

Naaman`s Recovery Village

Client Intake Packet

Client Intake Form

ease Print Clearly

Personal Information										
Last Name		First Name								
Date of Birth		Spouse Name								
ID Number	<small>List: Type of ID, State & Number</small>	Social Security								
Address		Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No							
City		State		Zip Code						
Home Phone		Work #								
Cell #		Fax								
Age		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		Height		Weight			
Religion				Race/Ethnicity						
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed									
Emergency Contact Name				Relationship						
Emergency Ph #			Secondary #							
Emergency Address										
<p>Do you have a car? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, who will take care of it while you are in the program?</i></p>										
<p>Are you currently receiving any type of income? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i></p>										
<p>Have you ever been in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If dishonorable discharge please explain.</i></p>										
Education										
<p>Circle last year completed: Primary: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 +</p>										
<p>Can you read and write? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>										
<p>Have you ever been in special education classes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>										

Religious Background
Do you believe in God? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Have you ever accepted Jesus Christ as your Savior? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Are you attending church now? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, where?</i>
Legal History
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No How many times? _____ <i>If yes, give details:</i>
Have you ever done jail time? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what for and how long?</i>
Are you on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, give probation or parole officer's contact information below:</i>
Are you court ordered here? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, give contact information regarding your court case:</i>
Do you have any legal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Where?</i> <i>What are the charges?</i>
Do you think you may have any outstanding warrants? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>
Do you have any other pending legal matters that would require you to attend to in the next 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, give details below:</i>

Drug History

Have you ever used drugs? Yes No *If yes, how old were you?*

Why did you try them?

- | | |
|--|---|
| <input type="checkbox"/> To help me deal with life. | <input type="checkbox"/> Some of my family use drugs. |
| <input type="checkbox"/> To escape reality. | <input type="checkbox"/> Just for fun. |
| <input type="checkbox"/> To fit in with my peers. | <input type="checkbox"/> I'm bored. |
| <input type="checkbox"/> My friends use drugs. | <input type="checkbox"/> Curiosity. |
| <input type="checkbox"/> To make physical pain go away. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> To make emotional pain go away. | |

Have you ever sold drugs? Yes No

Do you think you have a problem with drugs? Yes No Uncertain

Explain why or why not:

Since you've been using, what's the longest period of time that you've been sober?

Please fill out information below concerning your drug use.

Drug <i>(if you did not use drug listed leave blank, if drug is not listed fill in)</i>	First Time <i>(How old were you or what month/year?)</i>	Last Time <i>(Approximate date?)</i>	Frequency <i>(How often did you use: occasionally, monthly weekly daily, etc.)</i>	Amount Used <i>(How much did you use per day/week/month?)</i>
Alcohol				
Barbiturates				
Benzodiazepines				
Cocaine/Crack				
Glue/Paint				
Heroin				
Inhalants(Snuffing)				
LSD				
Marijuana				
MDMA (Ecstasy)				
Meth				
Mushrooms				
PCP				
Prescription Drugs				
Speed				
Tobacco				
Other:				

Medical History

Date of last physical exam:

Results:

List any physical ailments or handicaps that you may have:

List anything that you may be allergic to:

all questions must be answered Have you ever been:

Diagnosed with ADD?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Diagnosed with ADHD?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Diagnosed with any Mental Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Diagnosed with Tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Diagnosed with Hepatitis A?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Diagnosed with Hepatitis B?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Diagnosed with Hepatitis C?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Diagnosed with HIV Positive?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Diagnosed with AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Diagnosed with Herpes?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Diagnosed with any STD?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Diagnosed with Body Lice?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Diagnosed with High Blood Pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Diagnosed with Heart Attack/Disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Diagnosed with Cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Diagnosed with any Stomach Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Diagnosed with Diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Diagnosed with a Stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Diagnosed with any other illnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
Prone to seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No When? _____

Do you currently have any chronic medical conditions not listed above that require regular visits to the doctor?
 Yes No *If yes, please explain:*

Are you presently on any medication? Yes No
If yes, please list below and give reason for taking it:

Have you ever been admitted to a hospital? Yes No
If yes, please explain:

Are you physically able to perform all assignments (you must be able to lift 25 lbs, be able to stand for long periods of time as well as climb up to 4 flights of stairs) as part of this program? Yes No
If no, please explain:

Have you ever had any type of counseling? Yes No
If yes, please state how long and for what purpose?

Have you ever been diagnosed with any mental condition? Yes No
If yes, please explain:

Have you ever been under psychiatric care or been admitted to a mental health institution? Yes No
If yes, please explain:

Sexual History

Have you ever contracted a sexually transmitted disease? Yes No

If yes, please list disease, when and how it was treated:

Have you ever been the victim of sexual abuse? Yes No

If male, are you the father of any children? Yes No Uncertain

If yes, how many children do you have and what are their ages?

Have you ever been involved in prostitution? Yes No

Have you ever been involved in any homosexual behavior or activities? Yes No

Do you consider yourself to be:

Heterosexual (straight) Bisexual Homosexual (Gay/Lesbian)

Goals

What spiritual growth goals do you have while in this program?

What do you want to spiritually happen in your life while you are in this program?

