

Shepherds Shelter/ Ross Rehab  
Wayne Ross Director 859-498-7111 fax 8594987100

Dear Prospective Client,

Enclosed are the client handbook and application forms Shepherds Shelter/ Ross Rehab.

**If you are interested in becoming a client at Shepherds Shelter / Ross Rehab, please follow all steps listed below.**

1. Read client handbook and all the enclosed information carefully.
2. Complete and sign all forms.
4. Mail the application, medical form, client entry agreement, civil rights waiver form, and general release form to Shepherd's Shelter/Ross Rehab with \$800.00 non-refundable intake fee.
5. Deliver a copy of the sponsorship letter to at least five (5) individuals who might be willing to help support the program during your stay. Provide a complete list of prospective sponsors on the sponsorship form.
6. Contact the Intake Coordinator at Shepherd's Shelter/Ross Rehab to arrange an interview (859) 498-7111.
7. After you are approved for entry, prepare the following item to bring to Shepherd's Shelter:
  - Social Security Card
  - Picture ID
  - Sponsorship Form
  - Return bus fare or means of transportation in case you decide to leave or are dismissed.
  - All legal papers pertaining to your sentence, parole or probation, or court order.
  - All personal items listed on the application cover sheet.

Sincerely,  
Shepherd's Shelter/Ross Rehab Staff

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

www.shepherdsshelter.com email: shepherdsshelter@roadrunner.com



# **SHEPHERD'S SHELTER/ROSS REHAB**

**236 Bridgett Drive  
Mt. Sterling, KY 40353  
(859) 498-7111**

## **CLIENT HAND BOOK**

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

[www.shepherdsshelter.com](http://www.shepherdsshelter.com) email: [shepherdsshelter@roadrunner.com](mailto:shepherdsshelter@roadrunner.com)

## PLEASE CAREFULLY READ ENTIRE HANDBOOK

### MISSION STATEMENT

The primary emphasis of Shepherd's Shelter/Ross Rehab (SS/RR) is to help people with drug and alcohol problems through Recovery Dynamics/Criminal thinking and therapeutic interventions using the 12 Steps. The rehabilitation program is designed to initiate the discipline and structure, which will enable clients to function as stable citizens in society by applying biblical principles to relationships in the family, local church, chosen vocation, and the community. SS/RR endeavors to help individuals become mentally sound, emotionally balanced, socially adjusted, physically well, and spiritually alive.

### HISTORY

#### PURPOSE

SS/RR is a residential certified Recovery Dynamics program designed to help men and women find a meaningful answer to the problems, habits, and conflicts which control them, by building a personal relationship with Jesus Christ and applying Biblical principles of Recovery Dynamics/Criminal Thinking 12 Steps in their daily lives. The program focuses on reaching and disciplining people with life-controlling drug and alcohol problems.

#### WHO DOES THE SHEPHERD'S SHELTER PROGRAM HELP?

The program is available to any persons from ages eighteen and older who have a life-controlling drug or alcohol problems. Clients must be genuinely serious about changing their life and be willing to voluntarily submit themselves to the disciplined 6-18 month residential program. They must be willing to consider Biblical alternatives, be teachable, and have no severe physical or mental disabilities that would prevent them from participating in the program.

Clients who have HIV/Hepatitis C may be admitted if they are capable of fully participating in the program. HIV/Hepatitis testing prior to admission is required.

#### WHAT DOES THE SHEPHERD'S SHELTER PROGRAM OFFER?

The program is structured to address each person's spiritual, mental, social, educational, and vocational needs.

1. SPIRITUALLY: SS/RR views the clients' problems as symptoms, which relate to deeper issues and conflicts. Real healing is experienced when spiritual needs are met. It is the power of God that gives one the ability to overcome problems and live a successful life.
2. MENTALLY: The healing of the abused minds is of key importance. The Biblical principles of Recovery Dynamics 12 Step program is the foundation for the restructuring of negative, worldly thought patterns, and for creating a new and stable way of life. Individual and group counseling with concerned staff members helps clients to find answers and work through the conflicts they are facing.
3. SOCIALLY: Through group living, clients are helped to identify and resolve relationship problems and to relate more successfully to family, peers and authority figures. This social group interaction promotes growth of character, enhances development of right attitudes and desires, and helps develop moral excellence.
4. EDUCATIONALLY: SS/RR provides a structured 6-18month Christian Education program designed to enhance the whole person. SS/RR may also assist clients who have not completed their high school education.
5. VOCATIONALLY: Through household chores, short-term supervised work assignments, work experience, and vocational training, clients learn responsible work habits and vocational skills.

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

www.shepherdsshelter.com email: shepherdsshelter@roadrunner.com

## ADMISSION REQUIREMENTS

1. Must be male or female over age eighteen (18).
2. Must be motivated to complete the entire program of 6-18 months.
3. Must have read and be voluntarily willing to abide by the policies, standards, and rules of this client handbook.
4. Must possess sufficient emotional and mental stability to participate successfully in a group living environment without psychiatric, mood, or mind altering drugs.
5. Must be physically able to participate in spiritual, educational, and vocational program activities.
6. Must have thoroughly completed and submitted the application, medical form, and signed waivers.
7. Must complete an admission interview.
8. Must have paid the non-refundable \$800 intake fee.
9. Must be prepared to pay the \$700 monthly program fee or document significant attempts to procure family, friends, or churches which are willing to sponsor on a monthly basis.
10. Must provide legal documentation upon arrival: court order, judge, social worker, and parole officer if applicable; social security card, driver's license or state picture ID, marriage license.

## MONTHLY FEE & CLIENT MONEY

Clients are responsible to ensure that the **\$800 non-refundable intake fee**, which covers the first month, is paid prior to arrival at Shepherd's Shelter/Ross Rehab. Clients are responsible to ensure that the **\$700 monthly fee** continues to be paid each month. This may include significant attempts to contact family, friends, or churches to obtain monthly sponsorship.

**All clients' personal money must be turned in to the Intake Staff. Client personal money will be put in a safe in an account in the client's name. 80% of all monies received will go toward any delinquent monthly payments.**

## PROGRAM PHASES & GRADUATION

Our program has 4 phases plus Evaluation. Evaluation (Pre-induction), Phase 1, 2, 3, and 4. **Each client must complete a contract for each phase and gain staff approval before moving to the next phase or graduating from the program. Clients must have successfully completed the contracts for each phase and graduated from all four phases.**

In addition to completing the contract for each phase, personal growth in the following areas will be used to evaluate progress, advancement to the next phase, and final graduation.

1. Spiritual progress and development of Christ-like character qualities.
2. Participation in and understanding of the need for accountability.
3. Development of industrious work attitude, work habits, and productivity.
4. Development of diligent attitude toward scripture study and academic learning in general.
5. Development of a respectful attitude towards those in authority and towards others.
6. Development of personal responsibility and initiative.
7. Development of integrity and honesty with one's self, God, and others.
8. Evidence of the fruit of the Spirit as described in Galatians 5.

