The Rock Program

(WVARR Certified Program)

The Rock Ministries intentionally is structured to assist individuals through their recovery process. We are honored to witness lives transformed and restored through accountability, support, and Christ-centered guidance. Please read the following brief description of The Rock Ministries prior to completing your application. ***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 is governed by one of these agencies***

RECOVERY SUPPORT-REQUIRMENTS Christ-centered recovery with the following requirements: • Individual therapy-Group therapy • Individual supportive sessions-Group supportive sessions • PRSS (Peer Recovery Support Services) • 12 Step Curriculum • 12 Step Meetings	**RESIDENTIAL STRUCTURE** • Safe, structured housing • Daily accountability • In-house activities • Recovery-focused routines
PROGRAM FINANCIAL EXPECTATIONS Residents are expected to contribute financially as part of building responsibility and independence. • **Entry Fee:** $300 (non-refundable) • **Weekly Program Fee:** $125/week (Payment options: weekly or bi-weekly) ○ Fees are paid **in advance** • **Entry Without Fees Policy** The Rock Ministries relies on residents to contribute financially; however, applicants who do not have the entry fee at the time of admission may still be considered. Eligibility for entry without fees in hand will be **reviewed on an individual basis**, taking into account each applicant's circumstances and needs.	**ELIGIBILITY REQUIREMENTS** Applicants must: • Be **18+ years old** • Be **drug/alcohol free** • Have completed **3–5 days of detox** • Have **no active warrants or capiases** • Commit to a **sober lifestyle** • Agree to **TRMP rules and regulations** **TRMP cannot provide residency to registered sex offenders.**

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 Y or N	MAID#
_____	_____	_____		_____

Address (Please note if this is a treatment facility) _____ Contact # _____

Do you have the following information:

Birth Certificate: Y or N Social Securitv 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:

_____

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)

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: _____

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: _____

Intake Interview

Date: **Referral Source:** **Contact Phone #:**

Name (Full Name):

DOB: Age:

Current Location: Discharge Date:

Previous Address:

Medicaid: Y or N- If yes Medicaid # Food Stamps: Y or N

ID/Driver License: Y or N Birth Certificate: Y or N Social Security Card: Y or N

History

Drugs of Choice:

Clean Time: Previous Treatment:

Length of Stay at Previous Treatment:

Sponsor:

Medications

Current Medications:

Current Symptoms:

Personal Medical History

ADHD	Alcoholism	Allergies	Anxiety
Bipolar Disorder	Depression	High Blood Pressure	Seizure Disorder
Sleep Apnea	OCD	ODD	

Legal Status

Pending/Current Charges:

Parole/Probation Officer:

Sex-Offender Registry: Yes or No (If yes, TRM cannot provide residency to Sex Offenders)

_____ Sex-Offender Registry has been checked by staff
https://apps.wv.gov/StatePolice/SexOffender/

Financial

Employed: If yes explain:

Previous Employment:

Entry Fee of $300: Yes or No

Entry Fee will be paid on:

Relationship

Marital Status: Children: Contact Phone Number

Emergency Contact:

Name:

Contact Information:

Program Information

1. **Program is a 12-18 months will this be an issue? Yes or No**
2. **3 Goals to accomplish while in the program:**
   a.
   b.
   c.
3. **Program is a Faith Based Program with church being required on Sun**
4. **5 Recovery meetings a week, church does count for meetings**
5. **Recovery coaches provide transport and assistance with employment and important documents. In-house therapy.**
6. **2 separate houses, 14-20 guys in program, will share bedrooms**
7. **Required to maintain employment, after entry fee of $300, and $125 per week for fees.**
8. **We have a doctor who sees all residents in our program for medications, illnesses etc.**
9. **Community service when asked to do so, cutting grass, helping with church events, etc.**

Additional Questions/Discussions by the Applicant or Staff:

Decision	x	Comments
Accepted:		
Denied:		
Waiting List:		