

LIBERTY LODGE

REGENERATION PROGRAM APPLICATION

Liberty Lodge Ministry
4150 Mt. Sterling Ave Titusville, Florida 32780

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)
(State)

Date of Birth _____ Age _____
(Month, Day, Year)

EMERGENCY PERSON _____ PHONE _____

Do You Own a Home? ____ Property? ____ Vehicle? ____ Model/Year

Are You Receiving Any Other Income? _____ If YES, How Much? _____

Do you possess a Social Security Card? Yes No
Do you possess a valid picture ID? Yes No
Do you possess a Valid Driver's License? Yes No

Addiction _____

Why are you seeking a long-term program? _____

Other Rehabilitation Centers Attended _____

Legal _____

Court Dates _____

Probation _____

Warrants _____

Sex Offender _____

Trade _____

Name: _____

MARITAL STATUS

Married? _____ Single? _____

Wife's Name _____ Phone # _____

Wife's Address _____
(PO Box or Street#») (City) (State) (Zip)

List Number of Children (if any)

Child Support _____

Where Are Your Children? _____

MEDICAL INFORMATION

LIST ALL **MEDICATIONS** YOU ARE CURRENTLY TAKING _____

What is the State of Your Health? _____ Excellent _____ Good _____ Fair _____ Poor _____ Declining

Height _____ Weight _____ Usual Weight _____ Have You Had Any Recent Weight Changes? _____

List All Major Illnesses or Operations You Have Had: _____

Are You Handicapped in Any Way? _____ Type of Handicap _____

Do You Now Have a Venereal Disease? _____ Have You Had a Venereal Disease in the Past? _____

What? _____ When? _____ When Cured or Arrested? _____

Have You Ever Been Tested for HIV? _____ When? _____

Are You Open to Being Tested for the HIV Virus While a Resident Here at the Lodge? _____

If You Use Any Tobacco Products are You Willing to Give It Up to Come Into the Program? _____

Have You Ever Suffered from Depression? _____ Describe Any Treatment You May Have Received or

MEDICATION you have been prescribed _____

Have You Ever Had Any Thought of Suicide? _____ When? _____

Have You Ever Attempted Suicide? _____ When? _____

How Did You Try to Do This? _____

Have You Ever Been Treated for Any Psychiatric Illness? _____ If Yes, Explain and Describe Treatment, if Any

Would You Be Willing to Sign a Release of Information Form So that We Might Obtain Information

Concerning Social, Medical or Psychiatric Reports or Information? _____

Name: _____

LIBERTY LODGE REGENERATION PROGRAM

Liberty Lodge 4150 Mt. Sterling Ave Titusville, FL 32780

FINANCIAL RESPONSIBILITY

1. I voluntarily request the privilege of participating in the Liberty Lodge Regeneration Program. I agree to the financial obligations incurred by me while at Liberty Lodge.
2. There is also required a \$500.00 refundable deposit contingent upon completion of your 8 months, or if you are dismissed before your 8 month commitment to Liberty Lodge, You will forfeit your deposit.

Do you have the Deposit? Yes _____ or No _____

Who will be paying Deposit? _____

3. The financial charge/cost for the program is \$160.00 per week for every week a man/participant (?) resides in the program.

Sign _____

Name: _____

Residential Program – Financial Agreement

I, _____ do hereby enter into the following agreement with Liberty Lodge Ministries.

_____ 1. My life has become unmanageable, including my ability to handle my finances; however, I am not under any undue influence and/or duress regarding the financial agreement of this program. Therefore, during my participation in the Liberty Lodge Ministries (LLM) residential facility, I agree that LLM shall assist me in the management of my finances.

_____ 2. Upon my entry, all monies I receive, whether in cash, check, money order or any other form of Compensation, come under the authority of LLM administrative staff. I give permission to the LLM staff to pick up my employment check or any other monies rightfully due me and deposit it into my account. I understand that cashing of checks or money orders will be regarded as failure to cooperate, and I will be subject to disciplinary consequences or termination.

