

Restoration Recovery Program

Application

Restoration Recovery Application

PLEASE READ THE FOLLOWING BRIEF DESCRIPTION OF THE ROCK MINISTRIES PRIOR TO COMPLETING YOUR APPLICATION:

What is RRP?

Restoration Recovery Program, Inc. is a communal living organization located in West Virginia that offers men a group home setting while they begin to overcome substance abuse. The sober homes operated by Restoration Recovery Program solely exist to help men in West Virginia continue their journeys of sobriety with the adequate support and services to implement the life stability needed for continual substance abuse recovery. The residents of The Restoration Recovery Home are men that have made the decision to overcome an addiction, are starting their lives over after incarceration due to criminal behaviors related to drugs and/or alcohol or have recently completed a certified substance abuse program. Restoration Recovery Program provides an affordable home that is drug and alcohol free so residents can fully engage in their sobriety. Restoration Recovery Program offers its residents accountability, drug testing, peer awareness, peer support from other residents, and supplementary support to local addiction recovery, alcoholics anonymous, narcotics anonymous, drug court and probation programs. We do not offer any medical services, but do have an established relationship with a physician who we will refer residents to, or they can choose to see a physician of their choosing. The Restoration Recovery Program will also refer residents to any other appropriate community service agency to address their specific needs (e.g., medical, financial, psychological, education, job related, and/or recovery related needs).

What is the cost of RRP?

The focus of RRP is to assist men in becoming socially responsible after a life of addiction, incarceration and/or irresponsibility. Therefore, we require each resident to pay his own way while living in our facilities and receiving our program support. Residents pay a non-refundable Program Initiation Fee of \$300.00 once deemed eligible for RRP. While living at the RRP facility, each resident must pay a weekly Program Fee of \$125.00. The weekly Program Fee covers the cost of the residents living quarters, utilities, program services, in-house activities, and basic food needs. The weekly Program Fee is due in advance and can be paid weekly, bi-weekly or monthly. In special situations, the Executive Director of RRP may consider implementing a different payment plan for a resident. These situations are reviewed on a case-by-case basis. RRP does not assist in the entitlement view that accompanies addictive lifestyles and reserves the right to assess each participant's financial needs, obligations and abilities at any time.

What are the eligibility requirements of RRP?

All residents must be eighteen years or older, committed to a life of sobriety, be drug/alcohol free, have completed a minimum of 3-5 days of detox, not have any current warrants and/or capiases and must be willing to abide by RRP regulations and requirements. **Restoration Recovery Program is unable to provide residency to sex offenders.**

What is the process to begin participation with RRP?

The process begins with completing and submitting an application. Applicants will be required to complete a telephone interview with a staff member. Once the applicant is approved, he will meet individually with the RRP Executive Director or a staff member to review the detailed rules and regulations of the program which include, but are not limited to, house rules, curfews, meeting requirements, work/community service requirements, drug testing requirements, etc. The Applicant will then sign all the necessary contracts and pay required costs as decided by the Executive Director. The Applicant now becomes a resident of RRP and begins a new sober life.

******RRP has an ongoing relationship with the local Department of Corrections, Parole/Probation, and Drug Court. Please be aware of our cooperation with these programs if your admission to our homes will be governed by one of these agencies******

Restoration Recovery Application

PARTICIPANT APPLICATION for Restoration Recovery Program

Name (Last, First Middle)	DOB	Social Security #	Medical Card	MAID#
_____	_____	_____	Y or N	_____
Address (Please note if this is a treatment facility)			Contact #	
_____			_____	
<u>Do you have the following information:</u>				
Birth Certificate: Y or N Social Security Card: Y or N Driver's License: Y or N ID: Y or N				

History Drug/Alcohol Information:

Are you an Alcoholic? YES NO

If applicable, date of last drink: _____ If applicable, date of last drug use: _____

Do you want to stop drinking alcohol and/or using addictive drugs? YES NO

Explain: _____

List drugs you have used addictively (please list on additional paper if needed):

When did you attend your first AA or NA meeting? How many AA/NA meetings do you attend weekly?

Treatment Current/History information:

Are you currently in an institution or Treatment Program? YES NO

If yes, how long have you been there? _____

Facility Name/Location/Contact Person/Telephone Number (counselor, case manager etc.):

Restoration Recovery Application

Have you ever been to any (other) treatment facility for alcoholism and/or drug addiction? Yes or No

If yes, list facilities, locations and lengths of stays:

Legal Information:

Are you currently on parole/probation/drug court or have any pending charges? Yes or No

Explain: _____

Have you been convicted of any crimes relating to any type of sexual offense? YES NO
(Restoration Recovery Program is unable to provide residency for sex offenders)

Have you been convicted of any arson related crimes? YES NO

Financial/Employment Information-See Financial Agreement:

Do you have monthly income? Yes or No Amount: \$ _____ per month.

Source of Income: Employment Disability Unemployment Other:

If other, please explain: _____

Are you obligated to pay child support: Yes or No

If you do not have a job, are you willing to get one? Yes or No

If yes, do you have any current job plans? Yes or No

Explain: _____

If applicable, Employer's Name: _____

Employer's Address: _____

Employer's Telephone No.: _____

Supervisor's Name: _____

Restoration Recovery Application

Family/Relationship Information:

Relationship status (circle all that apply): Married / Never Married / Separated / Divorced / Dating

Explain: _____

Do you have children: Yes or No

Emergency Contact Information:

Name/Relationship/Phone _____

Name/Relationships/Phone _____

Medication Information:

Do you take medications: Yes or No

If yes, list medications: _____

I hereby acknowledge that the above information is true and correct to the best of my knowledge. I understand that falsifying any information on this application will result in the denial of participation with the Restoration Recovery Program. Furthermore, I understand that if accepted into the Restoration Recovery Program, my future continued eligibility will immediately be terminated if the staff becomes aware of any false information provided on this application.

Signature: _____

Date:

Restoration Recovery Application

Restoration Recovery Inc.

Financial Agreement

Resident _____
Admission Date _____ Social Sec. # _____

- Recovery Residence Entry Fee: \$ 300.00 (Non-Refundable Fee)
- Residence Weekly Fee: \$125.00 a week. Fees include Housing and utilities, programming.
- Additional Charges for excessive or additional utility cost may apply and will be prorated among residents. (Non-Refundable)
- Transportation Fees: \$25.00 a week. Fees cover ten trips a week (trips must be within reason) for fuel and vehicle usage.

I understand that my entry fee is due at the time I have been approved for residency and that this is a non-refundable

I understand that I may pay fees on a weekly basis. Fees are to be paid every paycheck. I understand that I must pay a week ahead. Fees will be collected each week by Jody or Wanda Johnson. Failure to pay fees in a timely manner will result in the resident forfeiting his privileges.

I understand that I may carry no MORE than a 2-week balance on my account. (payment must be approved by the staff).

In acceptance of the Participant Financial Agreement with Restoration Recovery, I agree to adhere to the rules and make my scheduled payments when due. I further understand that failure to make payments when due may result in my discharge from the Restoration Recovery program. Any unpaid account balance at the time of dismissal is subject to the cost of collection efforts.

For and in consideration of services to be rendered, I promise to pay the Restoration Recovery all its charges rendered to me from admission to dismissal. I understand that the total of each charge is due and payable according to this Financial Agreement.

As a resident of the Restoration Recovery you consent and agree to the terms above. You will be informed of any changes to this agreement at least a week before they come into effect.

Resident Signature:

Staff Signature:

Date: