



## Changed Life Recovery Program

Frederick Rescue Mission, Inc.  
419 W. South Street, Frederick, MD 21701  
P.O. Box 3389, Frederick, MD 21705  
(301) 695-6633

[www.therescuemission.org](http://www.therescuemission.org)

***Changing Lives Now and For Eternity***

Dear Friend,

Welcome to the Frederick Rescue Mission. This ministry is about changing lives – now and for eternity. The Changed Life Recovery Program is about finding help and true change through Jesus Christ. We cannot see lives changed unless a man is ready to let God change him.

In the Bible, God says He has a plan for your life. We believe that if you are willing to commit yourself to God and make changes, by His grace and the support of the Changed Life Recovery Program, you will begin to live the life that God intended for you. You are taking the first step toward a changed life by applying for our residential recovery program.

Before you fill out this application, please read the Policy and Procedures Manual and the next two pages. Please complete the application and forms thoroughly and accurately.

Once the application is completed and submitted, someone from the Residential Team will interview you concerning your possible entry into the Changed Life Recovery Program.

There is great hope in Jesus Christ. Our prayers and thoughts are with you.

In Christ,

The Residency Team of the Frederick Rescue Mission, Inc

**Application for:** \_\_\_\_\_  
(Applicant's Name)

**Interviewed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Consider The Following Before You Fill Out This Application.**

- Falsifying or omitting information on this application and during the intake process will lead to immediate discharge from the program.
- All pending court issues must be resolved before entering the program. You must be totally off drugs and alcohol before admittance is allowed. **We do not support Medically Assistance Treatment (MAT Suboxone, Methadone, Subutex, etc.)** We will not take anyone into the program who is intoxicated or under heavy sedation.
- The Frederick Rescue Mission does not admit anyone with Sex Offences to the Changed Life Recovery Program. If you do, please stop with the application. Your background will be checked. We will do our best to refer you where help is available.
- **Have you read and do you understand the Policies and Procedures of the Changed Life Recovery Program?**
- All residents of the Frederick Rescue Mission are subjected to random drug and alcohol testing. A **zero-tolerance** policy regarding the use of drugs or alcohol is strictly enforced. Any resident who tests positive for drugs or alcohol will be immediately discharged from the program. If the resident believes, a false positive has occurred; a professional lab test must be conducted immediately at the expense of the resident. If the test is negative, the Mission will refund the resident.
- Frederick Rescue Mission encourages all residents to stop using tobacco products to become fully victorious over their addictions. All incoming residents who currently smoke or use tobacco products **MUST** attend eight Smoking cessation classes run by the Frederick County Health Department. Smoking cessation classes will also be available to all residents who are serious about quitting. Smoking/tobacco use is limited to four brief periods per day, in one specific location at the Mission. Strict disciplinary measures apply to violations of the tobacco use policy.
- All residents are to refrain from cultivating relationships with the opposite sex during the whole time of the Changed Life recovery program. Engaging in sexual and/or romantic relationships will be grounds for dismissal from the program. The focus during this time is victory over addiction and getting a new life. (For married residents, see policies).
- Upon acceptance into the program, a restriction period of 30 days is in effect. During this time, it is not permissible to leave the premises unless accompanied by an accountability partner or staff.
- Residents are not eligible for employment outside the program until the end of Residential Phase 2 of the program.
- All monies in your possession and during your time at the Frederick Rescue Mission are to be surrendered to a residential savings account. Since money is opportunity – opportunity to use, money is disbursed, when necessary, on a limited basis.
- Work therapy is a vital part of the Program. Are you physically fit and able to work 5-8 hours a day? You must meet this criterion in order to be admitted into the Program.
- Our goal is to see you become a mature disciple of Jesus Christ. Therefore, recovery classes, Bible classes, church involvement, chapel attendance, and other forms of spiritual training will require your enthusiastic participation.
- The Changed Life Recovery Program is not a homeless prevention program or a drug rehabilitation center. We are serious about these 8 changes; you must also take them seriously:
  1. Be Passionate about Jesus
  2. Be Victorious over Addiction
  3. Be Connected to a local Church
  4. Have a GED or Appropriate Level of Education
  5. Be accountable a Mentor or an Accountability Group
  6. Be placed in a Financially Sustaining Job
  7. Be Reconciled as much as possible to your Family
  8. Have a Safe Place to Live.
- The purpose of this application and intake process is to see if you are truly ready to receive help from God. It is our greatest desire to see you succeed. This application will help us to determine how we can best help you.