How did you hear about us? (Check all of that apply)

- Friend
 Church Leader

- Family Member Brochure / Flyer
 Other: _____

DISCIPLE RELEASE STATEMENT

I, _____, understand that my acceptance as a disciple in the Naaman`s Discipleship Program ("Program") requires the following:

1. I am a volunteer participant and not an employee of Naaman`s Recovery Village. I further understand that under no circumstances can Naaman`s Recovery Village or any of its affiliates be under any obligation to me.
2. I understand that my admission and continued residence in the program is dependent upon my needing such assistance and my willingness to help myself and others so situated, including the voluntary performance of such duties as may be assigned to me.
3. I am aware of the hazards and risks to my person and property associated with being a part of this Program. Such hazards and risks include, but are not limited to, death, injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property. I further understand that Naaman`s or any of its affiliates may not have any insurance coverage that would apply in the event of my death, illness, injury, or damage to my person or property that may occur during my participation in the Program. If I desire insurance coverage, I understand that I am responsible for obtaining and paying for the cost of such insurance.
4. I release Naaman`s Recovery Village, and its affiliates, agents, officers, directors, employees and volunteer staff from any liability whatsoever arising as a result of death, injury, or illness that I may suffer as a result of my participation in the Program.
5. I attest and certify that I have no medical conditions that would prevent me from performing my duties as a volunteer participant.
6. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal valid and binding obligation upon me enforceable against me in accordance with its terms.
7. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.**

Dated this _____ day of _____ 20 _____.

Disciple's Signature

Witness's Signature

Disciple's Printed Name

Witness's Printed Name

Naaman`s Recovery Village DISCIPLE AGREEMENT

I, _____, understand that my acceptance as a disciple in the NRV Discipleship. Program requires the following:

1. **HOUSE RULES, MORAL STANDARD, AND WITHDRAWAL FROM SUBSTANCE.** I have read and understood the any and all House Rules as provided to me, and understand that such House Rules may be amended upon the Program's discretion, with or without notice. Accordingly, I agree to abide by all Program's rules, including but not limited the House Rules as given to me.

In addition, I agree to abide by the moral standards as upheld in the Bible. Furthermore, I understand that the Program is drug and alcohol free, but does not serve as a detoxification facility. Accordingly, I agree to withdraw from any and all substance dependence voluntarily and without the use of medication.

2. **MEDICAL RELEASE.** I hereby authorize the Program to make arrangements for any emergency medical assistance that may be required due to any illness or injury on my part.

3. **HIV POLICY.** NRV does not discriminate against those who are HIV Positive in its intake procedures. Because a large number of IV drug users have been infected by the HIV Virus, at any given time there may be one or more students in the program that are HIV Positive. This program does not require students who are HIV Positive to notify other students in the program that are HIV Positive.

Staff Members are forbidden without written permission of the Resident to discuss the disposition of any student on his/her caseload; other than those individuals that are involved in the treatment process.

NRV is not a medical care facility and is unable to provide twenty-four hour on-site medical supervision. Therefore, all residents entering the program must be in good health and able to participate in all activities in the program. If a resident`s health deteriorates to the point where he is no longer able to participate in the daily activities of the program, or medical condition requires twenty-four hour medical supervision, that person should leave the program.

HIV Positive students who have family members or friends who could have possibly contracted the virus from them shall notify them immediately.

Any HIV Positive student that intentionally puts another person at risk of being infected with HIV virus should be immediately dismissed from the program.

4. **RELEASE OF CONFIDENTIAL CASE FILE AND COPYRIGHT TO PERSON AND STORY.** I hereby release and grant the Program, its agents, affiliates or third party as designated by the Program all rights to use and publish for any lawful purpose whatsoever to promote the Program's purpose my: 1) confidential information as contained in my Program's case file; 2) personal story; and 3) name,

likeness, or appearance. I understand that I may also be requested to speak at public gatherings, give testimony or participate in the Program's activities whereby I may be recorded in any form or manner. Accordingly, I hereby release and grant the Program to use such recordings of me whatsoever to promote the Program's purpose. I also hereby waive any right to inspect or receive a copy of the finished product.

I hereby release and discharge the Program, its agents, affiliates or third party as designated by the Program any and all liability by virtue of misprint, error or distortion that may occur unless it can be shown that such error, misprint, or distortion were maliciously based.

I further understand that I will not be compensated in any form or many for any and all use of my: 1) confidential information as contained in my Program's case file; 2) personal story; and 3) name, likeness, or appearance.

5. **RELIGIOUS REQUIREMENTS.** I understand that the Program is a Christian based ministry 12 month program to assist people with life controlling problems. Through my participation in this program, I agree to submit to the Program's religious expectations and attend the Program's religious activities.

6. **CONSENT TO DRUG TESTING AND CONTRABAND WEAPON SEARCHES.** I understand that the Program is a drug and weapon free facility for the safety and well being of all its residents, employees, and volunteers. Accordingly, by my participation and consent below, **I hereby voluntarily consent to all drug tests on myself and all contraband and weapon searches of me and my living quarters upon request.**

I understand that the results of my drug tests, if any, will only be disclosed to the NRV and all legal authorities NRV deems necessary. I understand that if I am tested positive for any banned drugs that are listed in the NRV Drug Testing and Contraband Search Procedure brochure, NRV may terminate my participation in the Program. Furthermore NRV may terminate my participation if there are any drugs, contraband items or weapons found in my living quarters or on my person.

7. Back Ground Authorization

I hereby authorize NRV to conduct the criminal background check. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist NRV in collecting this information.

Dated this _____ day of _____ 20 _____.

Disciple's Signature

Witness's Signature

Disciple's Printed Name

Witness's Printed Name