



RECOVERY PROGRAM APPLICATION

Today's Date: _____ Name (Last, First, Middle): _____

Date of Birth: _____ Age: _____ Gender Identity: _____

This application will contain private information. By completing this application, you are willing and accepting that confidential information will be reviewed by Las Vegas Rescue Mission staff. It is also understood that while the goal is to minimize who reads this, you are aware that the Las Vegas Rescue Mission cannot control complete privacy during the entire process.

GENERAL INFORMATION

Phone number in which you can be reached: _____

If this is not your personal phone, please identify the name& relationship of the person to you:

If no one answers, may we provide a detailed message that includes identifying our names, title, and agency; assessment appointment information; program details: YES NO

*if you select no, please note we will not leave message. We will do our best to contact you but it will be your responsibility to follow up

Have you ever been in Military service? YES NO

If YES, do you have your DD214? YES NO

Have you ever been **convicted** of a felony drug charge (DUIs, Possession, etc.)? YES NO

Have you ever been **convicted** of a sex offense? YES NO

If yes please explain your charge(s):

Have you previously been in the LVRM Recovery program? YES NO

If Yes, please describe your overall program including the manner in which you left:



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SPIRITUAL

The Las Vegas Rescue Mission is a faith-based organization and Christianity is used in the structure of the Recovery Program as well as the environment. Biblical principles along with Christian teachings are incorporated. You are expected to participate in all aspects of the Recovery program including this. While you do not have to be a Christian to participate in the Recovery Program, respecting everyone's beliefs as well as the organizations values is required and expected.

Are you okay with the recovery program promoting Christian teachings and values?

YES NO

What is your past and current involvement with church or religious organization?

What are your religious or spiritual goals as of today?

THINGS TO KNOW ABOUT OUR PROGRAM...

- It is an estimated **6 months** treatment program. After completion of treatment you are given roughly **90 days to transition out** (ex. establish sponsorship, community support, employment and housing).
- The **first 45 days of your treatment**, the goal is to have you focus on your self and get you acclimated to the program. This does limit calls to loved ones and off-site passes. Details will be discussed with your primary counselor and management team.
- Non- emergent needs will be addressed with counselor after you go into upper phases (after roughly 3 months)
- Any electronic devices you have will be stored safely. Once you reach the appropriate phase (approx. 6 months) you will be given access to it.
- Privileges are earned throughout treatment, in each phase. Privileges may include off site passes visits, group outings with staff and other recovery related events.



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FINANCIAL

LVRM is primarily funded through private donations which makes treatment costs minimal to you. While you are in the program, we ask that you contribute \$180.00 a month. This can be done through your EBT or personal payments. If you currently do not receive EBT we will assist you in enrolling once you arrive.

SUBSTANCE USE

CAGE- AID

In the past 12 months:

1. Have you ever felt you ought to cut down on your drinking or drug use? YES NO
2. Have people annoyed you by criticizing your drinking or drug use? YES NO
3. Have you felt bad or guilty about your drinking or drug use? YES NO
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)? YES NO

(For LVRM Staff: two or more “yes” is an indication of substance use problems)

What is the last substance(s) you used, when you last use, and overall details of history of drug and alcohol use:

GAMBLING

Brief Biosocial Gambling Screen:

During the past 12 months, have you become restless, irritable, or anxious when trying to stop/cut down on gambling? YES NO

During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled? YES NO



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During the past 12 months did you have such financial trouble as a result of your gambling that you had to get help with living expense from family, friends, or welfare? YES NO

When is the last time you gambled something of value and any additional information about your history of gambling?

WORK THERAPY

The Las Vegas Rescue Mission also includes Work Therapy. When you are not attending treatment sessions, you will be scheduled for a work position, roughly 40 hours a week. Which position you work for is identified by Recovery Staff. Positions include:

- Kitchen- dishwasher, food prep, cleaning, serving, must be able to lift 25 pounds, and on feet majority of shift (8 hours).
- Thrift Store/warehouse- unloading & loading off vehicles, must be able to lift 25 pounds, sorting, stocking inventory, cleaning, assisting with donations, and on feet majority of shift (8 hours).
- Security- working outside, responsible to assist with safety on property, must be able to lift 25 pounds, makes rounds on property, and on feet majority of shift (8 hours).
- Janitorial- responsible for cleaning all buildings, must be able to lift 25 pounds, walk around property and on feet majority of shift (8 hours).
- Front Desk- operates phones or assist staff with any office type needs, must be able to lift 25 pounds, and must be able to sit or stand during shift (8 hours)

Please know you are **NOT** an employee of the Mission, and will not directly, expressly, or by implication and will not receive financial compensation for hours worked.

Do you have any physical limitations to note? Please describe below:



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PHYSICAL AND MENTAL HEALTH

What are your current medical diagnoses:

What are your mental health diagnoses:

Are you currently under the care of a health care professional for medical or mental health?

YES NO

If yes, please list all:

Name: _____ Address/Phone: _____

Name: _____ Address/Phone: _____

Name: _____ Address/Phone: _____

If you are currently prescribed and/or taking medications, please list below:

MEDICATIONS	REASONS	DOSAGE	DATE STARTED

Do you have a supply of the above medication YES NO

ACKNOWLEDGMENT



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I, _____, hereby apply for admission to the Recovery Program at the Las Vegas Rescue Mission. I hereby certify that I have completed this application to the best of my ability and as truthfully as possible. The next step after the application will be to schedule and complete a full clinical assessment. Recommendations will be made at that time by appropriate credentialed staff. If admitted, I acknowledge that my continued residence at the Mission and participation shall be determined by the recovery Staff, dependent on my continued need, my cooperation and my willingness to help others situated, including such voluntary assistance as I may have the privilege of rendering.

Signature

Date