



## PRE-APPLICATION DISCLOSURE

**Thank you for your interest in The Greenhouse Recovery Residence with Dew4Him (D4H) Ministries. Please note the following.**

- Completing this application does not guarantee acceptance into the program.
- An in-depth, structured panel interview will be required to adequately determine that The Greenhouse is able to meet your needs.
- The information provided on your application will be verified for accuracy and truth. Please complete it to the best of your knowledge and ability.
- We understand that completing this application may be emotionally taxing. Remember to take breaks as needed. Be prepared to allow up to 90 minutes to complete the application in its entirety.

### **BRIEF OVERVIEW:**

- The Greenhouse is an 18-month, faith based program.
- If approved, you will receive a thorough, trauma-informed assessment and work with your team to create your own strength-based Individual Growth Plan (IGP)
- D4H will consult with community partners to provide a multi-disciplinary approach to help you with your recovery goals.
- We are a smoke free, tobacco free and vape-free campus.
- Program fees, hygiene products, and food costs are affordable. We assist you in finding employment.
- D4H assists you with applying for benefits.
- D4H conducts random 14-panel drug screens.

### **PROGRAM EXPECTATIONS**

- D4H expects you to keep The Greenhouse DRUG AND ALCOHOL FREE. Refusal to submit to a drug or alcohol screen and/or dirty or diluted test results may be grounds for immediate dismissal.
- D4H expects you to remain free from the possession of any illegal substances, and/or drug paraphernalia at all times including when you are both on and off The Greenhouse property. Possession of any illegal substances and/or drug paraphernalia may be grounds for immediate dismissal.
- D4H expects you to remain free from the possession of any and all weapons at all times including when you are both on and off property. Possession of any weapon at any time will be grounds for immediate dismissal.
- D4H expects you to respect the property of others by not stealing, including when you are both on and off property. Stealing at any time may be grounds for immediate dismissal.
- D4H expects you to respect and abide by our Greenhouse rules and structure which includes but is not limited to:
  - a) Limited, pre-approved visitation after initial 30 days
  - b) Limited and restricted cell phone and computer possession or use after initial 30 days; no social media
  - c) Limited, pre-approved personal telephone calls after the initial 30 days
  - d) Limited and restricted mail and packages after 30 days
  - e) Weekly church attendance is required
  - f) Resident living expense fees of up to \$100 are collected weekly upon gainful employment
  - g) Adherence to the Core Values of Safe Environment, Experience Based Learning, Supportive Relationships, Program Competency, Grace, Respect, Self-Discovery, and Honesty.
- D4H will screen you for drugs and alcohol on intake day. Should you screen positive for either, D4H expects you to complete detox at a detox facility before being admitted to The Greenhouse.

**RESIDENT APPLICATION**

**Program Application—CONFIDENTIAL WHEN COMPLETED**

By filling out this application, you are requesting consideration into The Greenhouse, an 18-month, faith-based program that will help you heal and become self-sufficient. Completion of this application does not obligate you to receive services.

Please return this completed application to The Greenhouse Program Director by email to: shannon@dew4him.org or mail to: The Greenhouse, PO Box 2019 Wendell, NC 27591

**PROFILE:** \_\_\_\_\_ **DATE OF APPLICATION:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **City/State of Birth:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**RACE:**  Caucasian  African American  Asian  Hispanic  Non-Hispanic  Other \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US:**  Research  Friend/Family  Referral from: \_\_\_\_\_

**IDENTIFICATION:**

Do you possess your Social Security Card?  Y  N    Are you a Veteran?  Y  N

Do you possess a valid driver's license?  Y  N    If no, please explain: \_\_\_\_\_

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Do you possess a valid State ID?  Y  N    If yes, what State? \_\_\_\_\_

Do you possess a Birth Certificate?  Y  N    Name at Birth? \_\_\_\_\_

If no, what is the city, state & name of the medical facility you were born in? \_\_\_\_\_

**EMERGENCY CONTACTS:**

NAME	PHONE	ADDRESS	RELATIONSHIP

**PREVIOUS ADDRESS:**

**PREVIOUS ADDRESS:** \_\_\_\_\_

**Who did you live with?**     Spouse  Life Partner  Children  Parents  Sibling  Friends  Other

**Would you return to the same place?**  Y  N

If no, why: \_\_\_\_\_

Would you be willing to stop associating with unsafe family or friends?  Y  N

If no, why: \_\_\_\_\_

**INCARCERATION (If you have never been arrested or incarcerated skip to FAMILY SECTION):**

OPUS Number: \_\_\_\_\_

Name & Address of Correctional Institution: \_\_\_\_\_  
\_\_\_\_\_

Do you have restitution or financial obligations?  Y  N If yes, please explain: \_\_\_\_\_

