



Program Application

3420 2nd Ave. N.
Birmingham, AL 35222
(205) 324-2271

APPLICANT INFORMATION:

First Name:	Middle Name:	Last Name:
Date of Birth:	Phone:	Alternate Phone:
Last Address:		
City:	State:	ZIP Code:
Email Address:		

EMERGENCY CONTACT INFORMATION:

Contact Person:	Relationship:		
Address:			
City:	State:	ZIP Code:	Phone:

ADDITIONAL INFORMATION:

Are you an alcoholic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a drug addict? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any warrants? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been charged with a sexual offense or are you a registered sex offender?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been charged with, or convicted of, a violent crime?		<input type="checkbox"/> Yes <input type="checkbox"/> No

HEALTH INFORMATION:

Rate your general health condition: Excellent Good Fair Poor

Are you under the care of any mental health professional or system? Yes No

Are you on any drug maintenance plan or medicated assisted therapy? Yes No

Do you have cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any physical limitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have lung or breathing problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you HIV positive or have AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have intestinal or stomach problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Hepatitis A, B or C?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have blood pressure problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you take heart medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been treated for tuberculosis (TB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you on a pain management plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have kidney disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any known allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(food, environmental, medication, etc.)

List **ALL** medications *(prescribed and non-prescribed)*:

List **ALL** known allergies of any kind and **ANY** special physical/dietary needs:

You are hereby advised that the Royal Pines is not a medical facility and that we are not obligated to provide you with medical services. As a gospel mission ministry, we will assist you with humanitarian and emergency services as needed.

DISCLAIMER:

In view of the fact that I am to enjoy the facilities at the Jimmie Hale Mission, I do hereby assume any risks that may be incident to my stay here and do release the Jimmie Hale Mission from any and all claims which may arise out of my stay at this facility. I understand that typing my name in the space provided below (when applicable) will serve as my digital signature for this form.

Signature of applicant: _____ Date: _____



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CLIENT POLICY AGREEMENT:

Client's Full Name: _____

72-Hour Abstinence Agreement

The Jimmie Hale Mission does not provide detoxification services, and as such, incoming residents must refrain from the use of alcohol or any other psychoactive substance that causes withdrawal for 72-hours prior to admission. New residents who exhibit withdrawal symptoms will be evaluated by our staff for possible referral to a hospital's detoxification services. If detoxification services are considered necessary, clients are responsible for the medical cost. If medical services are refused, **you may be denied admission to the recovery program.**

Sports & Activity Release

The Jimmie Hale Mission is hereby released from any liability due to injury for any sports or leisure activity. You must take full responsibility for any accident or personal injury caused by your participation.

By signing below, I acknowledge all rules, policies and liabilities have been read and explained to me, and I am fully committed to comply with each of them. Furthermore, I affirm that I will not use alcohol or any psychoactive substance for 72-hours prior to my admission into the program, and I do hereby release the Jimmie Hale Mission for any medical liability during my residence. I also acknowledge that typing my name into the space below (when applicable) will serve as my digital signature for this form.

Client Signature

Date



BACKGROUND REQUEST FORM

CLIENT INFORMATION:

I, _____, authorize **the Jimmie Hale Mission** to conduct an independent investigation of my driving record (MVR), background, police and criminal history record information pertaining to me, which may be in any state or local criminal justice agency in the United States, and all public records for the purpose of confirming the information provided to the shelter.

I release **the Jimmie Hale Mission** and/or its agents and any person or entity that provides information pursuant to this authorization from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used. I further understand that **the Jimmie Hale Mission** and its agents will adhere to applicable state and federal statutes concerning the securing of information, handling, and release of the information obtained.

The following is my true and complete legal name. All information on this document is true and correct to the best of my knowledge:

Full Name (Please Print) _____

7-year Address History:

Present Address City State ZIP Code How Long?

Former Address City State ZIP Code How Long?

Former Address City State ZIP Code How Long?

Date of Birth: _____ Social Security No. _____

Driver's License Number: _____ State of Driver's License Issue: _____

I understand that typing my name in the space provided below (when applicable) will serve as my digital signature for this form.

Client Signature Date



CLIENT CONSENT FOR DISCLOSURE OF RECORDS & INFORMATION

CLIENT AGREEMENT:

I understand that my records are protected under the Federal Confidentiality Regulations (42 CFR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (i.e. probation, parole, etc.) and that in any event this consent expires automatically upon my program graduation, discharge or departure unless otherwise specified below.

I, _____, authorize the staff at the Jimmie Hale Mission to disclose and/or receive information to/from:

regarding the following information: my attendance and compliance at Royal Pines. The purpose of the disclosure authorized herein is to:

Phone Number: _____

Email Address: _____

Start Date (mm/dd/yyyy): _____

End Date (mm/dd/yyyy): _____

I also agree that I will not take any action, or threat of action, in recourse of a direct, or indirect, nature against these parties for any communication they may engage in with this party in regards to me. I further acknowledge that my rights were fully explained to me and this consent is given of my own free will.

I, the undersigned, do understand and accept the above:

Client Signature

Date

Witness Signature

Date



ITEMS TO BRING & FACILITY POLICIES

INFORMATION:

Mandatory Items:

Bible (study)
Personal hygiene products
Towels & Washcloths (1 week)
Underwear
Socks
Shower shoes
Casual shoes (1 pair)
Work shoes or boots (1 pair)
Classroom clothes
Work clothes
Belt (must be worn at all times)
Notebooks, pens, pencils
NO jogging pants
NO luggage

Optional Items:

Alarm clock (no radio)
Tobacco products (2-week supply)
Clothes hangers

All medical, legal or personal appointments must be approved by the Director prior to appointment. **(Clients are responsible for providing their own transportation to and from said appointments.)**

Note: Clients are required to wear shirts with collars for both class-room and church dress. **Shorts are only permitted during outside recreation.** Shorts are not permitted for any work detail or classroom activities. Bring enough clothes to last for at least **two weeks**. Client's laundry will be done weekly.

Clients and their belongings are subject to search upon entry to the Jimmie Hale Mission. In the event any addictive substance is found during the search this evidence will be used for prosecution.

All medication must be relinquished to a staff member upon entry. Clients will be given access to their medication (both prescription and OTC) daily.

Clients are allowed to have cash (for drink machines).

Medication: FDA scheduled drugs are NOT allowed. Please ask your doctor to prescribe medications which are listed on our "Acceptable Medication List." All OTC and prescription medications MUST be turned in to office upon arrival.

Legal Issues: If you have any legal issues such as probation, parole, and/or court dates please have all contact information and dates with you upon arrival. You will need to provide names, phone and fax numbers, and email information so we can properly inform each agency. Legal backgrounds are checked before entering the program. If you have any outstanding misdemeanor or felony warrants you will not be allowed to enter the program. These legal matters must be taken care of before admittance. In addition, any persons with a history of sexual or violent crimes cannot be accepted.

Detoxification: If you are withdrawing from alcohol, benzodiazepines, or barbiturates you are required to bring proof of medical detoxification before you can enter the program at the Jimmie Hale Mission.