Describe your current situation:

Why are you applying for entry into the Changed Life Recovery Program?

Explain why you think you are ready to receive help and make changes in your life.

**Date of Application:** \_\_\_\_\_

**This application is for:**

The Changed Life Recovery Program – A one-year Christ-centered Residency program

**Have you applied to the Frederick Rescue Mission before? Yes \_\_\_\_ No \_\_\_\_**

If yes: When? \_\_\_\_\_

For what services? \_\_\_\_\_

**PERSONAL INFORMATION**

1. NAME: \_\_\_\_\_  
First Middle Last

2. Social Security Number \_\_\_\_\_ 3. Date of Birth \_\_\_\_\_ 4. Age \_\_\_\_\_

5. Birthplace \_\_\_\_\_ 6. US Citizen: yes \_\_\_\_\_ no \_\_\_\_\_ 7. Race \_\_\_\_\_

8. Current Address or Last Place of Residence:

\_\_\_\_\_  
Street City State Zip Code

9. Mailing Address:

\_\_\_\_\_  
Street City State Zip Code

10. Current Phone Number: \_\_\_\_\_

11. Are you a Veteran? yes \_\_\_\_\_ no \_\_\_\_\_

12. Do you have your DD214? yes \_\_\_\_\_ no \_\_\_\_\_

13. Have you ever been homeless? yes \_\_\_\_\_ no \_\_\_\_\_

If so, how recent and for how long? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

13. Person to contact in case of emergency:

\_\_\_\_\_  
Last Name First Name Relationship

\_\_\_\_\_  
Street City State Zip Code

Phone Number \_\_\_\_\_

**FAMILY INFORMATION**

14. Marital Status: \_\_\_\_\_  
Single      Married      Divorced      Legally Separated

15. If married, name of spouse:

\_\_\_\_\_  
Last Name                      First Name                      Phone Number

16. Who was your primary caregiver growing up?

\_\_\_\_\_  
Last Name                      First Name                      Phone Number

17. How many children do you have? \_\_\_\_\_

Please list their names, ages, and if you have custody.

Child's Name	Age	Custody (Yes / No)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Do you currently owe child support? \_\_\_\_\_  
If so, what is your monthly child support payment? \_\_\_\_\_

19. How will your family be cared for while in the program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Parents:

\_\_\_\_\_  
Father's Name                      Address                      Phone Number

\_\_\_\_\_  
Mother's Name                      Address                      Phone Number

**MEDICAL INFORMATION**

**21.** When was your last physical exam? \_\_\_\_\_

**22.** Do you have any medical conditions that would prevent you from participating in work therapy?

Yes \_\_\_\_ No \_\_\_\_

If so explain:

\_\_\_\_\_  
\_\_\_\_\_

**23.** Please list all medical conditions, major surgeries, illnesses, and restrictions that apply to you:

Medical Condition /Major Surgeries/ Illnesses

Medical Restriction

_____	_____
_____	_____
_____	_____
_____	_____

**24.** Are you currently taking prescribed and over-the-counter medications? Yes \_\_\_\_ No \_\_\_\_

If so please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Have you been tested for the following?

Test	Date of Last Test	Positive; Yes/No
TB	_____	_____
HIV	_____	_____
Hepatitis	_____	_____
Covid 19		

26. Are you under medical care now? Yes \_\_\_\_\_ No \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

27. List any type of Medical Coverage or Health Insurance you have: \_\_\_\_\_  
\_\_\_\_\_

28. Have you ever been treated for mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SUBSTANCE ABUSE INFORMATION**

29. Do you have a history of using drugs and /or alcohol? Yes \_\_\_\_ No \_\_\_\_

30. What is your drug of choice? List only one: \_\_\_\_\_

31. List secondary drugs you have used: \_\_\_\_\_

32. What age did you start using drugs and /or alcohol? \_\_\_\_\_

33. How many years have you actively used? \_\_\_\_\_

34. What is your longest amount of uninterrupted clean time (do not include time while being incarcerated)? \_\_\_\_\_

35. When have you last used or drank? \_\_\_\_\_

36. How many rehabs/recovery programs have you been in? \_\_\_\_\_

37. List your last rehab/ recovery program: \_\_\_\_\_  
Program Date

38. List all the programs you have been in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

39. Do you struggle or have issues with any of the following?

Gambling \_\_\_\_ Pornography \_\_\_\_ Sexual Addiction \_\_\_\_ Anger \_\_\_\_ Eating Disorders \_\_\_\_

