



The Potter's House: Life Renewal Program and Application Process

Introduction to the LIFE RENEWAL PROGRAM:

The *Lexington Rescue Mission* offers the *Life Renewal Program* which is a one-year residential recovery program for men struggling with substance abuse. The Life Renewal Program is a Christ-centered discipleship program that includes two major phases: The first phase consists of class work, case management, personal spiritual development and meetings as well as one day of work therapy each week. The second phase consists of finding employment and preparing for transition, it too has case management and required classes and meetings though at a lesser degree of frequency. The overall program includes the following broad categories:

1. Bible studies
2. Chapel services
3. Mentoring
4. Vocational training
5. Recovery classes
6. Relapse Prevention
7. Faith and Finances
8. Group therapy
9. Individualized counseling and case management
10. Community service projects
11. Sunday Morning Church Service

The main criteria of the program consist of the following:

1. The applicant must be at least 18 years old.
2. The applicant must not be a sex offender or on Megan's List.
3. The applicant must be "de-toxed" prior to entering the Life Renewal Program.
4. If the applicant is currently under a doctor's orders to take psychotropic or anti-depressant medications then he will NOT be accepted into the Life Renewal Program.
5. If the applicant has children, arrangements must be made for child support during the non-employment stage of the program. Thus, support payments must be arranged prior to entering the program.

For further information regarding the Life Renewal Program, visit our website at: www.lexingtonrescue.org

Application Process

Applications for Lexington Rescue Mission's Life Renewal Program are available at the following locations:

Lexington Rescue Mission
Outreach Center
444 Glen Arvin Avenue
Lexington, KY 40508
Phone 859-381-9600
Fax 859-381-9603
thru Friday: 9:00 AM to 4:30 PM

Lexington Rescue Mission
Life Renewal Residential Facility
649 North Limestone
Lexington, KY 40508
Phone 859-381-1114
Monday thru Friday: 4:00 PM to 6:00 PM Monday

All applications should be mailed or faxed to the *Lexington Rescue Mission Outreach Center*.

After the application has been reviewed, you will be contacted for an interview. We understand that those who are incarcerated will not have the liberty of meeting with us at our facility. In these circumstances, a Life Renewal staff person will contact the Correctional facility to coordinate a phone interview.

After the interview is complete, the Life Renewal staff will meet to review the application. You will be contacted within two weeks to inform you if you have been accepted into the Program.

If *The Potter's House* is at full capacity at the time of your application then we will contact you for a re-evaluation when an opening occurs.

If you have not heard from a Life Renewal staff member within two weeks of submitting your application please contact the Life Renewal Director at *The Potter's House*, 859.381.1114.

Sincerely,

A handwritten signature in black ink, appearing to read "Chip Monck". The signature is fluid and cursive, with the first name "Chip" being more prominent than the last name "Monck".

Chip Monck
Director, Life Renewal Program
Lexington Rescue Mission

Lexington Rescue Mission Life Renewal Program Application

General Information:

Name _____ Date _____

Address _____

City _____ St. _____ Zip _____

Phone _____ Alt. Phone _____

Social Security Number _____ Birth Date _____

Hometown and State _____

Do you have a Birth Certificate? Yes No Social Security Card? Yes No

Picture I.D./License # _____ Exp. Date _____

Marital Status: Single Married Separated Divorced Widowed

Education (Last Year Completed) _____

Skills & Work History _____

Military Service: Yes No If yes, which branch? _____

Dates of Service _____ Type of Discharge _____

Description of Duties _____

Do you presently have an income? Yes No If yes, how much? _____

From what source? _____

Health Information:

Rate your health: Very Good Good Average Declining Poor

Height _____ Weight _____ Eye Color _____ Hair Color _____

Recent weight changes: Lost _____ lbs. Gained _____

List all important present/past illnesses, injuries, or disabilities: _____

Date of last medical examination _____

Results _____

Your physician(s) _____

Address(s) _____

Are you presently taking medication? Yes No

Name(s) of medications _____

Are you willing to sign a Release of Information Form so that we may obtain Social Security, Psychiatric or other such reports? Yes No

Law/Court Information:

Have you ever been arrested? Yes No

State the circumstances _____

Do you know of any warrants out on you? Yes No If yes, explain _____

Are you presently on probation, pre-parole, or parole? Yes No

If yes, explain _____

Name of Probation or Parole Officer _____

Do you know of any fines that you owe? Yes No If yes, explain _____

Religious Background:

