

# 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.\*\*



## **PARTICIPANT APPLICATION**

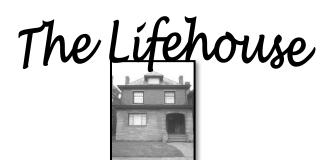
Thank you for your interest in growing at The Lifehouse. Please complete the following application and return to whom provided it. You may contact us at (304) 429-5433.

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Name (Last, Fi	rst, Middle)	Date of Birth	Telephone or Message No.			
Present addres	ss (note if a treatment fa	acility, friend, etc.)	Are you an Alcoholic? YES NO If applicable, date of last drink://			
City	State	Zip Code	If applicable, date of last drug use://			
-		and/or using addictive dr	<u> </u>			
List drugs you	have used addictively (	please list on additional	paper if needed):			
When did you	attend your first AA or N	NA meeting? How ma	ny AA/NA meeting do you attend weekly?			
-		or have any pending cha	=			
Are you curren	tly in an institution or T	reatment Program? YES	S NO			
If yes, how lon	g have you been there?	?				
Facility Name/	Location/Contact Perso	n/Telephone Number (c	ounselor, case manager etc.):			
Have you ever	been to any (other) tre	atment facility for alcoho	olism and/or drug addiction? YES NO			
If yes, list facili	ties, locations and leng	ths of stays:				



Do you have monthly in	ncome? YES NO	Amount: \$	.mount: \$		per	
Source of Income: Employment Disability Unemployment Other:						
If you do not have a job	o, are you willing to get o	one? YES NO				
If yes, what job plans d	o you have?					
f applicable, Employer'	s Name:					
Employer's	s Address:					
Employer's	s Telephone No.: (	)				
Supervisor	's Name:	<del> </del>				
Relationship status (circ	cle all that apply): Marr	ed Never Married	Separated	Divorced	Dating	
Explain:						
Do you take medication	? YES NO If yes	s, list the medications	S:			
Emergency Contacts:						
Name	Address Telephone Number					
Name	Address		Telephone Number			
•	of any crimes resulting in					
ereby acknowledge that t	he above information is tra on on this application wil	ue and correct to the b	est of my knowl	edge. I unders	stand tha	
	that if accepted into The I staff becomes aware of a	• •	_	•	liately be	
Signature:	Date:					

PLEASE ONLY COMPLETE ITEMS MARKED WITH A  $\sqrt{}$  ON THE FOLLOWING PAGE!!



## **AUTHORIZATION FOR RELEASE OF INFORMATION**

l,	, hereby authorize	
to provide information to the staff/repr	esentatives 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	o are evaluating my eligibility for services.	
employment participation in edu	ne Lifehouse will serve to verify my statements regarding income, ication/training, past/current treatment for any disability, criminal deemed necessary to determine my eligibility for The Lifehouse.	
made by postal mail, facsimile tran be provided by your company/age	tes shall be treated as an original in incidents information requests ismittal, and/or electronic messaging, The requested information may ency to The Lifehouse in writing via postal mail, facsimile transmittal, one. This authorization shall remain valid for 120 days from the date of	
directly or indirectly result from the party, whether such information is as contemplated by this authorization.		
I have read the above, understand its	contents, and voluntarily agree to its terms.	
√	<u> </u>	
Signature	Date	
√		
Printed Name	**For TLH Office Use Only** Company Information Requested From:	
√	Address:	
Date of Birth		
	Telephone:	
$\checkmark$	Fax Number: Date Request Sent:	
Social Security Number		

<sup>&</sup>quot;It is a tree of life to those who take hold of it, and those who support it are praiseworthy."