



Participant Application

Personal

Date _____
First Name _____ M.I. _____ Last Name _____
Age _____ Gender M / F DOB _____ - _____ - _____ SSN _____
Street Address _____ Apt # _____
City _____ State _____ Zip Code _____
Phone Number () _____ - _____ Email Address _____
Place of Employment _____ How Long? _____
Do you have a high school diploma or GED? _____
If No, are you interested in pursuing your GED? _____
College experience or degree? _____ Please describe _____

Marital and Family Status

Are you (please circle one) Single Married Divorced Separated
How long have you been Married _____ Divorced _____ Separated _____
If divorced or separated, was drug abuse a factor? _____
If so, please explain _____
Do you have children? _____ Their ages? _____
Do you have custody and/or visitation with your children? _____

Has your custody and/or visitation with your children ever been revoked because of drug use? _____ When? _____ Explain _____

Have you ever been diagnosed with a mental or physical illness? _____
What was your diagnosis? _____
What doctor prescribed medication or treatment you are currently using? _____

Do you currently have or had in the past any contractual disease such as Hepatitis, HIV, Herpes, or other? Yes/No If Yes, explain. _____

Are you a registered sex offender? _____

Do you have any pending charges related to sex crimes? _____

If Yes, please list the charges and city and state. _____

Past/Present Drug Use

How old were you when you first used drugs? Which drug/s did you use? Describe how you were first introduced to drugs. _____

Name all of the drugs that you have used in your lifetime and when you last used it. Begin with the most recent. _____

What drug/s, including prescribed medications, have you used in the last 12 months?

If you abused Opiates (Oxycodone, painkillers, etc), how many did you take a day? How long has it been since you used? _____

Was there drug abuse in your home while you were growing up? Which drugs?

Were you ever abused (physically, sexually, emotionally) during your childhood or adolescent years? _____

Have you ever been arrested or incarcerated for drug use, possession, or intent to manufacture or sell? If Yes, which year/s? What were you accused of?

Are you on probation or out of jail on bond for any drug-related crime? _____

If so, who is your probation officer and when do you return to court? _____

Do you still have close friends who use drugs? _____ Family? _____

When and where have you been to counseling or rehab? _____

What did you like or dislike about the drug rehabilitation program? _____

What do you think is the solution to your drug problem? _____

What negative effect has your drug problem had on your life? _____

Have you suffered any of the following episodes in the last twelve (12) months?

Depression

Incarceration

Anger

Physical/verbal abuse

Loss of job

Sexual abuse

Loss of custody

Homeless

Divorce

Fatigue

Loss of loved one

Diagnosis of any disease

Has drug abuse contributed to any of the above episodes? If Yes, please explain.

How did you hear about the Hope Movement? _____

Why are you applying for the Hope Movement? What do you expect the outcome to be if you are accepted and complete the program? _____

Religion/Spirituality

Please answer the questions below with all honesty. The Hope Movement is based on biblical values and discipleship is the core of the program, but we will not force our beliefs, regardless of your answers. These questions will help us to better evaluate your spirituality.

Do you believe in God?_____ If not, have you ever believed? _____

Have you ever been involved in witchcraft, tarot card readings, or any other occult religion?

Do you believe that Jesus Christ is God’s Son? _____

Do you believe that Satan exists? _____

Do you believe in heaven and hell? _____

Do you understand God’s plan of salvation?_____ If Yes, please explain _____

Have you ever confessed your sins and asked Jesus to forgive you and be Lord of your life?
_____ If yes, please explain _____

Have you ever been baptized? When and where?_____

Have you ever attended church regularly or been a member of a church?_____

Where and when? _____

Did you attend church as a child? Where?_____

Does your family attend church together? Where?_____

Do you believe God wants to change your life?_____

If Yes, why do you think God wants to help you? _____

Agreement and Understanding

Please read the statements below. If you understand and agree with the statements please initial after each one. Then sign and date in the appropriate place. (All statements may not be applicable).

I understand that the Hope Movement is a non-profit organization and does not charge any fees or monies for counseling though I may give a donation at my discretion.

Initials _____

I understand that the Hope Movement counselors may not have a degree in counseling or psychology, but are counseling from experience and Godly inspiration.

Initials _____

I understand that neither the Hope Movement, the Pastor, the counselors, nor any staff of the Hope Movement are responsible for any actions of mine (the participant), while a participant of the Hope Movement (i.e. relapse, criminal activities, suicide, etc.).

Initials _____

I understand that I may be supervised and randomly tested for drug use at the request of the counselor. I hereby agree to take the drug test when asked to do so.

Initials _____

I understand that the Hope Movement will keep all of my personal information confidential, unless I give my consent by written permission, (unless stated otherwise in writing by counselor). If I am on probation, I understand that my counselor and/or the Hope Movement staff may share my information with my probation and parole officer. I understand that any violent or life-threatening remarks will result in the notification of law enforcement officials.

Initials _____

Signature

Date

Signature of parent or guardian
(Required if under the age of 18 years old)

Date

Signature of The Hope Movement Representative

Date