## ACTIVITIES AND MEETINGS

As discussed in the mission statement and introduction of this client manual, SS/RR is a faith based recovery program focused on life transformation for people with addiction problems. Consequently, **all clients are required to attend and participate in various classes and activities within the program facility.** These activities may include Group Meetings (lecture/discussion on coping with vital life issues using 12 Steps), Anger Management Groups, Personalized Studies (individual development, lesson application, reading, goal setting), individual counseling, personal devotions, study, church services, work activities, house meetings, group and individual recreation. Some of these activities may include sharing one's personal testimony with others either verbally or in writing. Growth is produced by active, enthusiastic, and honest participation. Participation is defined as active listening, following along in

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

www.shepherdsshelter.com email: shepherdsshelter@roadrunner.com

Bibles or books, appropriate verbal and written responses, and giving undivided attention to the speaker, especially through eye contact. Rest room needs are to be taken care of prior to or after but not during any activity. **Clients are not permitted to leave any classes or activities without staff permission.**

**Church Services:** Clients are to enter, sit, and remain as a group within speaking distance of staff supervision. No one is permitted to leave the group without staff permission. All restroom needs must be taken care of before and after church or other functions. In case of emergency, with special staff permission, clients may be permitted to use the restroom or leave the meeting. Clients are not to argue, use profanity, or disrespect staff or guests under any circumstances. If a client believes instructions are questionable, the client must obey first and later discuss the issue with the staff member or program director privately. Clients are not to solicit or ask for assistance (financial or other requests) from volunteers or guests.

**Clients are also not permitted to give or receive any addresses or phone numbers or invite people to the center visits, or any other activity without explicit permission from staff.** Clients are not permitted to have contact with the opposite sex other than immediate family or to have the appearance of close contact. **Remember-we are representatives of the Lord and SS/RR everywhere we go.**

### **WORK EXPERIENCE PROGRAM**

**All clients will be assigned daily household chores and various short-term, supervised work assignments in and outside Shepherd's Shelter/Ross Rehab facility.** The goal of these assignments is to gain practical work experience, develop responsibility and accountability, gain knowledge and attitudes conducive to successful job performance, develop constructive work habits, learn how to cooperate with fellow workers, develop respect for authority, and prepare to assume a productive role in society. Some assignments may include work related to fund-raising.

**Clients are not compensated financially for their work.** Although work assignments may enhance SS/RR property or provide revenue in the form of donations, any financial contributions or other funds received as a result of work assignments are used exclusively to help cover the cost of staffing and operating the work experience program and the SS/RR facility.

General Work Experience Program Rules:

1. Work with enthusiasm, to the best of your ability, "as unto the Lord," without complaining.
2. Do not use tools or equipment without permission and supervision of a staff member.
3. Do not leave prescribed work area without permission.
4. Be on time for work assignment.

### **MEDICAL/DENTAL ISSUES**

**Shepherd's Shelter/Ross Rehab does not provide any medical or dental coverage for clients in the program.** All dental and medical issues should be resolved prior to arrival. However, if medical or dental problems arise, appointments must be scheduled through the staff office. Each client is responsible for his own medical/dental care and all expenses incurred. If a long-term illness arises which prevents the client from full participation in the program, it may be necessary for the sick client to leave the program until the illness is resolved. **SHEPHERD'S SHELTER/ROSS REHAB ASSUMES NO RESPONSIBILITY FOR INJURIES, MEDICAL OR DENTAL ISSUES OR BILLS INCURRED BY CLIENTS PRIOR TO OR DURING THEIR STAY.**

**Medications:** clients are only to take medicine prescribed to them by their doctor. **Clients must report their addiction to their doctor. Addictive pain medications are not permitted in the program.** All medicines must be turned in to staff upon intake. Medicines will be marked and coded for the individual client. They will be locked in the office medicine cabinet and will be administered at the appropriate time by staff. Clients are prohibited from having any prescription or non-prescription medicines in their possession. OTC may be purchased during med calls when needed.

If a client is sick enough for bed rest, staff may encourage that client to see a doctor at the client's expense. Client on bed rest must remain in bed until wake-up the next morning and are not permitted to write letters,

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

www.shepherdsshelter.com email: shepherdsshelter@roadrunner.com

engage in personal pursuits, or work on discipline projects. If a pattern develops and staff suspects that the client is feigning illness to avoid program responsibilities or work, staff may require the client to get out of bed and/or to see a doctor at the client's expense. Any class assignments missed during an illness must be made up.

### **VISITATION RULES**

In order to maintain focus on and minimize distractions from the primary mission of life transformation, visits are limited as follows.

1. Visits are permitted on Sundays from 3 pm to 5pm. after client has completed 30 days
2. Clients must submit names of visitors to staff three (3) days prior to visit.
3. Visitors must be informed that they may be drug tested during visitation and if found to be positive for drugs or alcohol they will be asked to leave immediately and not be allowed to visit again.
5. Staff may deny a visit based on discipline, poor progress, or perceived negative influence.
6. Visitors may not bring in any items (purse, cell phone, cigarettes, etc.) during a visit. They must present only a picture ID. Items brought in by visitors for clients must be turned in to the office where they will be subject to search before they before they will be given to the client.

### **TELEPHONE CALLS**

In order to maintain focus on and minimize distractions from the primary mission of life transformation, phone calls are not allowed except for calls regarding legal issues. Calls for doctor appointments or for family to bring supplies will be conducted by staff members upon clients request using proper chain of command.

### **MAIL**

In order to maintain focus on the primary mission of life transformation, limit destructive influence or illegal activity, mail use is limited as follows. Clients may **send to only immediate family and pastors after the first month of rehab** . After that, clients may send but not receive letters. Letters may be written or read **only during free-time**, never during group, personal studies, work, devotions, or any program activity. Client must **present mail to staff for review prior to sending out**. Objectionable mail will be confiscated. Illegal contents may be reported to the police. Clients must provide their own envelopes and stamps. No mailing lists, periodicals, newsletters, etc. are permitted.

### **MEAL TIMES**

Every attempt is made to serve balanced, nutritious, good-tasting meals. Clients are not to hassle the cook or criticize the meal. If you disapprove of something offered, don't take it. If you feel you have a legitimate complaint, speak with the Building Manager through the Chain of Command. Remember, we are to be truly thankful for what God has supplied. The following rules also apply:

1. Clients are permitted seconds only after all clients have been served as the portions last.
2. Clients should eat everything on their trays (plates). Only take what you will eat!
3. After eating, take tray/plate to garbage can in kitchen, scrape excess food into can, and put tray/plate in the dish tub.
4. Clients who are not on kitchen duty are not permitted in the kitchen without staff permission.

### **CLIENT ROOM RULES**

Staff will assign each client a specific room and bed, which is subject to change by staff. A client's cooperation is expected. If a problem arises, try to resolve it using biblical principles learned in this program. If the problem persists, seek help from the staff. Clients are responsible to comply with the following hall rules:

1. Rooms must be cleaned, organized, dusted, vacuumed, beds made, and wastebaskets emptied prior to 7:30 am each day.
2. Clothes are kept neatly only in the wardrobes, dressers, or a dirty clothes bag; not hanging, laying, or draped anywhere else.

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

www.shepherdsshelter.com email: shepherdsshelter@roadrunner.com

3. Shoes are to be placed neatly under the bed, or in wardrobe.
4. No drinks, food, gum, or candy are permitted in bedrooms with the exception of hard candy for diabetics.
5. No client may enter another client's room at any time. You may talk at the entrance to the room.
6. Each client will be assigned a laundry day. Laundry must be in a laundry bag or basket and ready to wash that day. If you miss your laundry day you will be charged anyway and you may not change your laundry day or combine your laundry with someone else's. Bedding (sheets and pillowcases) must be laundered every two weeks.
7. Clients are not permitted outside their rooms after lights out.