Have you been to court and been sentenced?  Y  N \_\_\_\_\_

Release/End of Sentence Date: \_\_\_\_\_

Name & contact info for your Case/Social Worker: \_\_\_\_\_

What crime(s) were you charged with? \_\_\_\_\_

What crime(s) were you convicted of? \_\_\_\_\_

How many times have you been incarcerated? \_\_\_\_\_

DATE	CHARGED WITH	JAIL OR PRISON

Have you ever been convicted of any violent charges?  Yes  No

Have you ever been convicted of:  Assault  Armed Robbery  Domestic Violence  Other Violent Crime

Resisting Arrest with Violence  Other conviction? \_\_\_\_\_

Do you have any upcoming court dates:  Yes  No If yes, date(s): \_\_\_\_\_

Do you have any outstanding warrants:  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you being court-ordered to a program?  Yes  No

**LEGAL INFORMATION PROBATION INFORMATION (if applicable):**

Do you have any OPEN legal cases or charges?  Y  N If yes, please explain: \_\_\_\_\_

Are you currently on probation?  Y  N If so, how often do you need to report? \_\_\_\_\_

Name of Attorney or Probation Officer: \_\_\_\_\_

Phone# \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize and consent for the above attorney to provide information about my pending legal charges including court dates, expectation of release at sentencing, release dates, or any other pertinent legal information to His House for Her, Inc.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FAMILY**

**HUSBAND/LIFE PARTNER:**

Current LEGAL Marital status:  Single  Married  Divorced  Separated  Widowed

Husband/Ex-Husband Name: \_\_\_\_\_ Partner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Do they currently use drugs or alcohol?  Y  N Have they used drugs or alcohol in the past?  Y  N

Have they BEEN or are they CURRENTLY incarcerated?  Yes  No

If yes, please list date, charges & location of incarceration: \_\_\_\_\_

Please describe your relationship with your husband or partner: \_\_\_\_\_

Have you had any previous legal marriages?  Yes  No Number of times LEGALLY married: \_\_\_\_\_

**CHILDREN**

CHILD'S NAME	DOB	AGE	SEX	PRESENT LIVING SITUATION AND/OR CURRENT CAREGIVER	DO YOU HAVE A RELATIONSHIP WITH THE CHILD?
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N

\*Please use the back of the page to add more children, if needed.

How many pregnancies have you experienced? \_\_\_\_\_ Have you experienced any abortions?  Y  N

Have you had any miscarriages or stillbirths?  Y  N Have any of your children been adopted?  Y  N

**CHILDCARE INFORMATION:**

Do you have LEGAL custody?  Y  N If yes,  50/50  Full  Other \_\_\_\_\_

Is there an OPEN DCF Case:  Y  N Is there a case plan for reunification?  Yes  No

Do your children have a Caseworker?  Y  N Name of Agency: \_\_\_\_\_

Name of Case Worker: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do your children have Guardian ad Litem?  Y  N If yes, name? \_\_\_\_\_

Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Are there any restraining orders against you?  Y  N

Are you responsible for child support payments?  Y  N If yes, how much? \_\_\_\_\_

**PARENTS:**

<b>Father's Name:</b> _____	<b>Mother's Name:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>Phone#:</b> _____	<b>Phone #:</b> _____
Is your father living? <input type="checkbox"/> Y <input type="checkbox"/> N If deceased, what year & cause of death: _____	Is your mother living? <input type="checkbox"/> Y <input type="checkbox"/> N If deceased, what year & cause of death: _____
<b>Describe your relationship with your father:</b>	<b>Describe your relationship with your mother:</b>

**SIBLINGS:**

How many brothers and sisters do you have? \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living?  Yes  No  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living?  Yes  No  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living?  Yes  No  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living?  Yes  No  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Living?  Yes  No

\*Please use the back of the page to add more siblings, if needed.

