

To: Potential Resident of Safe Harbor Rescue Mission

*Thank you* so much for your interest in our recovery program here at Safe Harbor. There are just a few things that you need to know as you continue your application process.

To begin with, Safe Harbor is a *Christ-Centered* program, and we believe that in order to be successful in recovery, one must allow Christ to heal, restore, and mend what has been broken.

Secondly, our program is a year-long program and requires a *commitment* to Christ and to recovery. At the end of the first six months, an evaluation will take place to review your progress and recommitment to our program. Safe Harbor provides women with the opportunity and necessary resources to heal from past wounds, and develop effective coping skills, which will result in life restoration *through Jesus Christ*.

Thirdly, in order for your application process to continue, we will need the following information to determine your eligibility for our program:

1. Application itself must be completed *thoroughly* and returned to Safe Harbor.
2. Recovery Capitol (Inventory) must be completed and returned with application.
3. Consent form is signed and returned with the application.
4. A *Clinical Assessment* (Substance Abuse and/or Mental Health) must be completed prior to submitting your application; preferably within the past year.
5. You must have completed *Substance Abuse Treatment* and/or detox, and are continuing to engage in the recovery process (AA, NA, Sponsorship, Peer Support, Celebrate Recovery, Faith-Based, etc).

Our Comprehensive Recovery Program requires many classroom hours, counseling and recovery group sessions, and a willingness to continually self-evaluate. Due to the intensity of this program, residents are not allowed to hold any type of paying jobs. Residents are not permitted to be employed in any kind of pay for work positions while residing in our program. This is in compliance with our program requirements.

If you have any questions or concerns, please feel free to contact me directly.

Sincerely,

Sarah L. Blanton, BSW, CSAPC  
Prevention Specialist & Client Advocate  
828-326-7233



**Safe Harbor**  
RESCUE MISSION

**210 2<sup>ND</sup> St SE**  
**Hickory, NC 28602**  
**Phone # 828-326-7233**  
**Fax # 828-322-4814**

## **RESIDENTIAL APPLICATION**

### **BASIC INFORMATION (please use blue or black ink)**

Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Reside with whom? \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security # \_\_\_\_\_

Race:  White (not Hispanic)  Alaskan Native  Asian Pacific  
 Hispanic Cuban  Other  Black (not Hispanic)  American Indian  
 Hispanic-Mexican  Hispanic Puerto Rico

Driver's License/ID Number: \_\_\_\_\_

In case of an emergency, call: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

**HOUSING**

How long have you lived at current address? \_\_\_\_\_

Have you been in a controlled environment in the past 30 days (a place, theoretically, without access to drugs/alcohol)?  No  Jail  Alcohol/Drug

Treatment  Medical Treatment  Psychiatric Treatment

Other: \_\_\_\_\_

If so, how many days? \_\_\_\_\_

List known addresses and with whom you lived.

Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever been evicted from a residence? \_\_\_\_\_

How many times? \_\_\_\_\_

**List previous shelters where you have stayed:**

Name and Address: \_\_\_\_\_

How Long: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name and Address: \_\_\_\_\_

How Long: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name and Address: \_\_\_\_\_

How Long: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**EMPLOYMENT**

**Please list the last three employers:**

Current/Last Employer: \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

Please list all job skills (customer service, manufacturing, fast food, housekeeping, clerical, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What career/field would you like to consider? \_\_\_\_\_

How long was your longest full-time job (35+ hours weekly, does not necessarily mean most recent): \_\_\_\_\_

What has been your usual employment pattern for the past three years?

Full time (35+ hrs)  Part time (regular hrs)  Part time (irregular hrs)

Student  Service  Unemployed  Retired/Disability

In controlled environment

How many days were you paid for working in the last 30 days (include “under the table” work, paid sick days and vacation)? \_\_\_\_\_

How many days have you experienced employment problems in the last 3 mos? \_\_\_\_\_

Describe these problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_

Did you graduate?  Yes  No What year? \_\_\_\_\_

If no, what grade did you complete? \_\_\_\_\_

Have you taken the GED?  Yes  No If yes, did you pass?  Yes  No

Did you attend vocational school/college?  Yes  No

Name of Vocational School/College: \_\_\_\_\_

Location: \_\_\_\_\_

Credits Earned: \_\_\_\_\_

Degree/Certificate: \_\_\_\_\_ Year: \_\_\_\_\_

**MEDICAL HISTORY**

Please list name, location, approximate dates of service of all medical providers and hospitalizations (excluding mental health/SA) from earliest memory to the present