### **DRESS & CLOTHING GUIDELINES**

Proper dress may increase our self esteem and communicate respect to others. Clients will observe the following guidelines:

1. Collared shirts, t-shirts, sweat shirts or sweaters, jeans or pants, shoes, and socks will be worn during all classes.
3. Socks and/or shoes are required in all areas except the dorm room and showers.
4. No cut-off shirts or tank tops except during work detail.
5. Bermuda length shorts are permitted during hot weather.
6. No sunglasses or hats inside the building.
7. No clothes with worldly or ungodly sayings, pictures, or advertisements such as beer advertisement, bars, rock bands, pictures of women, profanity, etc.

### **PERSONAL HYGIENE & APPEARANCE**

Good personal hygiene, good grooming, and cleanliness are mandatory. Please take care in your appearance. Don't offend others. Please observe the following general rules.

1. Hair must be neat, clean. No outrageous or objectionable hairstyles.
2. Mustaches or facial hair must be clean, neat, and trimmed.
3. Showers must be taken daily but limited to seven (7) minutes each shower.

### **CLIENT CONDUCT**

1. Treat others with respect, courtesy, and kindness at all times.
2. Treat staff and volunteers with respect and obedience.
3. Staff instructions must be obeyed. If necessary, objections may be discussed with the program director co-director at a later time.
4. No alcohol, drugs, gambling, or sexual behavior.
5. Conversation should be edifying, encouraging, constructive, or related to recovery. No cursing, profanity, improper language, gossip, slander, or "war or street stories", (bragging about or glorifying past episodes involving drugs, booze, crime, sex, sinful or destructive behavior).
6. Clients must fully participate in all program activities unless given special permission from the staff for an exceptional reason.
7. At no time are clients permitted to lie on a couch, bed, or floor, cover their face to block out light, or attempt to sleep or nap from wakeup until lights out. Clients' body language should indicate alertness and engagement in program activities.
8. All property must be respected. Any property damage may result in fines, restitution, and program dismissal.
9. No knives or weapons of any type.
10. No aggressive, violent, or threatening behavior at any time. Such behavior is subject to program dismissal.
11. Conflicts must be resolved in a biblical manner through discussion and staff mediation.

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

www.shepherdsshelter.com email: shepherdsshelter@roadrunner.com

## GENERAL HOUSE RULES

1. Bathrooms must be cleaned after use. Towels hung up, soap and shampoo put away, drains cleaned, paper picked up, sink cleaned after shaving, toilets flushed, etc.
2. Clients must take all personal items, bibles, books, pens, notebooks, etc. with them when they leave any general areas of the house other than their dorm rooms. All personal items should be stored in the client's dorm room. No personal items should be left in areas such as the dining room, lounge, classroom, etc.
3. Any special request should be addressed to the facility manager via a written chain of command slip. Clients are not permitted to request special favors from staff members, volunteers, visitors, or guests.
4. Clients must ask permission to use the restroom during any classes. Please plan ahead and take care of restroom needs prior to these activities.
5. Clients must have permission from staff to leave the facility for any reason. Leaving the facility without permission may result in dismissal from the program.
6. Clients are not permitted personal books, newspapers, magazines, cell phones, radios, ipods, etc. CDs or players, TVs, electronic or audiovisual equipment, medications, money, cards, games, weapons, or secular music.
7. Clients are not permitted to answer the phone or the door.
8. Clients are not permitted in kitchen, staff rooms or offices without direct permission from staff.
9. Staff may require clients to be tested for alcohol, or drug use at random, after returning from a visit, or at any time that use is suspected.

## STAFF AUTHORITY

The purpose of the standards and rules cited is to create a safe and orderly environment in which clients can accomplish the primary mission of life transformation and freedom from addiction. The above guidelines give a clear outline of expected behavior. However, they may not cover every situation or problem that can arise. Within the framework of our mission and purpose and the structure of this program, staff possesses the authority to revise standards, modify rules and schedules, and give additional instructions at any time to address problems, resolve issues, maintain order, and improve learning conditions. **Clients must agree to obey all rules and staff instructions (written or verbal). Failure to obey these rules and staff instructions may result in disciplinary actions and possible dismissal from the program.**

## APPEAL PROCEDURE

**If a client has a significant complaint or firmly believes that a staff member's instructions or decision violates the program mission and purpose, the client's treatment goals, or the security of the program, the client may appeal to the program director through the Chain of Command. The program director may meet with the client and staff member individually or together and attempt to resolve the conflict as soon as possible.**

## CONSEQUENCE POLICY

The purpose of discipline is to assist the client to develop self-control spiritually, mentally, physically, and socially; instill respect for authority, others, and self; develop and nurture desirable character qualities; correct destructive attitudes and behavior patterns; develop mature and meaningful relationships; and develop Christ-like attitudes and responses to correction. Consequences will be assigned by staff members meeting with the client as soon as possible after the rule violation, destructive behavior pattern, or negative attitude is observed. Staff should attempt to assign consequences appropriate to the offense. The client will accomplish all accountability learning experiences during free time and not during any other program activities. Consequences may include but is not limited to writing, reading, or study assignments; temporary loss of any privileges such as visits, free time, recreation, etc; a period of silence, extending time required to complete a phase or graduate the program; dismissal from the program.

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

www.shepherdsshelter.com email: shepherdsshelter@roadrunner.com

## PROGRAM DISMISSAL

**INVOLUNTARY:** The following behaviors may result in immediate dismissal: possession or use of any type of drugs or alcohol; insubordination; refusal to comply with discipline or staff instructions; threats of bodily harm; fighting, assault, or violent behavior; destruction of property; sexual activity; theft; or any type of criminal behavior. A client also may be dismissed in order to receive proper medical care if his health deteriorates to the point where he is no longer able to participate in the daily program activities or his medical condition requires daily medical supervision.

**VOLUNTARY:** Participation in Shepherd's Shelter/Ross Rehab is completely voluntary. A client is free to leave at any time. However, clients who are court ordered will be informed that the proper authorities will be alerted and it may result in arrest and immediate incarceration. Clients are not permitted to repeatedly speak to other clients about leaving or to speak derogatorily about the program as this may discourage others from their recovery goals. Clients wishing to leave should advise the Program Director preferably between 8:00 a.m. and 3:00 p.m. Once the client verbalizes his decision to leave the program, staff may not permit the client to reverse that decision. The client may be required to leave the program.

**CHECKOUT:** The facility manager or designated staff member will check all personal belongings to ensure that the client has returned all books or other materials belonging to Shepherd's Shelter/Ross Rehab and that the client has no items belonging to others in his possession. The client is solely responsible to arrange transportation home including any costs and to ensure that he takes all his personal property. SS/RR is not responsible for any transportation fees or arrangements or for any personal property the client leaves behind. Any personal property remaining at the program will become property of Shepherd's Shelter/Ross Rehab after the client's departure.

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

[www.shepherdsshelter.com](http://www.shepherdsshelter.com) email: [shepherdsshelter@roadrunner.com](mailto:shepherdsshelter@roadrunner.com)

**SHEPHERD'S SHELTER/ROSS REHAB****CLIENT ENTRY AGREEMENT**

In signing this document, I acknowledge that I am voluntarily choosing to enter Shepherd's Shelter/Ross Rehab, Inc. (hereafter call SS/RR); I have carefully read the client handbook and this agreement or have had them read to me; I fully understand their contents; and I agree to abide by all the client handbook rules, which include all the statements below.

