

The Lifehouse



PLEASE READ THE FOLLOWING BRIEF DESCRIPTION OF THE LIFHOUSE PRIOR TO COMPLETING YOUR APPLICATION:

What is TLH?

The Lifehouse, Inc. is a communal living organization located in Huntington, WV that offers men or women separate group home settings while they begin to overcome substance abuse. The homes operated by The Lifehouse solely exist to help men or women in West Virginia and the Tri-State Area continue their journeys of sobriety with the adequate support and services to implement the life stability needed for continual substance abuse recovery. The residents of each home are men or women that have made the decision to overcome an addiction, are starting their lives over after incarceration due to criminal behaviors related to drugs/alcohol and/or have recently completed a certified substance abuse program. The Lifehouse provides an affordable home that is drug and alcohol free so the men or women can fully engage in their sobriety. The operation of the homes offer accountability, drug testing, peer awareness, peer support from other residents, and supplementary support to local addiction recovery, alcoholics anonymous, narcotics anonymous, drug court and probation programs. We do not offer any medical services and refer all residents to the appropriate community services agencies to address their specific medical, financial, psychological, education, job related, and/or recovery related needs.

What is the cost of TLH?

TLH focus is to assist men or women in becoming socially responsible after a life of addiction, incarceration and/or irresponsibility. Therefore, we require each person to pay his/her own way while living in our facilities and receiving our program support. Participants pay a non-refundable Program Initiation Fee of \$100 once deemed eligible for TLH. While living at TLH facilities each resident must pay a weekly Program Fee of \$100. The weekly Program Fee covers the cost of the residents living quarters, utilities, program services, and in-house activities. The weekly Program Fee is due in advance and can be paid weekly, bi-weekly or monthly. In special situations the Executive Director of TLH may consider implementing a different payment plan for a resident. These situations are reviewed on a case by case basis. TLH does not assist in the entitlement view that accompanies addictive lifestyles and reserves the right to assess each participant's financial needs, obligations, and abilities at any time.

What are the eligibility requirements of TLH?

All participants must be eighteen years or older, committed to a life of sobriety, be drug/alcohol free for a minimum of 24 hours, must not have any current warrants and/or capiases, must be willing to abide by TLH regulations and requirements. The Lifehouse is unable to provide a residency to sex offenders. However, we are able to offer other types of support and accountability to anyone desiring a life of sobriety regardless of their past. Please contact our Executive Director for further information.

What is the process to begin participation with TLH?

Complete and submit an application; if approved all participants meet individually with TLH staff to review the detailed rules and regulations of the program that include, but are not limited to, house curfew, meeting requirements, work/community service requirements, drug testing requirements, etc.; agree to and sign a Participant Contract; pay required costs as decided by the Executive Director; move in and participate in the program and a sober life.

******TLH has an ongoing relationship with the local Department of Corrections, Parole/Probation, and Drug Court. Please be aware of our cooperation with these programs if your admission to our homes will be governed by one of these agencies.*****

"It is a tree of life to those who take hold of it, and those who support it are praiseworthy."

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Do you have monthly income? YES NO Amount: \$ _____ per _____

Source of Income: Employment Disability Unemployment Other: _____

If you do not have a job, are you willing to get one? YES NO

If yes, what job plans do you have? _____

If applicable, Employer's Name: _____

Employer's Address: _____

Employer's Telephone No.: (_____) _____

Supervisor's Name: _____

Relationship status (circle all that apply): Married Never Married Separated Divorced Dating

Explain: _____

Do you take medication? YES NO If yes, list the medications: _____

Emergency Contacts:

Name	Address	Telephone Number
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Have you been committed of any crimes resulting in your required to registration as a sex offender? YES NO

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I hereby acknowledge that the above information is true and correct to the best of my knowledge. I understand that falsifying any information on this application will result in the denial of participation with The Lifehouse. Furthermore, I understand that if accepted into The Lifehouse, my future continued eligibility will immediately be terminated if the staff becomes aware of any false information provided on this application.

Signature: _____ Date: _____

PLEASE ONLY COMPLETE ITEMS MARKED WITH A ✓ ON THE FOLLOWING PAGE!!

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize _____
to provide information to the staff/representatives of The Lifehouse, Inc.

I hereby voluntarily waive any and all rights I may have to privacy and/or confidentiality pertaining to my _____ with your company/agency insofar as the information is released solely to The Lifehouse, who are evaluating my eligibility for services.

The information requested by The Lifehouse will serve to verify my statements regarding income, employment participation in education/training, past/current treatment for any disability, criminal history, and any other information deemed necessary to determine my eligibility for The Lifehouse.

This authorization and its duplicates shall be treated as an original in incidents information requests made by postal mail, facsimile transmittal, and/or electronic messaging, The requested information may be provided by your company/agency to The Lifehouse in writing via postal mail, facsimile transmittal, electronic messaging or by telephone. This authorization shall remain valid for 120 days from the date of signature.

I hereby release your company/agency from any claims, damages or liabilities of any kind, that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me, arising from the eligibility verification as contemplated by this authorization.

I have read the above, understand its contents, and voluntarily agree to its terms.

√ _____

Signature

√ _____

Date

√ _____

Printed Name

√ _____

Date of Birth

√ _____

Social Security Number

****For TLH Office Use Only****

Company Information Requested From: _____

Address: _____

Telephone: _____

Fax Number: _____

Date Request Sent: _____

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