Name of Doctor/Hospital	Location	Dates

Are you currently taking any medications?  Yes  No

If yes, list all and what they are for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who prescribed them? \_\_\_\_\_

Do you have any drug or food allergies? If so, list them. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When was your last TB test and results? \_\_\_\_\_

When was your last HIV/Aids test and results? \_\_\_\_\_

When was your last dental exam? \_\_\_\_\_

Eye exam? \_\_\_\_\_

Are you pregnant?  Yes  No

Is there a chance you could be pregnant?  Yes  No

Do you have any chronic medical problems which continue to interfere with your life? If so, please specify:

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You must be able to participate in all aspects of sharing home responsibilities (cooking, cleaning, yard work, etc.) and working at ReSource Warehouse & Gallery. Do you have any physical limitations that would prevent you from doing so?  Yes  No

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

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Do you receive a pension for a physical disability, or have you ever applied for disability?  
 Yes  No

How many days have you experienced medical problems in the past 30 days (do not include ailments directly caused by drugs/alcohol): \_\_\_\_\_

**MENTAL HEALTH AND SUBSTANCE ABUSE HISTORY**

Have you ever had a mental health assessment? \_\_\_\_\_

If so, when? \_\_\_\_\_

Where was this assessment done? \_\_\_\_\_

Are you at this time or have you ever been under the care of a psychiatrist/counselor? \_\_\_Yes\_\_\_No

***Have you ever.....***

	Past 30 Days	Lifetime
Experienced serious depression, sadness, hopelessness, loss of interest, difficulty with daily function?		
Experienced hallucinations – saw things or heard voices that were not there?		
Experienced serious anxiety/tension, uptight, unreasonably worried, inability to feel relaxed?		
Experienced trouble understanding, concentrating, or remembering?		
Experienced trouble controlling violent behavior including episodes of rage or violence?		





**Specific drug and administration types:** *Place the number in the blank that corresponds with the usual or most recent route of drug administration. For more than one route, choose the most severe. The routes are listed from least severe to most severe.*

1 – Oral      2 – Nasal      3 – Smoking      4 – Non-IV injection      5 – IV

	Past 30 Days	Lifetime (years)	Route of Admin
Alcohol (any use at all)			
Alcohol (to intoxication)			
Heroin			
Methadone			
Other Opiates/Analgesics			
Barbiturates			
Sedatives/Hypnotics/Tranquilizers			
Cocaine			
Amphetamines			
Cannabis			
Hallucinogens			
Inhalents			
More than 1 substance per day (including alcohol)			

Circle any of the following that has been an issue for you during the past 30 days: DT's, shakes, cravings, disturbing effects of use, or wanting to stop and being unable to, other:

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How many times in your life have you been treated for (includes detox, halfway houses, in/outpatient counseling, and AA or NA):

Alcohol abuse: \_\_\_\_\_ Drug abuse: \_\_\_\_\_

How many of these were detox only? \_\_\_Alcohol \_\_\_Drugs

How much money would you say you spent during the past 30 days on:

Alcohol: \_\_\_\_\_ Drugs: \_\_\_\_\_

How many days have you been treated as an outpatient for alcohol or drugs in the past 30 days (include AA/NA)? \_\_\_\_\_

If applicable, how long has it been since you've used a drug other than alcohol?

\_\_\_\_\_

What is your longest period going without drugs/alcohol? \_\_\_\_\_

Are there other additional coping behaviors involved?

\_\_\_Eating disorder \_\_\_Workaholism \_\_\_Relationship/Sexual Addiction

\_\_\_Cutting \_\_\_Hoarding \_\_\_Stealing \_\_\_Other: \_\_\_\_\_

**Please explain :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you smoke? \_\_\_Yes \_\_\_No If so, how often and for how long? \_\_\_\_\_

Do you receive a pension for psychiatric disability? \_\_\_Yes \_\_\_No

Has any family member ever attempted suicide? \_\_\_Yes \_\_\_No

If yes, what was the outcome? \_\_\_\_\_

**Please explain your hospitalizations for mental health issues, detox centers, drug treatment/rehab programs. Include approximate dates.**

Name of Hospital or Treatment Program	Location	Dates	What were you there for?	If detox or SA treatment, did you complete it?

Are you now or have you ever undergone counseling for emotional problems?  Yes  No

If so, what is the name and address of your counselor?

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**FAMILY/RELATIONSHIP HISTORY**

Marital Status:  Married  Widowed  Divorced  Remarried  Separated  
 Never Married  Common Law Marriage

Are you satisfied with this situation?  Yes  No  Indifferent

Usual living arrangements (past 3 years):

With sexual partner & children  With family  With sexual partner alone  
 With children alone  With parents  Alone  Controlled Environment  
 No stable arrangement  With friends

Are you satisfied with this arrangement?  Yes  No  Indifferent

Do you live with anyone who:

Has a current alcohol problem     Uses non-prescribed drugs?