1. I am committed to complete the entire SS/RR program, which is 6-18 months.
2. I agree to pay the non-refundable \$800.00 that includes \$700 first month's treatment fee and \$100 administrative fee at intake. If these are not paid up to date, I agree to give SS/RR 80% of all personal monies brought with me, sent or given to me and to give all remaining funds in my client and medical account to SS/RR when I leave or until the balance owed is satisfied.
3. I agree to address and resolve all known medical or dental issues before I enter the SS/RR program.
6. I agree that if I require detoxification, I must pay for any detoxification drugs administered to me.
7. I agree to allow a SS/RR staff member to search my body and person and to check all of my personal possessions upon entry and periodically during my stay if deemed necessary.
8. I agree to have no money on my person or stored in my belongings and to turn all money over to staff for holding in my client account while in the SS/RR program.
9. I agree to fully participate in all program activities described in the client handbook, which will include church, group and individual counseling, recreation, etc.
10. I agree to fully participate in the work experience program and not to receive personal compensation for any work during my stay at SS/RR. I further agree not to hold SS/RR liable for any injury incurred during my stay.
11. I agree to shower daily and maintain healthy personal hygiene.
12. I agree to limit all contact (mail, calls, & visits) with people outside the program to immediate family and pastors.
13. I agree to allow a staff member to screen all incoming and outgoing mail for unsuitable content, drugs, pornography, or rule violations; and to allow staff to monitor all telephone conversations.
14. I agree to limit my calls according to client handbook rules. I understand calls and visits may be further restricted due to discipline or abuse of these privileges.
15. I agree not to receive addictive medication while I am a client in SS/RR I agree to inform my physicians of my addictive disorder in order for them to prescribe proper medication for my illness.
16. I agree to allow SS/RR to use my personal testimony, either verbally or in writing, or my photograph. I agree not to hold SS/RR liable for use of my testimony or photography.
18. I agree to limit conversation to what is edifying, encouraging, constructive, or recovery related and to refrain from profanity, street stories, or bragging about exploits involving drugs, booze, sex, sinful behavior, or crimes.
19. I understand that SS/RR rules and guidelines may not cover every situation and that staff have the authority to modify the rules at any time. I agree to obey all staff instructions written or verbal.
20. I agree to allow staff to determine my housing, work, therapeutic, and phase assignments and changes.
21. I agree to be subject to discipline, including loss of privileges, for rule violations as described in the client handbook.
22. I agree not to hold SS/RR responsible for any belongings that are lost, stolen or that I leave behind.
23. I understand that I am solely responsible for spending and managing my own monies, and may request an itemized statement **only if** I can provide a receipt and have probable cause to believe there is an error in the balance. Receipts will cost \$.25 per sheet.
24. I understand I can be dismissed from the program for the following: possession or use of alcohol or drugs; refusal to comply with discipline or staff instructions; fighting, assault, or violence; verbal threats of bodily harm; destruction of property; sexual activity; theft; criminal behavior, or repeated rule violations.
25. I agree to be solely responsible for arranging transportation for myself and my belongings if I choose to leave or am dismissed from the program. I understand that after me leaving the program SS/RR will not be responsible for any belongings left behind. I understand that my belongings left behind will be donated to Goodwill by the end of the shift. I understand that in case of me leaving the program prior to completion I forfeit all moneys on my accounts.
26. I understand that if I choose to leave the program prior to completion SS/RR reserves not to reinstate me. Should I be reinstated I will be charged a \$100 reinstatement fee.

---

Signature of Client Date

---

Signature of  
Witness Date

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

www.shepherdsshelter.com email: shepherdsshelter@roadrunner.com

IF FOR ANY REASON YOU WILL BE UNABLE TO COMPLY WITH ANY OF THE ABOVE CONDITIONS OR RULES IN THE CLIENT HANDBOOK, PLEASE DO NOT APPLY HERE FOR RESIDENCY AS A CLIENT.  
SHEPHERD'S SHELTER/ROSS REHAB  
CIVIL RIGHTS WAIVER

I, \_\_\_\_\_, understand that I have civil rights guaranteeing confidential communications with my lawyer, social worker or probation officer by phone or in person as well as exercising the religion of my choice. SHEPHERD'S SHELTER/ROSS REHAB is a faith based adult substance abuse program. As such, I realize and voluntarily submit to the ministry's expectations to attend Christian religious activities coordinated by the ministry. Further, for reasons of assisting me in dealing with life-controlling problems, I understand staff may regulate and monitor my communications including mail, phone, and visits other than those listed above. I voluntarily give my consent allowing staff to exercise these procedures as outlined in the client handbook, which I have read or have had read to me. I fully understand my rights and what I am waiving.

\_\_\_\_\_  
Signature of Client Date

\_\_\_\_\_  
Signature of Witness Date

APPEAL PROCEDURE

If a client has a significant complaint or firmly believes that a staff member's instructions or decision violates the program mission and purpose, the client's treatment goals, or the security of the program, the client may appeal to the program director. The program director may meet with the client and staff member individually or together and attempt to resolve the conflict as soon as possible. Should the client be dissatisfied with the decision made by the program director, the client may choose at that time to leave the program and find another, more suitable program according to his/her court's/family decision.

I, \_\_\_\_\_, have read or have had read to me the above appeal procedure and fully understand my rights of appeal.

\_\_\_\_\_  
Signature of Client Date

\_\_\_\_\_  
Signature of Witness Date

**EBT/FOOD STAMP CARD USE AUTHORIZATION**

I, \_\_\_\_\_, a patient at the Shepherds Shelter/Ross Rehab (hereinafter "the Rehab"), hereby authorize the Rehab, Pastor Wayne Ross, or any individual designated by the Rehab or Staff, working on behalf of the Rehab, to use the EBT/Food Stamp Card that has been issued in my name while I am a resident at the Rehab.

I acknowledge and understand that this EBT/Food Stamp Card is being used for my benefit and regardless of whether I am a resident of the Rehab for the complete month (i.e., thirty days) or less than thirty days, there will be no refund or release of any amounts on the EBT/Food Stamp Card, should I choose to leave the Rehab before the last day of the month for the monthly issue of funds on the EBT/Food Stamp Card.

The standard amount that Shepherds Shelter/Ross Rehab clients receive in EBT/Food Stamp benefits is \$200 per month. If I am for any reason ineligible to receive that standard amount I agree to pay the difference up to \$200 per month to Shepherds Shelter/Ross Rehab.

This document is being signed by me, constituting my free act and deed with the knowledge that I do not have to sign this document, but choose to do so.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Patient/Client

**Shepherd's Shelter/Ross Rehab**

**BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**PERSONAL RELEASE OF INFORMATION**

By signing and dating this release of information, I allow the persons listed below to receive specific information, as checked, about my treatment. I understand that I may revoke this permission at any time by notifying the directors and changing this form.

*Persons that will be allowed information concerning my treatment at Shepherd's Shelter*

Name	Relationship	Phone Numbers	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The information to be released: \_\_\_\_\_ Medications \_\_\_\_\_ Progress

\_\_\_\_\_ Infractions \_\_\_\_\_ Legal Issues/Concerns \_\_\_\_\_ Account Information

This consent to release is valid for the time I am a resident in Shepherd's Shelter, unless otherwise specified, and therefore is invalid. Specify the date or conditions on which permission expires.

---

I understand that at any time between the time of signing and the expiration date listed above I have the right to revoke this consent.