Denominational preference _____

Church you attend _____

Church attendance per month (Circle) 0 1 2 3 4 5 6 7 8 9 10+

Have you been baptized? Yes No

Church attended in childhood _____

Religious background of spouse (if married) _____

Do you consider yourself a religious person? Yes No Uncertain

Do you believe in God? Yes No Uncertain

Do you pray to God? Often Occasionally Never

Are you saved? Yes No Uncertain

How frequently do you read the Bible? Often Occasionally Never

Explain recent changes in your spiritual/religious life, if any _____

Marriages and Family Information:

Name of Spouse _____

Address _____

City _____ St. _____ Zip _____

Phone _____ Alt. Phone _____

Age _____ Occupation _____

Education (in yrs) _____ Religion _____

Ages when married: you _____ Wife _____

How long did you know your spouse before marriage? _____

Length of Engagement? _____

Have you ever been separated? Yes No

If yes from _____ to _____

Have either of you ever filed for divorce? Yes No If yes, when? _____

Give brief information about any previous marriage _____

Information about children:

Name	Age	Gender	Living?	Education In Years	Marital Status
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you keep in contact with spouse and/or children? Yes No

Are your parents married, separated, divorced or deceased? Yes No

Were you raised by anyone other than your parents, Yes No If yes, explain _____

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

Do you keep in contact with any family members? Yes No

Have there been any deaths in your family during the last year? Yes No

If yes, who and when? _____

Personal Information:

Have you used drugs for other than medical purposes? Yes No If yes, explain _____

Do you have now or ever had a drinking problem? ? Yes No If yes, explain _____

Are you now or have you ever been involved in a homosexual lifestyle? Yes No

Do you have trouble remembering things? Yes No

Have you ever had a severe emotional upset? Yes No If yes, explain _____

Have you recently thought of taking your own life? Yes No

Have you ever been physically or sexually abused? Yes No

Have you ever had any psychotherapy or counseling? Yes No

If yes, list counselor(s) or therapist(s) and dates:

What was the outcome? _____

If you have never been in therapy or counseling, would you object to going to psychotherapy or counseling? Yes No

Circle any of the words that best describe you now: Add other(s) if necessary.

- | | | | | | |
|------------|----------------|-------------|---------|-------------|------------------|
| Stubborn | Angry | Sad | Bitter | Content | Thoughtful |
| Nervous | Confused | Hopeless | | Hardworking | Impatient |
| Impulsive | Moody | Calm | | Embarrassed | Distant from God |
| Often Blue | Excitable | Serious | Fearful | Shy | Close to God |
| Easy going | Good natured | Introverted | | Extroverted | Ashamed |
| Tired | Likable Leader | Quiet | | Lonely | Self-conscious |
| Guilty | Destructive | Sensitive | | _____ | _____ |
-
-

What hobbies do you have? _____

List your strengths and weaknesses:

Strengths	Weaknesses
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have you ever felt like people were watching you? Yes No

Have you ever had hallucinations? Yes No

Have you ever heard voices? Yes No

Do you have problems sleeping? Yes No

Briefly answer the following questions:

1. What brings you to the Mission? _____

2. What brings you here at this time? _____

3. What are your plans and goals for your life? _____

4. What have you done about them? _____

5. What do you want us to do? (What are your expectations for coming here?)

6. Is there any other information we should know? _____

7. In your own words, how do you feel about community? (Other people?)

8. Do you interact well with others? Please explain your answer _____

9. A key role in your recovery will involve interacting and working with others. Do you agree? Yes No Briefly explain why you feel this way _____

Emergency Contact Information:

Name _____ Date _____
Address _____
City _____ St. _____ Zip _____
Phone _____ Alt. Phone _____
Relationship to you _____

Personal References:

Name _____ Date _____
Address _____
City _____ St. _____ Zip _____
Phone _____ Alt. Phone _____
Relationship to you _____

Name _____ Date _____
Address _____
City _____ St. _____ Zip _____
Phone _____ Alt. Phone _____
Relationship to you _____

**Please return this completed application to:
Lexington Rescue Mission
PO Box 1050
Lexington, KY 40588
Attn: Life Renewal Program Coordinator**