_____ 3. LLM will automatically withdraw program fees against the balance of my account. If my program fees are in arrears, additional amounts will be deducted from my account until my account is current.

I understand that my program fee payment comes before any other personal bills to be paid.

_____ 4. Subject to the availability of funds, I may draw \$30.00 per week for personal spending money.

_____ 5. Subject to the availability of my funds I will complete a draw request form and LLM will make a check made payable to the debtor from my account and I understand that I will be responsible for mailing it.

_____ 6. All draw requests, whether special or regular will be submitted once per week, on Friday evening. After Friday evening, I understand that no requests will be accepted. Monies requested if approved, will be distributed to me the following Monday evening. There will be NO exceptions.

_____ 7. Upon my departure from LLM whether by graduation, termination or voluntary departure, I will receive any positive balance in my account, paid by check, in **three business days**. If, upon my departure, my program fees are in arrears, the arrearage will be deducted from any positive balance in my account before determination of the amount due me. I understand that a goal of this system is to provide me with funds to begin living my new life.

_____ 8. I have read, initialed and understood each statement above. I agree to submit to each rule stated.

(Client's Signature)

(Date)

Name: _____

REGENERATION PROGRAM LIABILITY RELEASE FORM

I understand that the primary purpose of my participation in the Regeneration Program of Liberty Lodge will be that of the propagation of personal religious faith and experience with Jesus Christ. I understand that Liberty Lodge offers Biblically based, Christ centered, pastoral and peer counseling for both individuals and couples. I do grant permission to have pastoral and peer counseling done by one of the counselors approved by Liberty Lodge. I fully recognize that counseling done by these counselors is based on the Bible and Christian Biblical principles. I fully understand that Liberty Lodge does not offer counseling that is certified and licensed by the State of Florida Department of Professional Regulations, or Joint Commission on Accreditation of Hospital Organizations. Thus, I understand that the counseling received here is not of the type counseling referred to as psychiatry, psychology, or psychotherapy, and that any care given will not be based upon the diagnostic criteria or treatments for mental illnesses as prescribed by the above agencies. I understand that the counseling received here at Liberty Lodge will be of the pastoral, lay, or peer type.

I hereby release Liberty Lodge its agents, officers, servants, employees, Board of Directors and volunteers from all liability, claims, and demands, actions and causes of action whatsoever, arising out of or related to, any loss, damage or injury, including death, that may be sustained by me or the loss of property or destruction of property while in, or upon the premises or any premises leased to, or owned by or sanctioned by, or under the control or supervision of, or In route from such premises, or any other premises leased to, or under the control of or supervision of the Liberty Lodge, its agents, officers, servants, employees, volunteers, and Board of Directors.

I am duly aware of the risks in counseling and that NO GUARANTEES can be made to successfully help an individual. I voluntarily elect to allow myself to participate in the counseling services provided at Liberty Lodge. This release shall be binding upon my distributes, heirs, next of kin, executors and administrators. In signing the foregoing release and authority for counseling, I hereby acknowledge and represent:

- A. That I have read the foregoing release, I have understood it and am signing it voluntarily.
- B. That I am over 18 years old and of sound mind.
- C. That I assume and take all responsibility for all fees, liabilities and obligations that may result from the program without limitation.
- D. That I Will NOT hold liable any counselor, representative, officer, volunteer, affiliate, or member of the Board of Directors for any perceived or real failure in the program to achieve its goals or my expectations.

In witness whereof I do hereto set my signature:

STUDENT NAME (please print) _____

STUDENT SIGNATURE: _____ DATE: _____

WITNESSED BY: _____ DATE: _____

Name: _____

**APPLICATION AND CONTRACT FOR ACCEPTANCE
TO LIBERTY LODGE MINISTRY**

I have read, initialed and agree to abide by the above statements that I thoroughly understand.

Date: _____

Clients Signature: _____