**EDUCATION:**

Did you graduate from High School?  Y  N If no, highest grade completed? \_\_\_\_\_

Have you received a GED?  Y  N If not, have you taken any GED classes?  Y  N

Have you had any technical, vocational, or college education?  Y  N

If yes, please list what, where, and the year or number of hours completed:

**EMPLOYMENT HISTORY:**

What is your trade/profession, if any? \_\_\_\_\_

FROM MO/YR	TO MO/YR	EMPLOYER	TYPE OF WORK	REASON FOR LEAVING

**MEDICAL INFORMATION/HISTORY:**

I consent to provide this information. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I decline to provide this information. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF CONSENT ABOVE IS SIGNED, PLEASE ANSWER THE FOLLOWING:**

Do you have Medical Insurance?  Y  N If no, have you applied for Medicaid  Y  N

If yes, please list Medical Insurance provider

Number/ Insurance ID #: \_\_\_\_\_

Do you have MEDICAL issues NOT currently being treated?  Y  N

If yes, please list: \_\_\_\_\_

Do you have DENTAL issues NOT currently being treated?  Y  N

If yes, please list: \_\_\_\_\_

What provisions, if any, have been made for medical or dental expenses? \_\_\_\_\_

Do you wear glasses?  Y  N If yes, do you need help getting glasses?  Y  N

Do you wear dentures?  Y  N If yes, do you need help getting dentures?  Y  N

**MEDICATIONS**

Please list all prescribed and over-the-counter medications you are taking AT THIS TIME.

MEDICATION NAME	DIAGNOSIS/REASON FOR TAKING	DOSAGE HOW MUCH—HOW OFTEN	INSTRUCTIONS (WITH FOOD, TOPICAL, BY MOUTH, ETC.)


Are you able to self-administer medications  Y  N

If no, please explain: \_\_\_\_\_

Are you currently on Opioid treatment through the Medicated Assisted Treatment (MAT) program?  Y  N

If yes, please "√"  Subutex  Suboxone  Vivitrol (monthly injection)  Other: \_\_\_\_\_

Do you have any physical limitations that may limit your employment options?  Y  N

If yes, please explain: \_\_\_\_\_

Do you have ANY Allergies or require a special diet?  Y  N

If yes, please list and explain: \_\_\_\_\_

Will you consent to an STI/HIV test for sexually transmitted infections?  Y  N

Do you have any past or current medical problems (surgeries, disabling conditions, dietary requirements, sexually transmitted infections, seizures, allergies, etc.) that may affect you while in the program?  Y  N

If yes, please explain the treatment plan: \_\_\_\_\_

Do you have any sleep disorders, nightmares, sleepwalk, sleep apnea?  Y  N

If yes, please explain: \_\_\_\_\_

**MENTAL HEALTH INFORMATION/HISTORY**

I consent to provide this information. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I decline to provide this information. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF CONSENT ABOVE IS SIGNED, PLEASE ANSWER THE FOLLOWING:**

Have you ever been diagnosed with a mental related health illness?  Y  N

If yes, please explain: \_\_\_\_\_

Has anyone in your family ever been diagnosed with a mental related health illness?  Y  N

If yes, please explain: \_\_\_\_\_

If you have ever been diagnosed with a mental related health issue, please complete the following:

MENTAL HEALTH DIAGNOSIS		PRESCRIBED MEDICATION	DOSAGE HOW MUCH—HOW OFTEN
	<input type="checkbox"/> Current <input type="checkbox"/> Past		
	<input type="checkbox"/> Current <input type="checkbox"/> Past		
	<input type="checkbox"/> Current <input type="checkbox"/> Past		
	<input type="checkbox"/> Current <input type="checkbox"/> Past		

Have you ever attempted suicide?  Y  N

If yes, how many  
times? \_\_\_\_\_

When? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been involuntarily committed?  Y  N

If yes, how many times? \_\_\_\_\_

When? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been in counseling?  Y  N

If yes, how long? \_\_\_\_\_

When? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been admitted to an overnight mental health hospital or program?  Y  N

If yes, how many times? \_\_\_\_\_

When? \_\_\_\_\_

Were you admitted  Voluntarily  Involuntarily

Please provide dates & explain: \_\_\_\_\_

Have you ever received outpatient care for a mental health reason (e.g. counseling/therapy)?  Y  N



If yes, how long? \_\_\_\_\_ When? \_\_\_\_\_  
 Were you admitted  Voluntarily  In-voluntarily Please provide dates & explain: \_\_\_\_\_

Have you ever had an eating disorder?  Y  N If yes,  Anorexia  Bulimia  Binge-Eating  Other  
 If yes, please explain: \_\_\_\_\_

Do you have a history of learning difficulties?  Y  N  
 Have you ever had an Individual Education Plan (IEP) for school related challenges?  Y  N  
 If yes, please explain any current or ongoing learning difficulties: \_\_\_\_\_

Have you ever experienced physical trauma (injury caused by weapons, assaults, etc.)?  Y  N  
 If yes, please explain: \_\_\_\_\_

Have you ever experienced emotional trauma (death, divorce, neglect, poverty, abuse, etc.)?  Y  N  
 If yes, please explain: \_\_\_\_\_

**SUBSTANCE USE**

What substances have you used recently and/or in the past? Place a “√” for all that apply.

DRUG NAME	YEAR	DRUG NAME	YEAR	DRUG NAME	YEAR
<input type="checkbox"/> Alcohol		<input type="checkbox"/> Hallucinogens		<input type="checkbox"/> Mushrooms	
<input type="checkbox"/> Amphetamines		<input type="checkbox"/> Hashish		<input type="checkbox"/> Nitrous Oxide	
<input type="checkbox"/> Barbiturates		<input type="checkbox"/> Heroin		<input type="checkbox"/> Opium	
<input type="checkbox"/> Crack		<input type="checkbox"/> Inhalants Other		<input type="checkbox"/> Oxycodone	
<input type="checkbox"/> Cocaine		<input type="checkbox"/> Marijuana		<input type="checkbox"/> Rohypnol	
<input type="checkbox"/> Dilaudid		<input type="checkbox"/> Mescaline		<input type="checkbox"/> Roxicodone	
<input type="checkbox"/> Ecstasy		<input type="checkbox"/> Methadone		<input type="checkbox"/> Valium	
<input type="checkbox"/> Fentanyl		<input type="checkbox"/> Methamphetamine		<input type="checkbox"/> Xanax	

List all OTHER substances you have tried that are NOT listed in the above chart:

DRUG NAME	YEAR	DRUG NAME	YEAR	DRUG NAME	YEAR


Have you ever injected a drug?  Y  N      If yes, last injection date: \_\_\_\_\_

Please list what drug(s): \_\_\_\_\_

Have you ever sold drugs?  Y  N      If yes, list what drug(s): \_\_\_\_\_

How old were you when you first used drugs or alcohol? \_\_\_\_\_

What led you to start using drugs or alcohol? \_\_\_\_\_

What is your drug(s) of choice? \_\_\_\_\_

What was your longest period being clean and sober? \_\_\_\_\_

Duration of being clean/sober time? \_\_\_\_\_ When? \_\_\_\_\_

What caused your relapse? \_\_\_\_\_

What are your triggers (events/situations) that cause you to relapse? \_\_\_\_\_

Date of last drug/alcohol use of any kind: \_\_\_\_\_ What substance? \_\_\_\_\_

Do you currently use any tobacco products (e.g. cigarettes, cigars) or vape (e-cigarettes)?  Y  N

If yes, please explain: \_\_\_\_\_

**SUBSTANCE ABUSE TREATMENT HISTORY**

PROGRAM/REHAB NAME	LOCATION	DATES	REASON FOR D/C
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			<input type="checkbox"/> Successful completion <input type="checkbox"/> Dismissed
			<input type="checkbox"/> Successful completion <input type="checkbox"/> Dismissed
			<input type="checkbox"/> Successful completion <input type="checkbox"/> Dismissed
			<input type="checkbox"/> Successful completion <input type="checkbox"/> Dismissed

**YOUR PERSONAL GOALS FOR RECOVERY**

**Why do you want to be a part of this program? Please be specific:** \_\_\_\_\_

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**What do you hope to receive from this program? Please be specific:** \_\_\_\_\_

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**Why do you think this program's outcome will be different from others?** \_\_\_\_\_

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**What is the longest time you have stayed in another program?** \_\_\_\_\_

**Why did you leave?** \_\_\_\_\_

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**What are your personal goals for change, growth, and healing? Please be specific.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**Why do you feel like you are ready to make a commitment to change your life now?**

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**What would you like to do after the completion of this program?**

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**Please describe yourself—your personality:**

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**SPIRITUAL LIFE**

**Have you ever committed your life to the God of Jesus Christ?  Y  N** If yes, when? \_\_\_\_\_

**Did you attend church as a child?  Y  N** **Have you attended church as an adult?  Y  N**

**What type of church did you attend?** \_\_\_\_\_

**How often do you currently attend church?  Weekly  Couple times a month  Occasionally  Never**

**Have you ever been involved in  Satanism  Witchcraft  Occult activity? If yes, please explain:**

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**Have you ever attended any faith-based programs or classes?  Y  N**

**If yes, please explain:** \_\_\_\_\_

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**What is your opinion of God?**

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**What is your opinion of Jesus?**