\_\_\_\_\_  
Client Name Date of Birth

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Client Signature Date Witness Date

SHEPHERD'S SHELTER/ROSS REHAB  
GENERAL RELEASE OF ALL CLAIMS AND LIMITED WAIVER OF RIGHTS

I, \_\_\_\_\_, acknowledge that I have fully read the client handbook of Shepherd's Shelter/Ross Rehab (Hereafter called SS/RR) I affirm and voluntarily agree to fully comply with all rules and procedures outlined in the handbook and the client entry agreement, including those rules and procedures that may limit or restrict my rights. I am delivering this general release of all claims and limited waiver of rights to SS/RR with full knowledge and explanation of the fact that this is a voluntary release whereby I have extinguished, waived, surrendered, limited and restricted my rights and claims to and against SS/RR, its board members, officers, employees, agents and assigns. My purpose for voluntary admittance into this program is to gain recovery from my addictions through a deeper relationship with God and application of biblical principles in my life. I voluntarily choose to receive the services offered in the client hand book including lodging, board, group and individual counseling, work experience, recovery classes, etc. I may choose to withdraw from the program at any time. If I choose not to abide by the rules and procedures outlined in the client handbook or I revoke this consent in writing, SS/RR may terminate me from its treatment program and services. I affirm and agree that this contract shall be legally binding. I,

\_\_\_\_\_, on behalf of myself, my heirs, executors, administrators, and assigns, hereby fully release and discharge SS/RR, its board members, directors, officers, employees, agents, and assigns from all rights, claims, and actions which I and my above-mentioned successors may now or hereafter claim against SS/RR or any of its abovementioned agents or assigns. As stated above, I am fully releasing and discharging all claims against SS/RR, its agents and assigns for any limitation or restriction of my rights or other claims arising out of activities, procedures, and rules outlined in the client handbook including but not limited to the following:

1. The publication or other use of photograph or other physical representation or likeness;
2. The publication or other use of my personal testimony or accounts of incidents which occurred to me or I which I was involved;
3. The opening and inspection of my incoming or outgoing mail at any time during my stay at SS/RR;
4. A search of my body and person or the inspection of my property and personal belongings at any time during my stay or which may be located upon the premises at SS/RR or its agents;
5. Any administrative, disciplinary, or other action undertaken concerning me while I am involved in the SS/RR program;
6. Any medical, dental or other physical or emotional conditions or malady which I may have upon my becoming involved in the SS/RR program or which I may have had prior to my becoming involved in the said program;
7. Any medical or dental or other physical or emotional condition or malady which I may contract or which may be aggravated while I am involved in the SS/RR program;
8. Any medical, dental, physical, emotional, or care which I may receive while I am involved in the SS/RR, Inc. program;
9. Any assault, distress, injury, damages, property or other loss which I may sustain or suffer while I am involved in the SS/RR program;
10. The disposition of my property and personal belongings which I abandon or leave behind upon my departing the lodging provided by SS/RR;
11. The limitation of visits with people outside of the SS/RR program to immediate family and pastors, and subject to staff approval; or less if restricted by discipline due to my behavior or rule violations;
12. The prohibition of contact (mail, call, or visits) with previous girlfriends, past friends(except immediate family) during my stay at SS/RR Program;
13. The confiscation of any prohibited photographs, objects, mail, or material;
14. My required participation in all program activities within and outside the SS/RR facility and in the community, which will include group and individual counseling, work experience, discipline, recreation, and all others mentioned in the client handbook;
15. The limitation of incoming/outgoing calls must be authorized and registered by a staff member, may be monitored, or may be restricted by discipline due to my behavior or rule violation;
16. Any limitation in conducting outside business, such as disposing of bills, income tax, child support, and other legal issues, which must be resolved before entering the SS/RR program;
17. Any debt I incur before, during or after the program, and my absolute agreement to not hold SS/RR liable;

Client Initials \_\_\_\_\_

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

www.shepherdsshelter.com email: shepherdsshelter@roadrunner.com

17. My surrendering all money sent or given to me by family or others to SS/RR staff for placement in my client account and my agreement not to have money in my possession or stored in my belongings at any time during my stay at SS/RR
18. My payment of the \$700.00 monthly fee.
19. My payment of 80% of all personal funds received through mail or in person while at SS/RR, when there is any unpaid monthly fee.
20. My payment or confiscation by SS/RR of all remaining funds in my client and medical account to be used towards my unpaid monthly fees if I choose to leave or am dismissed from SS/RR, Inc.
21. My acceptance of sole responsibility to arrange transportation home in the event I choose to leave or am dismissed from the program.
22. My performance of work assignments not as an employee and without financial compensation; but solely for my benefit to further my spiritual growth, maturity, character development, work experience, work habits, recovery from controlled substances, and preparedness to return to the work place;
23. My compliance in not receiving or possessing any type of addictive medication while in the SS/RR program, and in informing any treating physician, dentist, or health care professional of my addictive disorder in order for proper medication to be prescribed.

Clients Initials \_\_\_\_\_

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

www.shepherdsshelter.com email: shepherdsshelter@roadrunner.com

I, \_\_\_\_\_, affirm and agree to the following statements and disclosures:

1. I presently do not have or have never been exposed to any medical, dental, or other physical, mental, or emotional conditions or maladies other than those listed immediately below:

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

2. I presently am not prescribed or taking or have never been prescribed or taking any medication other than those listed below:

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

3. I am eighteen years of age or older and am in all respects legally and medically competent to enter into this release and waiver agreement.

4. I am making the aforesaid representations; including my release as to all injuries, unknown, foreseen or unforeseen, patent or latent; for the purpose of inducing SS/RR its directors, officers, employees and agents to admit me into the SS/RR program and hereby certify and affirm that the representations made herein are true and correct.

5. I understand and acknowledge the significance of this general release and waiver and the consequences of my specific intention to release all claims as mentioned. I hereby assume full responsibility and liability for any injury, damage or loss that I may incur from or during my involvement in the SS/RR program.

6. I have freely and voluntarily signed this release after having read it, or having it read to me, and after having had its terms and provisions and the consequences thereof explained to me. I have freely and voluntarily delivered this release and waiver to SS/RR

**READ CAREFULLY BEFORE SIGNING**

\_\_\_\_\_  
Printed name of Releaser-Client

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Printed name of Witness

\_\_\_\_\_  
Witness Signature Date

Client Initials \_\_\_\_\_

Pastor Wayne Ross, RAS  
Director  
(859) 498-7111

Dear Potential Sponsor:

RE: \_\_\_\_\_  
(Applicant's name)

The above individual has applied for entry into Shepherd's Shelter/Ross Rehab, a 6-18 month, faith based, adult residential rehabilitation program for individuals with drug and alcohol problems. You can find more information on the internet at [www.shepherdsshelter.com](http://www.shepherdsshelter.com). Shepherd's Shelter is a non-profit, interdenominational, Christ-centered facility. SS/RR does not receive government funds, and is responsible for raising its own financial support. Each client and his family are asked to acquire sponsors. This shows interest and desire in seeking a life change. Sponsors can be family, friends, churches, businesses, or other concerned individuals. Sponsors will help us underwrite the operational costs of the program. It costs approximately \$1000 per month to keep a client in the program. Sponsors are partners in bringing hope, deliverance, and restoration. If you are interested in being a sponsor, please indicate your commitment on the sponsorship form below and return it with your check to:

Shepherd's Shelter/Ross Rehab  
236 Bridgett Dr.  
Mt. Sterling, KY 40353

All sponsorship donations are tax deductible. If you have any questions, please contact us at 859-498-7111.

