

# The Rock Program

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Application  
Rock House  
Genesis House

## The Rock Ministries

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

#### What is TRMP?

The Rock Ministries 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 The Rock Ministries 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 Rock House and Genesis House 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. The Rock Ministries Program provides an affordable home that is drug and alcohol free so residents can fully engage in their sobriety. The Rock Ministries 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 Rock Ministries Program will also refer residents to any other appropriate community service agency to address their specific need (e.g., medical, financial, psychological, education, job related, and/or recovery related needs).

#### What is the cost of TRMP?

The focus of TRMP 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 TRMP. While living at TRMP 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 TRMP may consider implementing a different payment plan for a resident. These situations are reviewed on a case-by-case basis. TRMP 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.

NOTE: There maybe additional fuel charges

#### What are the eligibility requirements of TRMP?

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 TRMP regulations and requirements.

### **The Rock Ministries Program is unable to provide residency to sex offenders.**

#### What is the process to begin participation with TRMP?

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 TRMP 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 TRMP and begins a new sober life.

***\*\*\*TRMP 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\*\*\****

The Rock Ministries

**PARTICIPANT APPLICATION for The Rock Ministries Program**

Thank you for your interest in growing at The Rock Ministries Program. Please complete the following application and submit to Sheila Martin, Executive Director, at P.O. Box 489, Poca, West Virginia 25159. Sheila Martin-Director 304-437-2625 (cellphone) or 304-769-8484 (office)

Name (Last, First Middle)	DOB	Social Security #	Medical Card	MAID#
_____	_____	_____	Y or N	_____
Address (Please note if this is a treatment facility)			Contact #	
_____			_____	
<b><u>Do you have the following information:</u></b>				
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 meeting 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.):

\_\_\_\_\_

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:

\_\_\_\_\_

The Rock Ministries

**Mental Health Information**

Have you previously/currently been diagnosed with a mental health condition? If yes, please explain.

\_\_\_\_\_

**Medication Information:**

Do you take medications: Yes or No

If yes, list medications: \_\_\_\_\_

**Are you currently on a MAT Program? If yes, please explain**

\_\_\_\_\_

**Legal Information:**

Are you currently on parole/probation/drug court? Yes or No If yes, please explain.

\_\_\_\_\_

Do you currently have pending charges? Yes or No

\_\_\_\_\_

Do you have past criminal charges? Yes or No If yes, please explain.

\_\_\_\_\_

**Have you been convicted of any crimes relating to any type of sexual offense? YES NO**

**(The Rock Ministries Program is unable to provide residency for sex offenders)**

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**Have you been convicted of any arson relating 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: \_\_\_\_\_

# The Rock Ministries

If applicable, Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone No.: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

**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 \_\_\_\_\_

***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 Rock Ministries Program. Furthermore, I understand that if accepted into The Rock Ministries Program, my future continued eligibility will immediately be terminated if the staff becomes aware of any false information provided on this application.***

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

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