

Victory Home - Helping Hand Inc.

P.O. Box 7 * Tallulah Falls, GA 30573

(706) 754-6030

www.victoryhome.org

victory@victoryhome.org



Student Application

All items on this application except the Pastoral Letter must be filled by the applicant.

Personal Information

Full Name _____ Street Address _____

_____ City _____ State _____

_____ Zip _____ Telephone () _____

Age _____ Birthday _____

Have you been here before? Yes No When _____

If yes, did you graduate from Victory Home? Yes No

Do you use tobacco products? Yes No

** Please be notified that we are a tobacco restricted campus.**

Social Status

Marital Status: Single Married Divorced Separated

How long have you been married? _____ Number of children _____

Spouses/ Ex-Spouses Name _____

If divorced or separated, give date: _____

Education

High School (Highest grade completed)

9th 10th 11th 12th H.S. Diploma GED

College (Highest grade completed)

13th 14th 15th 16th Diploma Other _____

Trade School: _____ Trade/Career: _____

_____ Your Skills and Abilities (List all skills you have)

Last Place of Employment: _____

Job Title: _____ Date: _____

Job Description: _____

Religious Information

Church Affiliation _____ Member? Yes No

Name of Your Church: _____

Address of Church: _____

City: _____ State: _____ Zip: _____

Pastor's Name _____ Telephone (____) _____

Pastor's Address: _____

City: _____ State: _____ Zip: _____

****You must have a pastoral reference letter to enter Victory Home.****

Driving Record

Is your License Valid? Yes No

License # _____ State _____

Have you had any traffic tickets/DUI/DWI within the last 3 years? Yes No

If so, which state(s?) _____

Personal Medical History

Completely list all illegal drugs/alcohol you have been or had been using and how long you have been using them. (If there are more, list them on a separate sheet of paper)

Name of Drug	Length of Time

Is there a history of substance abuse in your family? Yes No

Rate yourself in the following conditions.

Physical: Excellent Good Fair Poor

Mental: Excellent Good Fair Poor

Emotional: Excellent Good Fair Poor

Spiritual: Excellent Good Fair Poor

Have you ever been verbally, sexually, or physically abused? Yes No

Have you ever verbally, sexually, or physically abused anyone? Yes No

Do you have any back problems? Yes No

If yes, will your back problem hinder you from working here? Yes No

List any long-term medical problems? (Heart disease, diabetes, epilepsy, others)

Ever had convulsions, seizures, or blackouts? Yes No

Please list anything you are allergic to (especially if you are allergic to bee stings)

Have you recently been to a home, state, or private hospital within the last 2 years?

Yes No

If so, where, when, and for what reason? _____

Personal Medical History (cont'd)

Current Medications

Please list **ALL** current medications you are currently taking, the reason, the dosage, and the prescribing doctor who prescribed this to you.

Name of Med	Reason	Dosage	Prescribing Dr.

While you are here, will you have to be re-evaluated by a doctor for any reason?

Yes No

If so, for what? _____

Doctor's name _____ Telephone #() _____

Address: _____

Medical Responsibility

We are not a medical facility and cannot give medical care. We need to know who will be responsible for medical expenses incurred while you are here.

Insurance Company _____ Policy Number _____

If you have no insurance, give the name of the responsible person, address, and telephone number:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Additional Information

Please list all other drug/alcohol facilities you have attended, the date, and if you completed the program.

Facility name	Date	Did you complete?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Who recommended Victory Home to you? _____

Were you ever in the military? Yes No

Dates of military service _____ Rank _____

Legal Issues

Are you currently on:

Parole** Probation Under bond Court order to be here Incarcerated

** We do not meet the requirements of the Parole Board, so parolees will not be accepted. **

If so, how long and for what? _____

Probation Officer Name: _____

Address _____

City: _____ State: _____ Zip: _____

Telephone (_____) _____ Fax: (_____) _____

Are you scheduled to be in court or attend any hearings within the next six months?

Yes No

(if Yes, you will need to get the date postponed/continued until after you graduate)

Where? _____ When? _____

Financial Responsibility

Financial obligations will be discussed upon inquiry. Some scholarships are available.

Agreement and Release Form

Please indicate by your signature that you have read the following statements, understand the statements, and will abide by them. If you do not sign this release form or disagree with it, we cannot accept you into our program.

1. I will be tested as soon as possible for TB, HIV, and Hepatitis A, B, and C and will have the results forwarded to the intake counselor at Victory Home. I understand that a reactive or positive result from the lab work may disqualify me from admission.
2. I understand that my application will not be reviewed by the application committee or be put on the waiting list until Victory Home has received my completed application, lab work, application fee, and rap sheet. I will call Victory Home to confirm the status of my application three days after it has been mailed in.
3. I understand that the approval of my application is contingent upon all court dates and hearings either to be resolved or postponed until I leave Victory Home. I understand that if I have to go to court while at Victory Home, I will be dismissed from the program and must re-apply for re-admittance.
4. I understand that Victory Home does not subscribe to the concept of addressing chemical dependence problems with psychotropic medications. Victory Home is not a medical facility nor can it properly monitor a psychotropic regimen. Current prescribed medications that are non-psychotropic and non-narcotic will be considered and if I am accepted with my current medications, I will take them as prescribed. I understand that, although my medications will be secured in the office, Victory Home will not accept responsibility for dispensing my medications to me. I also understand that if I have been taking any narcotic medications, I must submit a letter from my physician indicating that I have been properly weaned from that medication prior to my anticipated intake date.
5. I understand that I must be 21 years old or older and sober from drugs/alcohol for at least 72 hours prior to my intake date. I also understand that during my intake interview, I will be screened to determine whether I have been sober for at least 72 hours.
6. I understand that if I am approved and scheduled for an intake interview date, I will be on time and prepared to stay.
7. My signature indicates that I am coming on my own free will. I hereby agree to cooperate in the work program and abide by all rules. I also agree to submit to random urinalysis or random saliva test for determination of a drug/alcohol free lifestyle while at Victory Home. I also agree that any saliva/urine tests performed will be taken out of my Medial Deposit.
8. I do assume risks that might be incidental to my stay; and I do hereby for heirs, executors, and my administrators, myself, or any representatives, release and relinquish forever, any and all claims of any nature whatsoever that may arise out of or in connection with my stay here. I also give Victory Home permission to release information/records as the occasion arises.

By signing this form, I agree to all the terms above.

Signed: _____ Date: _____

Pastoral Reference

Pastors, your church's involvement in the life of this applicant and his family is very important. Please fill in this form to let us know that you are partnering with what God is doing in the life of this applicant.

To: Director
Victory Home – Helping Hand, Inc
P.O. Box 7
Tallulah Falls, Georgia 30573-0007
Fax: (706) 553-1590

Dear Sir

I am the pastor of _____(student name)
or I have assumed a pastoral role in his life. My church and I covenant to pray for him during his stay at Victory Home. I (or someone delegated by me) will also come and visit him at least once during his twenty-week stay there.

Name: _____

Church: _____

Street Address: _____

City, State, Zip: _____

Telephone (____) _____

Other Remarks:

Signature: _____ Date: _____