery and Restoration Rehabilitation Program is a Christ centered home that welcomes men from all religions and spiritual backgrounds. Please be aware that while a man lives at the Home of Recovery and Restoration, he will be expected to participate in Bible studies and other Christian activities which are desperately needed and are highly effective in your healing process.

IF you become a resident of the Home of Recovery and Restoration, we want you to graduate and go home as a new man in Christ, a new husband if your are married, a new father if you have children, a new son, a new grandson, and a fisher-of-men for Christ.

I, \_\_\_\_\_ have answered all the questions of this application correctly and completely. I have read the rules of this

program and agree to comply with the rules and the staff of The Home of Recovery and Restoration Rehabilitation Program. I understand that if I have failed to answer questions on the application, or have not answered truthfully and completely, it may be considered grounds for refusal or dismissal from this program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness