



REDEMPTION ROAD  
*Recovery Home*

# INTAKE FORM

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Date of intake:

Date of departure:

## PERSONAL INFORMATION

Full Name (First, Middle, Last): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

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

Birth Place: \_\_\_\_\_

Do you have a religious background?: Yes \_\_\_ No \_\_\_

If Yes, please specify: \_\_\_\_\_

Marital Status (circle one): Single Married Separated Divorced Widowed

Have you served in the military? Yes \_\_\_ No \_\_\_

## EDUCATION

Last grade of grade school or high school completed or GED: \_\_\_\_\_

Last year of college completed: \_\_\_\_\_

Trade school (list course of study): \_\_\_\_\_

If you completed college/trade school, list your Degree & Major: \_\_\_\_\_

## FAMILY HISTORY

Fathers Name: \_\_\_\_\_

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

Mothers Name: \_\_\_\_\_

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

Marital Status of Parents (circle one): Single Married Divorced Widowed

Wife / Husband's Name: \_\_\_\_\_

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

Children of Applicant

NAME	BIRTHDATE	WHO HAS CUSTODY?
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any significant events / trauma in your family history: (Divorce, death's, and abandonment)

\_\_\_\_\_

\_\_\_\_\_

Have you ever been abused (physically, mentally, emotionally, or sexually)? Yes\_\_\_ No\_\_\_

If yes, please explain (age/type): \_\_\_\_\_

\_\_\_\_\_

### LEGAL BACKGROUND

Have you ever been arrested? Yes\_\_\_ No\_\_\_ Do you have felonies? Yes\_\_\_ No\_\_\_

If Yes, please explain (include nature of offense & date(s) of arrest(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been incarcerated? Yes\_\_\_ No\_\_\_ If yes, how many times: \_\_\_\_\_

Name of prison / jail \_\_\_\_\_

Are you currently on parole, probation, under sentence, waiting to be sentenced, awaiting a hearing, trial, or arraignment? Yes\_\_\_ No\_\_\_

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

Parole Officer's name: \_\_\_\_\_ Phone: \_\_\_\_\_

## DRUG & ALCOHOL HISTORY

First drug / alcohol used: \_\_\_\_\_ age: \_\_\_\_\_

Type of substance(s): \_\_\_\_\_

What led you into substance abuse? \_\_\_\_\_

Number of years using drugs / alcohol?: \_\_\_\_\_

Drug (please check all that apply)	Age of first use	how often (daily, weekly, etc..)
Alcohol		
Marijuana		
Barbiturates		
Amphetamines / Bath salts		
cocaine		
heroin		
hallucinogenic		
other - specify		

### **Prior Treatment**

**Facility:** \_\_\_\_\_ **Location:** \_\_\_\_\_

Start/ Discharge Date: \_\_\_\_\_

Type: \_\_\_\_\_

Inpatient \_\_\_\_\_ Outpatient \_\_\_\_\_

Did you complete? (if no, why not?) \_\_\_\_\_

**Facility:** \_\_\_\_\_ **Location:** \_\_\_\_\_

Start/ Discharge Date: \_\_\_\_\_

Type: \_\_\_\_\_

Inpatient \_\_\_\_\_ Outpatient \_\_\_\_\_

Did you complete? (if no, why not?) \_\_\_\_\_

Facility: \_\_\_\_\_ Location: \_\_\_\_\_

Start/ Discharge Date: \_\_\_\_\_

Type: \_\_\_\_\_

Inpatient \_\_\_\_\_ Outpatient \_\_\_\_\_

Did you complete? (if no, why not?) \_\_\_\_\_

**HEALTH BACKGROUND**

Rate your physical health: Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Do you feel you have any medical problems? Yes \_\_\_ No \_\_\_

(1) Condition: \_\_\_\_\_ How long? \_\_\_\_\_

Medication: Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_

(2) Condition: \_\_\_\_\_ How long? \_\_\_\_\_

Medication: Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_

(3) Condition: \_\_\_\_\_ How long? \_\_\_\_\_

Medication: Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_

(4) Condition: \_\_\_\_\_ How long? \_\_\_\_\_

Medication: Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_

List all medication (include dosage and frequency)

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

Have you had any psychiatric treatment? Yes \_\_\_ No \_\_\_

If in a facility, please list: \_\_\_\_\_

Do you have a psychiatric diagnosis (including depression / eating disorders)? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

Have you been diagnosed with a sexually transmitted / communicable disease?

Yes\_\_\_ No\_\_\_ Date:\_\_\_\_\_

If yes, list type and current status: \_\_\_\_\_

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### EMERGENCY CONTACTS

1. Name: \_\_\_\_\_

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

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

2. Name: \_\_\_\_\_

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

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

### STATEMENT OF COMPLIANCE

Redemption Road Recovery Home is a Christian discipleship program. We are here to tell you that God loves you and care for you and is able to help you in time of need. Some of the program and procedure we follow may be new to you. We simply ask you to approach them with an open mind and heart. Your willingness to restrict yourself to the program is saying to us, "I need the special help that Redemption Road can provide me".

You are entering a discipleship program focusing on drug and alcohol recovery in a home environment. This means that you will not be able to come and go as you please and that you must comply with the program's structure. You can decide to leave the program permanently whether we are in agreement or not. Only you can desire to change your life. We are here to help you in the process, but we cannot and will not restrain you in any way to keep you here. Staying is your choice, not ours.

In signing this statement, you are committing yourself to an environment where rules are established to help everyone get along with each other and allow the home to function in an orderly and peaceful fashion. You are also committing yourself to follow these rules, so that everyone can receive the best possible benefit from their stay in the recovery home.

In general, states provide an assistance program for individuals enrolled in a state or private drug / alcohol recovery program. Your Director will identify the specifics in your area. This assistance may consist of cash, SSI, food stamps, and medical insurance. An individual can receive assistance based upon state qualification criteria. Your enrollment in the Recovery Home may qualify you for this assistance.

I have read the above statements and understand them. My signature indicates that I am willing to comply with all rules and provisions contained in them, as well as, those contained in the Redemption Road handbook.

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

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

Printed name: \_\_\_\_\_

**PARTICIPATION WAIVER AND INDEMNITY AGREEMENT  
HOLD HARMLESS AGREEMENT**

Program / Activity: **HOUSE 27:4 – Redemption Road Recovery Home discipleship and recovery program**

Participant: \_\_\_\_\_

In consideration of your accepting me or for participation in the above named program, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all right and claims for damages that I may have against HOUSE 27:4 and their agents, employees, representatives, successors and assigns for any and all injuries suffered by myself that arise out of the above named program, sponsored by HOUSE 27:4.

I warrant that I have the right to authorize and do hereby agree to hold HOUSE 27:4 harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that I should make any claim against HOUSE 27:4 for damages arising out of the above named program, I will personally indemnify, defend, and hold harmless HOUSE 27:4 and their agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein. My signature also represents that I have received, read and accept the guidelines in the Redemption Road handbook.

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

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

Printed name: \_\_\_\_\_