

# Bethesda Men's Program Application

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## Applicant Name (First and Last – Please Print)

The **Bethesda Program** is a privately funded, faith-based, residential Christian recovery program. The goal is to offer individuals the hope found in a relationship with Jesus Christ and in learning how to live functional, healthy, productive lives centered in the truth and love of Jesus Christ.

The purpose of this application is for the Bethesda Program to obtain relevant information about you for consideration for the program. Although all the information contained in the application is confidential, some pertinent information may be shared to assist us in client selection and future client care. (See our Privacy Statement on Page 9.)

- Freedom House reserves the right to change the contents of this application and the scope of the Bethesda Program at any time without notice.
- We reserve the right to select applicants according to our own criterion. We reserve the right to deny services to anyone, but will not do so based upon race, nationality, or age.

Thank you for applying to Bethesda Men's Recovery Program. After review, you will be contacted for an interview with our Staff Member(s).

The Program Fee is \$600 per month, which includes an on-site House manager, case management, accountability, mentoring, recovery program materials and classes, studies, utilities, household supplies, food and a bed. First month's payment is expected at move-in. Exceptions may be approved at a rate of \$150 per week until employment is obtained, with a maximum of \$600 per month.

## Program Pre-Qualifications:

Please initial the following if they are applicable to you.

**PLEASE NOTE: IF YOU INITIAL SOMETHING THAT IS NOT TRUE OF YOU, YOUR APPLICATION WILL BE IMMEDIATELY DENIED.**

- You will be 21 days clean/sober upon entering the Bethesda Program.
- You do not have sexual crimes of any nature or any violent crimes (such as battery/assault).
- You are not dependent on any narcotics, opium based or synthetic based that could jeopardize another client's recovery [such as Suboxone (buprenorphine and naloxone), methadone or medical marijuana].
- You are able to hold down a full-time job. If not why?
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- You are capable of following instructions and abiding by rules.
- You understand that you will be responsible to purchase your own clothing, and personal items.
- You understand that you will be responsible for your own transportation to and from work and appointments, utilizing the bus system and other available resources.
- You will have your first month's program fees (\$600) or, if permitted by the Bethesda Case Management Team, a weekly fee (\$150) when you enter the program.
- You are able and willing to attend classes, studies and meetings as determined by the Bethesda Program Case Management Team.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Personal Information

Height/Weight	Hair Color	Eye Color
1. Name (Last, First, MI)	2. Date of Birth (MM/DD/YY)	3. Male _____ Female _____
4. What other names have you gone by (aliases, maiden names, etc.)?		
5. Current place of residence or incarceration (Street, Apt #, City, State, Zip)		
6. Marital Status (check one) _____ Single _____ Married (Spouse's Name: _____ ) _____ Separated _____ Divorced (Spouse's Phone #: _____ )		
7. Please provide the following information about your family:		
Father's Name:		Phone #:
Mother's Name:		Phone #:
How many children do you have? _____		
Name:		Age:
Name:		Age:
Name:		Age:
Name:		Age:
8. What grade did you finish in school?		
9. Do you own a vehicle? No _____ Yes _____ Make, Model, Year:		
10. Do you attend church services?		
11. Do you have a denominational preference?		
12. List 3 personal references.		
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:
13. List your emergency contacts.		
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:

## Personal Information, continued

14. List the names of your previous employers and positions held.

Employer:	Position Held:	Phone #:
Employer:	Position Held:	Phone #:
Employer:	Position Held:	Phone #:

15. List of hobbies, skills and interest.

16. What would you like to learn? Check all that apply.

<input type="checkbox"/> Financial Consultation	<input type="checkbox"/> Mentoring Time with a Mature Christian Friend
<input type="checkbox"/> Budgeting Help	<input type="checkbox"/> Acquiring Transportation
<input type="checkbox"/> Job Training	
<input type="checkbox"/> GED Tutoring	LIFE SKILLS
<input type="checkbox"/> Parenting	<input type="checkbox"/> cooking
<input type="checkbox"/> Recovery Issues	<input type="checkbox"/> housekeeping
<input type="checkbox"/> Anger Management	<input type="checkbox"/> auto maintenance
<input type="checkbox"/> Divorce Recovery	<input type="checkbox"/> sewing
<input type="checkbox"/> Abuse in Past	<input type="checkbox"/> crafts
<input type="checkbox"/> Marriage Mentoring	<input type="checkbox"/> other: _____

17. What makes you a good candidate to enter the Bethesda Recovery Program?

<b>Criminal History</b>		
18. Current Correctional Facility:		
19. Correctional Facility Contact Information (Address, City, State, Zip Code, Phone #)		
20. Name of Counselor / Case Manager at current correctional facility:		
21. Name of Chaplain at current correctional facility:		
22. Attorney's Name:	23. Attorney's Phone #:	
24. What charge are you currently being held for?	25. Tentative release date:	
26. Past or present Probation / Parole Officer:		
27. IDOC #	28. Do you have community service hours to complete? How many? Yes ___ No ___ To be completed by:	
29. Have you ever been accused or convicted of any violent crimes? Yes ___ No ___	30. Have you ever been accused or convicted of a sex crime? Yes ___ No ___	31. Have you ever violated the terms of your probation / parole? Yes ___ No ___
32. If you have answered Yes to questions 29, 30, and/or 31, please explain here in detail:		
33. List requirements imposed on you by IDOC (include frequency):	34. List meetings required of you by Drug Court (include frequency):	
35. List any other required meetings or programs as part of your sentencing:		

**Criminal History, continued**

36. Correctional Facility History (list institution and dates incarcerated starting with the most current):

Facility	Charges	Date Incarcerated	Date Released

37. Have you filed a "Life Plan" with IDOC or any other agency or treatment provider? (If you answer yes to this question you will need to submit a copy of the Life Plan to your Bethesda Case Manager.)