With whom do you spend most of your free time?  Family  Friends

Are you satisfied with spending your free time this way?  Yes  No  Indifferent

Have you ever been or are you now in a romantic relationship (other than through legal marriage)?  Yes  No    If yes, how long? \_\_\_\_\_

Are you satisfied with this relationship?  Yes  No

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the names and birth dates of each of your children, and father if known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have custody of your children?  Yes  No    If not, who does? \_\_\_\_\_

Who will keep your children while you are here (if applying for residential program)?

Has child protective services ever been involved with your children?  Yes  No  
If so, please give details of their involvement. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a child was child protective services ever involved with you and your family? If so, please give details of their involvement.

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Have you had significant periods in which you have experienced serious problems in the relationships listed:

	Past 30 days	Lifetime
Mother		
Father		
Brother/Sister		
Sexual Partner/Spouse		
Children		
Other significant family member: _____		
Close friends		
Neighbors		
Coworkers		

How would you describe your childhood? **Please be specific.** \_\_\_\_\_

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Has there ever been any abuse in your family of origin (**physical, sexual, emotional**), intimate relationships, or other? If yes, explain. \_\_\_\_\_

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Have you ever had to flee your home for safety? \_\_\_Yes \_\_\_No

If so, explain: \_\_\_\_\_

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Have you ever stayed in a domestic violence shelter or received assistance/programming for domestic violence issues? \_\_\_Yes \_\_\_No

How many days in the past month have you had serious conflicts with your family? \_\_\_\_\_

How many days in the past month have you had serious conflicts with other people (excluding family)? \_\_\_\_\_

Do you have an active support system who would want to help in your recovery? If so, please list anyone you believe would be a positive influence during your treatment (circle the one whom you believe is the very biggest support person in your life):

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Is there anyone opposed to you coming to Safe Harbor Rescue Mission? If so, explain why you think they are not supportive. \_\_\_\_\_

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List three references and their relationship to you:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**SPIRITUAL**

Religious Preference:

Protestant  Jewish  Catholic  Islamic  None  Other \_\_\_\_\_

Describe your spiritual beliefs: \_\_\_\_\_

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What is your current relationship with God? \_\_\_\_\_

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**LEGAL HISTORY**

Are you now or have you in the past been involved with the law in any way?  Yes  No

If yes, please fill out the following table:

How many times in your life have you been arrested and charged with the following (Include total number of counts, not just convictions. Do not include juvenile crimes, unless you were charged as an adult. Include formal charges only):

**LEGAL HISTORY, cont.**

Shoplift/Vandal
Parole/Probation
Drug Charges
Forgery
Weapons Offense
Burglary/Larceny/B&E
Robbery
Assault
Arson
Rape
Homocide/Manslaughter
Prostitution



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Contempt of Court

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Disorderly conduct, vagrancy, public intoxication

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Driving while intoxicated

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Major driving violations

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Other: \_\_\_\_\_

Was this application prompted or suggested by the criminal justice system?

Yes  No

Of the charges listed have any resulted in convictions (including fines, probation, incarcerations, suspended sentences, and guilty pleas; not including misdemeanors)

**Please be specific and list convictions:**

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How many months were you incarcerated in your life  
(if incarcerated 2 weeks or more, round this up to one month)? \_\_\_\_\_

How many days in the past month were you detained or incarcerated  
(include being arrested and released on the same day)? \_\_\_\_\_

Are you presently awaiting charges, trial, or sentencing (don't include civil cases, unless a criminal offense is involved)?  Yes  No

If yes, list the offense:

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How many days in the past month have you engaged in illegal activities for profit  
(exclude simple drug possession; include drug dealing, prostitution, selling stolen goods, etc.)? \_\_\_\_\_

If you are awaiting sentencing or have unresolved legal issues, where will you be required to go to **court and when?**

Where/District? \_\_\_\_\_

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

Where/Superior? \_\_\_\_\_

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

Do you have an **attorney?** Please give name and phone number:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are you on parole or probation?  Yes  No

If yes, give name and phone number of **probation officer:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are you a registered sex offender? \_\_\_\_\_

**FINANCIAL INFORMATION**

Please list all current known financial obligations: \_\_\_\_\_

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

Please list current financial assets (food stamps, vehicle, home, savings, cash, etc.)