Name \_\_\_\_\_ Date \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY,ST.,ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

I promise to give \$ \_\_\_\_\_ monthly in support of \_\_\_\_\_  
Client's Name

SPONSORSHIP FORM

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP TO CLIENT \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP TO CLIENT \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP TO CLIENT \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP TO CLIENT \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP TO CLIENT \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP TO CLIENT \_\_\_\_\_

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

[www.shepherdsshelter.com](http://www.shepherdsshelter.com) email: [shepherdsshelter@roadrunner.com](mailto:shepherdsshelter@roadrunner.com)

## **SHEPHERD'S SHELTER/ROSS REHAB INDUCTION CENTER APPLICATION**

All sections of the attached induction application and medical history examination form need to be completed and returned, with the client entry agreement, civil rights waiver form, the general release form, with the \$800 intake fee, to SHEPHERD'S SHELTER/ROSS REHAB, 236 Bridgett Drive, Mt. Sterling, KY 40353. The medical history examination form must be completed and signed by a doctor. All medications must be listed. After we receive all the above, an intake appointment must be scheduled. At that time client must submit a one-time \$84 payment for the purchase of the Recovery Dynamics, 12 Steps, and AA textbooks and workbooks which will become the property of the client upon leaving the program.

### **PLEASE BE PREPARED TO BRING ONLY THE FOLLOWING ITEMS:**

- \* Toiletries
- \*1 blanket or comforter (optional)
- \*Twin-size flat sheet and fitted sheet
- \* toothbrush
- \* toothpaste
- \* deodorant
- \* soap
- \* shampoo
- \*mouthwash (non-alcoholic)
- \* hair products/hair dryer, brush, comb, etc (non-aerosol hairspray)
- \*1 pillow with a pillow case
- \* slacks/jeans/sweats
- \* shaving supplies
- \* t-shirts, polo shirts
- \* other casual clothes
- \* work clothes
- \* underwear & socks
- \* laundry bag/basket
- \* hangers
- \*3 towels
- \*3 washcloths
- \*1 pair shower shoes
- \*1 pair work boots
- \*\$800 intake fee, non-refundable
- \* sneakers and/or other comfortable shoes
- \* writing paper
- \*envelopes and stamps
- \*pens & pencils

**DO NOT BRING:** suitcases, sunglasses, expensive jewelry, medical, dental, or legal appointments, drugs, alcohol, magazines, books, or any literature, knives, tools, aerosol containers or sprayers.

**No mind-altering, mood altering or addictive pain medications are permitted in the program. All other medications must be turned into staff and kept in a secure cabinet where they will be dispensed to the client as needed. No OTC (over the counter) drugs are permitted. They can only be purchased through the med room at \$1.00 per pill as needed.**

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

www.shepherdsshelter.com email: shepherdsshelter@roadrunner.com

# Shepherd's Shelter/Ross Rehab

236 Bridgett Drive, Mt. Sterling, KY 40353

Application Form

Today's Date: \_\_\_\_\_ Date of Entry: \_\_\_\_\_

## I. General

1. Name:

\_\_\_\_\_  
(Last) (First) (Middle)

2. Present Address:

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_

3. In case of emergency, notify:

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
(Street) (City) (State) (Zip)

4. Driver's License #: \_\_\_\_\_ Social Security#: \_\_\_\_\_

5. Medical Insurance

No: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
(Street) (City) (State) (Zip)

6. Income (SSI, etc.) \_\_\_\_\_ Money in savings or investments \_\_\_\_\_

## II. Personal:

1. Date of

Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:(M/F) \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

2. Race: White \_\_\_\_\_ African-American: \_\_\_\_\_ Asian/Pac.Islander: \_\_\_\_\_ Hispanic: \_\_\_\_\_

Native American: \_\_\_\_\_ Other: \_\_\_\_\_

3. Describe problems living at home?

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

4. Describe significant changes in your life recently? (Behavior, employment, activities)

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

5. Marital Status:

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_

Spouse (full name) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

(Street) (City) (State) (Zip)

Date married: \_\_\_\_\_ Remarried: \_\_\_\_\_

Describe current relationship with your spouse/ex-spouse? \_\_\_\_\_

If separated or divorced, give date: \_\_\_\_\_ Reason for breakup: \_\_\_\_\_

6. Are you currently in a relationship with a finance/girlfriend? \_\_\_\_\_

Do you live together? (Y/N) \_\_\_\_\_

7. Do you have children? (Y/N) \_\_\_\_\_ Please complete the information below:

Child's name Date of Birth Age Other parent's name Child Support Custody

\_\_\_\_\_

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

www.shepherdsshelter.com email: shepherdsshelter@roadrunner.com

Do you owe alimony payments? (Y/N) \_\_\_\_\_ Amount: \_\_\_\_\_  
 8. To your knowledge has anyone in your family committed incest/molestation? (Y/N) \_\_\_\_\_  
 Who: \_\_\_\_\_ To Whom: \_\_\_\_\_ When: \_\_\_\_\_  
 Who: \_\_\_\_\_ To Whom: \_\_\_\_\_ When: \_\_\_\_\_  
 9. Hobbies: \_\_\_\_\_  
 10. Education: Last grade completed: \_\_\_\_\_ Technical/vocational school attended: \_\_\_\_\_  
 11. Have you ever been sexually abused? (Y/N) \_\_\_\_\_ Explain: \_\_\_\_\_

**III. Personality Information and Mental Health History**

1. Describe how you feel most of the time: \_\_\_\_\_  
 2. Is it easy for you to express your feelings? \_\_\_\_\_  
 3. Do you have trouble sleeping? \_\_\_\_\_  
 4. Do you prefer being alone or with others? \_\_\_\_\_  
 5. Describe your fears: \_\_\_\_\_  
 6. Ever felt people watching you and /or talking about you? (Y/N) \_\_\_\_\_ Explain: \_\_\_\_\_  
 7. Ever feel people are out to get you? (Y/N) \_\_\_\_\_ Explain: \_\_\_\_\_  
 8. Ever had hallucinations? (Y/N) \_\_\_\_\_ Explain: \_\_\_\_\_  
 9. Ever heard voices: (Y/N) \_\_\_\_\_ Explain: \_\_\_\_\_  
 10. Seen things others couldn't see? (Y/N) \_\_\_\_\_ Explain: \_\_\_\_\_  
 11. Been aware of unusual smells? (Y/N) \_\_\_\_\_ Explain: \_\_\_\_\_  
 12. Had suicidal thoughts? (Y/N) \_\_\_\_\_ Explain: \_\_\_\_\_  
 13. Attempted suicide? (Y/N) \_\_\_\_\_ Explain: \_\_\_\_\_  
 14. Ever felt unusually sad or depressed? (Y/N) \_\_\_\_\_ Explain: \_\_\_\_\_  
 15. Had times you have felt an unusual degree of energy or unusual feelings of well-being? (Y/N) \_\_\_\_\_  
 Explain: \_\_\_\_\_