**Substance Abuse History**

38. Substance	Age of first use	Frequency in the last six months:				Date of last use
		Once	1-2 times a month	3-4 times a week	Daily	
Meth						
Marijuana						
Heroin						
Alcohol						
Hallucinogens						
Prescription meds (that weren't your prescriptions)						
Cocaine						
Other:						

39. Do you attend NA / AA Meetings? Yes \_\_\_\_\_ No \_\_\_\_\_

40. How many NA / AA meetings do you attend each week?

41. What programs have you been participating in to work on your recovery? (Check all that apply.)

Detox and Intensive Outpatient \_\_\_\_\_ Outpatient \_\_\_\_\_ Residential Treatment \_\_\_\_\_ 12-Step Program \_\_\_\_\_

Other: (Specify)

42. If you checked any boxes in question 41, please explain details below, including names, names of facilities and dates enrolled:

Longest time you've been clean and sober? \_\_\_\_\_ While incarcerated \_\_\_\_\_ Not incarcerated \_\_\_\_\_

## Family & Spiritual Assessment

43. Describe the family you grew up in, how many brothers/sisters, how you got along with family members and what your home life was like.

44. What is your current marital and family status:

45. Describe the religious/spiritual tradition you grew up in.

46. How would you describe your current spiritual or religious orientation?

47. How do you deal (what do you do) with sorrow, emotional pain, or obstacles in your life?

48. What support systems do you have in place? People or groups?

## Physical, Mental, and Emotional Health

49. Do you have medical issues that require the regular use of prescription medications?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, list prescription drugs you are currently taking.)

50. List any medical conditions that we should be aware of, including past physical injuries or conditions that might limit your physical abilities:

51. Have you ever been diagnosed with a psychological disorder?

\_\_\_\_\_ Depression      \_\_\_\_\_ PTSD      \_\_\_\_\_ Borderline Personality      \_\_\_\_\_ Dissociative Disorder      \_\_\_\_\_ Bi-Polar  
\_\_\_\_\_ Schizophrenia      \_\_\_\_\_ Other:

52. If you have a medical/psychological problem, or if you take prescription medicines, provide the names of your doctors and their phone numbers:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

53. Please check any of the items below that apply to you:

\_\_\_\_\_ Suicidal Tendencies      \_\_\_\_\_ Fits of Rage      \_\_\_\_\_ Anger      \_\_\_\_\_ Violent Responses      \_\_\_\_\_ Retaliation  
\_\_\_\_\_ Bad Dreams      \_\_\_\_\_ Attention Deficit      \_\_\_\_\_ Chronic Lying      \_\_\_\_\_ Trouble Sleeping

54. Please check any of the items below that apply to you:

\_\_\_\_\_ Occult involvement      \_\_\_\_\_ Adopted out children (How many? \_\_\_\_\_)  
\_\_\_\_\_ Walked away from programs before completion      \_\_\_\_\_ Emotionally abused      \_\_\_\_\_ Abortion      \_\_\_\_\_ Physically abused  
\_\_\_\_\_ Lost custody of children      \_\_\_\_\_ Sexually abused      \_\_\_\_\_ Dismissed from programs before completion  
\_\_\_\_\_ Ran away from home as an adolescent

55. If you marked any of the items above, please explain (use additional pages if necessary):



## **The Bethesda Program Notice of Privacy Practices**

This Privacy Practice Statement tells you how we may use or disclose information about you. Not all situations will be described. The Bethesda Program is required to give you notice of its privacy practices for the information it collects and keeps about you.

We do not discriminate against any person on the basis of race, color, national origin, or age in admission, treatment, or participation in its programs, services, and activities.

## **The Bethesda Program Privacy Practice**

### **Bethesda may use and disclose information without authorization...**

- **For Treatment:** We may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Appointments and Other Information:** We may send you reminders for medical care or treatment. We may also send you information about other services that may be of interest to you; such as Social Security Dept., Idaho Commerce & Labor Dept., Dept. of Corrections, potential employer, etc.
- **As Required by Law and for Law Enforcement:** We will use and disclose information when required or permitted by federal or state law or by a court order.
- **To Avoid Harm:** We may disclose personal information to law and law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- **To Disclose Information to Family, Friends, and Others:** We may disclose information to your family or other persons who are involved in your treatment. You have the right in this case to object to the sharing of this information.

I, \_\_\_\_\_(applicant's name), have filled out this application for the Bethesda Program to the best of my ability, and all my answers contained herein are truthful. I understand that if I am accepted into this program, the Bethesda Program rules and guidelines can change without notice. I have seen and read the Bethesda "Notice of Privacy Practices", and I do hereby authorize the Bethesda Staff members to collect whatever information they need from Idaho Department of Corrections to verify information contained in this application or to get personal reference information from IDOC employees.

\_\_\_\_\_  
Applicant's Printed Full Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal, IDOC, or BH Staff Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chaplain

\_\_\_\_\_  
Date

\* PLEASE SUBMIT THIS APPLICATION:

By mail: Freedom House, Inc. – PO Box 183 – Ponderay, ID 83852

By email: [info@freedomhousehope.org](mailto:info@freedomhousehope.org)