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**What is your opinion of the Holy Spirit?**

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**Do you desire a deeper relationship with God?  Y  N**

**Do you attend Bible studies?  Y  N**

**Do you pray and read Scripture daily?  Y  N**

**REFERENCES**

**List at least two references:**

NAME	PHONE	EMAIL
ADDRESS		

NAME	PHONE	EMAIL
ADDRESS		

**RELEASE OF INFORMATION**

**GH Recovery Residence Program  
D4H Genesis Process Program  
D4H Jobs For Life Program  
D4H Faith and Finances Program**

**D4H Community Outreach Program  
GH Mentor Program**

As part of my application process for any of the programs at The Greenhouse with Dew4Him Ministries, Inc. I, \_\_\_\_\_, hereby authorize any of the entities specified below to release without liability, information regarding my physical, mental health, and psychiatric medical history, substance use history, history of treatment for substance use, employment, income, and/or criminal background.

I understand that this authorization can only be used to obtain information about me that is pertinent to my eligibility for the programs at Dew4Him Ministry, Inc. Pertinent information includes my physical and mental health medical history, substance use history, history of treatment for substance use, and my ability to pay required program fees.

The following groups or individuals will be contacted as deemed necessary. The groups or individuals that may be contacted include, but are not limited to:

- Any and all Physicians
- Any and all Treatment and Recovery Centers
- Any and all Treatment Providers, Clinicians and Therapists
- Past/Present Employers
- Background Check Providers
- Attorney, Probation and/or Parole Office and Department of Corrections
- Department of Children and Families, Guardian-ad-Litem Program and any case management agencies
- Friends, Personal Contacts, Family Members
- Any and all social service agencies pertinent to my treatment and recovery

**CONDITIONS:**

I, \_\_\_\_\_, agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for 18 months from the date signed. I understand that I have a right to review this file and correct any information that I can prove is incorrect.

**ACKNOWLEDGEMENT:**

My signature below signifies that I have read and understand the terms and conditions set forth in this Release of Information.

\_\_\_\_\_  
Signature of Program Participant/Resident

\_\_\_\_\_  
Date

**CONGRATULATIONS ON YOUR DECISION TO SEEK A FRESH START!**

**Please read the following statements and initial them if you agree.**

\_\_\_\_\_ I understand that completing this application does not guarantee I will be accepted into the program.

\_\_\_\_\_ I understand that I may be offered an in-depth interview to adequately determine that D4H is able to meet my very important needs during the program.

\_\_\_\_\_ I understand the information I provide on my application will be verified for accuracy and truth.

\_\_\_\_\_ I understand this program is a Christ-centered program for adult women desiring growth and healing.

\_\_\_\_\_ I understand The Greenhouse program is an 18-month faith-based program with a minimum of 9 months required.

\_\_\_\_\_ I understand, if approved, I will receive a thorough, trauma-informed assessment and work with the Individual Growth Plan Team to create my strength-based Individual Growth Plan (IGP).

\_\_\_\_\_ I understand The Greenhouse is a smoke free, tobacco free and vape-free campus.

\_\_\_\_\_ I understand the program will assist me in finding employment to contribute towards my program fees.

\_\_\_\_\_ I understand the Care Team conducts random 14-panel drug screens and that refusal to submit to a drug or alcohol test and/or dirty or diluted test results may be grounds for immediate dismissal.

\_\_\_\_\_ I understand possession of any illegal substances and/or drug paraphernalia both on and off D4H property may be grounds for immediate dismissal.

\_\_\_\_\_ I understand not respecting the property of others and stealing both on and off D4H property may be grounds for immediate dismissal.

\_\_\_\_\_ I understand, if I am accepted into the program at The Greenhouse, I will be required to abide by their rules and house structure which includes but is not limited to: limited and restricted cell phone possession or use, no social media, limited and restricted computer use, limited pre-approved personal telephone calls, mail, and visitation after initial 30 days.

\_\_\_\_\_ I understand weekly church attendance and adherence to the Core Values of Safe Environment, Experience Based Learning, Supportive Relationships, Program Competency, Grace, Respect, Self-Discovery, and Sincerity.

\_\_\_\_\_ I understand, if accepted, I will be screened for drugs and alcohol at the time of move-in. If I screen positive, I understand I am expected to complete detox at a detox facility before I may be admitted to the residence.

I do hereby agree that all the information contained in this application is true, correct, and complete. I understand that any misrepresentation, falsification, or omission of information on this application may result in immediate dismissal from The Greenhouse program.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**