**IV. Parental Family History**

1. Mother's name; \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip)  
 Father's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip)  
 2. Describe current relationship with your parents. Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Explain: \_\_\_\_\_  
 3. When did you last see your parents? \_\_\_\_\_ When did you last live at home? \_\_\_\_\_  
 4. Are you adopted? (Y/N) \_\_\_\_\_  
 5. If you were raised by anyone other than your parents, explain: \_\_\_\_\_  
 6. Are your parents divorced? Cause if known: \_\_\_\_\_  
 7. Rate your parents' marriage: Very happy \_\_\_\_\_ Happy \_\_\_\_\_ Average \_\_\_\_\_ Unhappy \_\_\_\_\_ Very unhappy \_\_\_\_\_  
 8. As a child, did you feel closest to: Father \_\_\_\_\_ Mother \_\_\_\_\_ Someone else \_\_\_\_\_  
 9. How many older brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?  
 10. How many younger brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?  
 11. What is your current relationship with your sibling? Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Describe: \_\_\_\_\_

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

www.shepherdsshelter.com email: shepherdsshelter@roadrunner.com

**V. Legal Status**

1. How many times have you been arrested? \_\_\_\_\_  
Date Charges Convicted (Y/N) Sentence Time in Jail

2. What are the specific terms of your probation or parole? \_\_\_\_\_

3. Name of parole/probation officer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

4. How often do you report? \_\_\_\_\_ in person Phone Mail

5. Will you be court ordered to complete SS/RR? \_\_\_\_\_

6. What legal authority should be contacted? \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

7. Have you ever been convicted of a sex crime? (Y/N) Explain: \_\_\_\_\_

8. Do you presently have a driver's license? (Y/N) If no, do you need to complete a DUI class? (Y/N)

9. Did you graduate High School? Obtain a GED? If no to either question, are you interested in getting a GED while in rehab?

**VI. Employment**

1. What is your trade/profession, if any? \_\_\_\_\_

2. How many different jobs have you held in the last year? \_\_\_\_\_  
Reasons for leaving: \_\_\_\_\_

3. Describe specific job training you have received: \_\_\_\_\_

4. What kind of job trade would you like to learn? \_\_\_\_\_

5. Have you ever been fired from a job? (Y/N) Reasons: \_\_\_\_\_

6. How have you supported yourself for the past year? \_\_\_\_\_

7. Do you owe anyone money? (Y/N) How do you expect to repay them? \_\_\_\_\_

8. Do you have a job waiting for you when you are finished with this program? (Y/N) \_\_\_\_\_  
Where? \_\_\_\_\_

9. List any work skills you have (typing, computers, construction, etc.) \_\_\_\_\_

10. What is your current job status? \_\_\_\_\_

11. Company name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

12. Have you ever served in any branch of the military? (Y/N) Branch: \_\_\_\_\_  
Type of work: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Discharge date: \_\_\_\_\_ Honorable: \_\_\_\_\_ Less than honorable \_\_\_\_\_ Dishonorable \_\_\_\_\_

**VII. Spiritual**

1. Are you a Christian? (Y/N) Have you been "Born Again"? (Y/N)

2. What are the circumstances that led you to accept Jesus Christ as your Savior? \_\_\_\_\_

3. Describe your relationship with Jesus right now: \_\_\_\_\_

4. Are you a member of any church? (Y/N) Which one? \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street) (City) (State) (Zip)

5. What church did you attend as a child? \_\_\_\_\_ Which Denomination? \_\_\_\_\_  
How long did you attend? \_\_\_\_\_

6. How often did you attend church as a child? Never \_\_\_\_\_ Occasionally \_\_\_\_\_ Regularly \_\_\_\_\_

7. How old were you when you stopped attending? \_\_\_\_\_ Reason for quitting? \_\_\_\_\_

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

www.shepherdsshelter.com email: shepherdsshelter@roadrunner.com

**VIII. Drug History**

- 1. How did you become involved with drugs? \_\_\_\_\_
- 2. Habit cost per day: \_\_\_\_\_ Longest period clean: \_\_\_\_\_ Last time you used: \_\_\_\_\_
- 3. Have you received drug rehabilitation before? (Y/N) \_\_\_\_\_ Where? \_\_\_\_\_
- 4. I depend on drugs: (check all that apply to you)  
 \_\_\_\_\_ A. To cope with life challenges \_\_\_\_\_ B. To be "in" with the crowd \_\_\_\_\_ C. For pleasure \_\_\_\_\_ D. Because I am addicted \_\_\_\_\_ E. To escape reality \_\_\_\_\_ F. To ease pain \_\_\_\_\_ G. Other \_\_\_\_\_
- 5. Complete the list to the best of your knowledge:

Drugs used	Dates/years	Frequency of use	Amount	IV	Smoke	Orally
------------	-------------	------------------	--------	----	-------	--------

Alcohol \_\_\_\_\_  
 Amphetamines \_\_\_\_\_  
 Barbiturates \_\_\_\_\_  
 Cocaine/Crack \_\_\_\_\_  
 Hallucinogens \_\_\_\_\_  
 Heroin \_\_\_\_\_  
 Opiates (Dilaudid, Oxycontin, Morphine, heroin) \_\_\_\_\_  
 Methamphetamine \_\_\_\_\_  
 Marijuana \_\_\_\_\_  
 Tobacco \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_

- 6. Do you sincerely desire to be completely free from ALL addictions and ALL substances? (Y/N) \_\_\_\_\_
- 7. What steps are you willing to take to be COMPLETELY FREE from all addictions? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IX. Medical History**

- 1. List allergies to any foods, medicines or other substances: \_\_\_\_\_  
 \_\_\_\_\_
- 2. List any physical limitations or disabilities: \_\_\_\_\_  
 \_\_\_\_\_
- 3. Surgeries: \_\_\_\_\_ Dates: \_\_\_\_\_
- 4. Major illnesses: \_\_\_\_\_ Dates: \_\_\_\_\_
- 5. Do you have a communicable disease? (Y/N) \_\_\_\_\_ Specify: \_\_\_\_\_  
 \_\_\_\_\_
- 6. Are you currently being treated by a doctor? (Y/N) \_\_\_\_\_ Specify: \_\_\_\_\_  
 \_\_\_\_\_
- 7. Have you ever had psychiatric care? (Y/N) \_\_\_\_\_ Reason: \_\_\_\_\_  
 Where: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Treatment: \_\_\_\_\_
- 8. List all medications you are taking: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**X. Essay**

- 1. Explain why you want to be accepted into Shepherd's Shelter/Ross: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2. Describe what you expect to achieve at Shepherd's Shelter/Ross Rehab: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 
3. Are you willing to make a commitment to complete the 6-18month program? (Y/N)\_\_\_\_\_
4. Do you have any unanswered questions concerning your admission to Shepherd's Shelter/Ross Rehab?
- 

I certify that all my answers are correct to the best of my knowledge. I am requesting consideration for admission to Shepherd's Shelter/Ross Rehab. I will do my best to honor my commitment that I have made to SS/RR.

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

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

www.shepherdsshelter.com email: shepherdsshelter@roadrunner.com

# FEE AGREEMENT

Pursuant to KRS 222.432 (4) (f), this Fee Agreement is made and entered into this

\_\_\_\_\_ day of (month)\_\_\_\_\_, (year)\_\_\_\_\_, between, The Shepherd’s Shelter - Ross Rehab, 236 Bridgett Drive, Mt. Sterling, Kentucky 40353 (hereinafter referred to as “Rehab Facility”); and \_\_\_\_\_ (Hereinafter referred to as “Resident”);

and \_\_\_\_\_ (hereinafter referred to as “Guarantor”).