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

How much money did you receive from the following sources in the past 30 days?

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Employment (net or take home pay,  
include any “under the table” money)

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Unemployment Compensation

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Welfare (include food stamps,  
transportation money provided by an  
agency)

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Pensions, benefits, or social security  
(include disability, pensions,  
retirement, veteran’s benefits, SSI &  
worker’s comp)

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Mate, family, or friends (money for  
personal expenses, including  
unreliable sources of income,  
unexpected money, money from  
loans, gambling, inheritance, tax  
returns, etc.)

How many people depend on you for the majority of their food, shelter, etc.? \_\_\_\_\_

Do you pay child support?  Yes  No

Does someone contribute the majority of your support?  Yes  No

If so, who? \_\_\_\_\_

Do you have a valid driver’s license?  Yes  No

Do you have an automobile available?  Yes  No

If the car available is one you own, please state license plate number: \_\_\_\_\_

Insurance Carrier, if applicable: \_\_\_\_\_

Please list any and all **outstanding debt**:

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**Safe Harbor Rescue Mission**

**210 2<sup>nd</sup> St SE**

**Hickory, NC 28602**

**Phone: 828-326-7233**

**Fax: 828-322-4814**

**AUTHORIZATION TO RELEASE INFORMATION**

To: \_\_\_\_\_

Re: \_\_\_\_\_

I, \_\_\_\_\_, give my consent for the release of information, oral and/or in writing, to Safe Harbor Rescue Mission, from the following:

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

Person at SHRM to receive information and/or records (name and title):

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

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

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210 2<sup>nd</sup> St SE Hickory, NC 28602

Phone: 828-326-7233 | Fax: 828-322-4814

info@safeharborrescuemission.org

## Recovery Inventory

***Place a number by each statement that best summarizes your situation.***

5. Strongly Agree

4. Agree

3. Sometimes

2. Disagree

1. Strongly Disagree

\_\_\_ I have the financial resources to provide for myself and my family.

\_\_\_ I have personal transportation or access to public transportation.

\_\_\_ I live in a home and neighborhood that is safe and secure.

\_\_\_ I live in an environment free from alcohol and other drugs.

\_\_\_ I have an intimate partner supportive of my recovery process.

\_\_\_ I have family members who are supportive of my recovery process.

\_\_\_ I have friends who are supportive of my recovery process.

\_\_\_ I have people close to me (intimate partner, family members, or friends) who are also in recovery.

\_\_\_ I have a stable job that I enjoy and that provides for my basic necessities.

\_\_\_ I have an education or work environment that is conducive to my long-term recovery.

\_\_\_ I continue to participate in a continuing care program of an addiction treatment program, (e.g., groups, alumni association meetings, etc.)

\_\_\_ I have a professional assistance program that is monitoring and supporting my recovery process.

\_\_\_ I have a primary care physician who attends to my health problems.

\_\_\_ I am now in reasonably good health.

\_\_\_ I have an active plan to manage any lingering or potential health problems.

\_\_\_ I am on prescribed medication that minimizes my cravings for alcohol and other

\_\_\_ I have insurance that will allow me to receive help for major health problems.

\_\_\_ I have access to regular, nutritious meals.

\_\_\_ I have clothes that are comfortable, clean and conducive to my recovery activities.

\_\_\_ I have access to recovery support groups in my local community.

\_\_\_ I have established close affiliation with a local recovery support group.

- \_\_\_ I have a sponsor (or equivalent) who serves as a special mentor related to my recovery.
- \_\_\_ I have access to Online recovery support groups.
- \_\_\_ I have completed or am complying with all legal requirements related to my past.
- \_\_\_ There are other people who rely on me to support their own recoveries.
- \_\_\_ My immediate physical environment contains literature, tokens, posters or other symbols of my commitment to recovery.
- \_\_\_ I have recovery rituals that are now part of my daily life.
- \_\_\_ I had a profound experience that marked the beginning or deepening of my commitment to recovery.
- \_\_\_ I now have goals and great hopes for my future.
- \_\_\_ I have problem solving skills and resources that I lacked during my years of active addiction.
- \_\_\_ I feel like I have meaningful, positive participation in my family and community.
- \_\_\_ Today I have a clear sense of who I am.
- \_\_\_ I know that my life has a purpose.
- \_\_\_ Service to others is now an important part of my life.
- \_\_\_ My personal values and sense of right and wrong have become clearer and stronger in recent years.

My Score: \_\_\_\_\_

**Please make sure you complete all parts of the application. The completed application is 21 pages that include: the Application, the Authorization to Release Information form, and the Recovery Inventory.**