The Parties agree as follows:

1. The term of this agreement is for \_\_\_\_\_ months.
2. The monthly fee for Resident residing at the Rehab Facility is \$ 700.00 and is due in full and payable on or before the 1<sup>st</sup> of each month. The Rehab Facility only accepts payments in full and in the form of Cash, Money Orders, or Certified/Cashier’s Checks. Anyone paying after the 5<sup>th</sup> of the month will incur a \$25 late fee with an additional \$5 for each day thereafter the fee is unpaid. Depending upon the day of the month the client enters the program will determine their prorated amount the next month so that no one is charged for days they were not enrolled.
  - If you are a 30 day resident or not court ordered you will be assessed an additional \$200 the first month to cover processing enrollment documents and other intake assessments.
3. Payment of the above-referenced monthly fee is guaranteed  
by \_\_\_\_\_,
4. If for any reason the monthly fee remains unpaid for a period of 15 days after the above established due date, the Resident will be required to leave the Rehab Facility. If the Resident is at the Rehab Facility by means of a Court Order, the appropriate officials will be notified and the Resident will be immediately returned to jail where required.
5. Shepherd's Shelter / Ross Rehab continues to operate on a strict **no-refund** policy for any client who leaves or is discharged from the program early for any reason, or if a client pre-pays for a bed then fails/decides not to attend. If a court-ordered client pre-pays for a bed and is then denied entry into the program BY THE COURT, the client then has 30 days to provide proper documentation from the court to receive a refund. If the client does not provide court documentation of denial within 30 days, then the client forfeits the right to receive a refund. Please note: there is a \$200 administrative fee for any prepayment that does not result in enrollment. Also, the prepaid client must personally check-in directly with Shepherd's Shelter staff once a week (by phone, or in person), otherwise Shepherd's Shelter will presume the client has forfeited any claim to a refund.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Person doing Intake

\_\_\_\_\_  
Guarantor

RELEASE OF INFORMATION (CLIENT RECORDS) OTHER THAN A PROGRESS REPORT MUST BE REQUESTED BY THE COURT TO SS/RR.

# Shepherd's Shelter/Ross Rehab

236 Bridgett Drive, Mt. Sterling, KY 40353 Ph 859-498-7111

---

## RECEIPT

DATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

FROM \_\_\_\_\_ \$ \_\_\_\_\_

- PREPAY
- CASH
- MONEY ORDER
- CHECK

PREPAY FOR \_\_\_\_\_

CLIENT NAME

RECEIVED BY \_\_\_\_\_

### Pre Pay Client Agreement

I understand that my pre-payment will hold the next available bed for me. If I choose to refuse the bed I understand that my pre payment is non refundable. However, if I am court ordered and the court chooses not to allow me to enter drug rehabilitation, my pre payment will be refunded IF I present a letter from the court which confirms that the court has denied drug rehab or rehab at this facility.

If I do not contact the facility within 30 days of prepayment, in writing, I will forfeit my prepayment.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

*"Serving God by Serving Others"*

Ph 859-498-7111 FAX 859-498-7100

www.shepherdsshelter.com email: shepherdsshelter@roadrunner.com

SHEPHERDS SHELTER/ROSS REHAB  
236 Bridgett Drive  
Mt. Sterling KY  
40353  
859-498-7111

**HEALTH SCREENING FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Employee ID # \_\_\_\_\_ Dept Phone \_\_\_\_\_

What is the present state of your general health? \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

What medications are you presently taking? \_\_\_\_\_

Are you now or have you been pregnant within the past three months? \_\_\_\_\_

Has your physician restricted your participation in exercise? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

**Do you have now or have you ever had: Yes No**

- 1. A history of heart problems? \_\_\_\_\_
- 2. A history of lung disease? \_\_\_\_\_
- 3. Chest, neck, and/or jaw pains/discomforts at rest or during exertion? \_\_\_\_\_
- 4. Difficulty with physical exercise, such as chest pain/discomfort, dizziness or extreme shortness of breath? \_\_\_\_\_
- 1. Muscle, joint, or back disorder that could be aggravated by physical activity? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

6. A chronic illness? \_\_\_\_\_

If yes, please list \_\_\_\_\_

7. High blood pressure? \_\_\_\_\_

8. Diabetes? \_\_\_\_\_

9. Cigarette-smoking habit? \_\_\_\_\_

10. High blood cholesterol? \_\_\_\_\_

11. History of heart problems in a 1<sup>st</sup> degree relative (Parents, siblings, children)? \_\_\_\_\_

**If yes, at what age?** Mother \_\_\_\_\_ Father \_\_\_\_\_

Brother \_\_\_\_\_ Sister \_\_\_\_\_ Son \_\_\_\_\_ Daughter \_\_\_\_\_

- 1. Would you describe your lifestyle as sedentary (No regular exercise or active recreational pursuits)? \_\_\_\_\_

If no, please describe your exercise program \_\_\_\_\_

13. Are you a male over age 45 or a female over age 55? \_\_\_\_\_

To the best of my knowledge, the above information is accurate and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Hospital Accountability Agreement**

I, *The Undersigned*, of sound mind and body, under no duress and without coercion, agree and understand to the policy enforced by Shepherd's Shelter / Ross Rehab, herein referred to as *Facility*, pertaining to the following directives:

- 1. In the event that a client must be taken to the hospital, they must be attended by a fellow client acting in the capacity of an *Accountability Partner*, thereby waiving their patient rights under HIPAA laws unless otherwise given permission from the Directors of this *Facility*.
- 2. No client may willingly accept any form of controlled substance whilst in the care of a doctor without prior and express permission from the Directors of this *Facility*.
- 3. Under no circumstances is the client receiving treatment permitted to make phone-calls from the hospital.

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date Witnessed



PH 859-498-7111  
FAX 859-498-7100

Wayne Ross, RAS  
Director

*Serving God by serving others*

**Fee Agreement Amendment**

I receive Social Security income in the amount \_\_\_\_\_ per month.

I understand that I am here pro bono or at a reduced rate. I agree to the following terms:

1. Shepherd's Shelter/Ross Rehab will not be responsible for cost of medications, transportation, or any needed medical supplies.
2. Shepherd's Shelter/Ross Rehab will receive 50% of any money applied to my account until account balance is paid in full.
3. If I leave the program or discharged from the program, all monies that are remaining on my account will become the property of the Shepherd's Shelter/Ross Rehab. There will be no refunds of any kind.
4. Disclosing to any other clients that I am here pro bono or at a reduced rate will result in my discharge from the facility.
5. I am responsible for the purchase of my books, pens, folders, notebooks, etc.
6. I am responsible for the cost of laundry each week.
7. If I receive any benefits on a debit card and there is a lien on the account for any reason I will change my account to ensure that I am able to pay for my stay at SS/RR.
8. Providing any false information to SS/RR about will result in my discharge from the facility.

\_\_\_\_\_  
Client / Date

\_\_\_\_\_  
Witness / Date

\_\_\_\_\_  
Director/ Date



**SHEPHERD'S SHELTER/ROSS REHAB**

PH 859-498-7111  
FAX 859-498-7100

*Wayne Ross, RAS  
Director*

*Serving God by serving others*

**Snack Shack**

I, \_\_\_\_\_, understand that all monies that I transfer to snack shack is non-refundable.

\_\_\_\_\_  
**Signature of Client                      Date**

\_\_\_\_\_  
**Signature of Witness                      Date**