Other \_\_\_\_\_

**LEGAL HISTORY**

*There will be a criminal background check. Please disclose your legal history to the best of your ability. Providing false information and/or omitting important information will result in immediate dismissal from the program.*

**40.** Do you currently have any court cases and outstanding fines? Yes \_\_\_\_ No \_\_\_\_

If so please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**41.** Do you have an attorney? Yes \_\_\_\_ No \_\_\_\_

If so please list: \_\_\_\_\_  
Name Address Phone

**42.** Have you ever been arrested? Yes \_\_\_\_ No \_\_\_\_ If so, how many times? \_\_\_\_\_

List all the crimes for which you have been arrested and the approximate dates:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**43.** Are you currently on Parole or Probation? Yes \_\_\_\_ No \_\_\_\_

If so: Agent's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Location \_\_\_\_\_

What is your regular report day and frequency? \_\_\_\_\_

Are you under a court order to pay restitution and fines? Yes \_\_\_\_ No \_\_\_\_

If so, explain: \_\_\_\_\_  
\_\_\_\_\_

**44.** Have you ever been incarcerated? Yes \_\_\_\_ No \_\_\_\_ If so, for how long? \_\_\_\_\_

If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

45. Please list the jobs you have held in the last five years:

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46. What is the longest stretch of continuous employment? \_\_\_\_\_

47. Have you ever lost a job because of substance or alcohol abuse? Yes \_\_\_\_ No \_\_\_\_

48. What skills do you have?

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49. Have you ever attended any trade schools? Yes \_\_\_\_ No \_\_\_\_

50. Do you possess any trade licenses? Yes \_\_\_\_ No \_\_\_\_ If so, please list: \_\_\_\_\_

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**EDUCATION INFORMATION**

51. Do you have a GED or a high school diploma? Yes \_\_\_\_ No \_\_\_\_

52. What is the highest level of education have you completed? \_\_\_\_\_

53. Have you ever been told you have a learning disability? Yes \_\_\_\_ No \_\_\_\_  
If so, please explain:

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**SPIRITUAL HISTORY**

*The Changed Life Recovery Program of the Fredrick Rescue Mission is a Christ-centered ministry. It is a core value of the program that the power of Jesus Christ is essential to real change and victory over addiction. Thus, a key part of the program requires enthusiastic participation in and attendance of Bible classes, Church attendance, Chapel attendance, and other Christ-based programming.*

54. Have you ever made a commitment to follow Christ? Yes \_\_\_\_ No \_\_\_\_

55. What is your church background? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

56. Are you a church member? Yes \_\_\_\_ No \_\_\_\_

If so, please fill out the following: \_\_\_\_\_

Name of Church

Address

City

State

Name of the Pastor

Phone

**OTHER INFORMATION**

57. Do you receive SSI or SSDI monies? Yes \_\_\_\_ No \_\_\_\_ If so, monthly amount: \_\_\_\_\_

58. Do you receive Workman's compensation benefits? Yes \_\_\_\_ No \_\_\_\_

If so, monthly amount: \_\_\_\_\_

59. Do you have other forms of income? Yes \_\_\_\_ No \_\_\_\_ If so, monthly amount: \_\_\_\_\_

60. How did you hear about the Frederick Rescue Mission? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Frederick Rescue Mission

Application for the Changed Life Recovery Program

**APPLICATION STATEMENT**

*I am applying to the Changed Life Recovery Program of the Frederick Rescue Mission. I have read and fully understand the Policy and Procedures Manual and the Application. I have decided to apply for the Changed Life Recovery Program.*

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*Print Name*

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*Time*

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*Client Signature*

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*Date*

# FREDERICK RESCUE MISSION

P.O. Box 3389 ~ Frederick, Maryland 21705-3389 ~ 301-695-6633

## RELEASE OF INFORMATION

I, \_\_\_\_\_, consent to and authorize  
*(Please Print)*

The Frederick Rescue Mission to disclose my information to the following agencies: The Substance Abuse Support Community, Frederick County Sheriff's Department, and the Frederick County Health Department for the purpose of continual care in my recovery process, and Aftercare.

I understand that these records are to be kept confidential and the information is for use by Frederick Rescue Mission staff persons involved in providing services to me.

This Release of Information expires \_\_\_\_\_. *(No later than one year from the date below.)*

**A photostatic copy shall be valid as the original.**

*Client Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

*Staff Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

# FREDERICK RESCUE MISSION

P.O. Box 3389 ~ Frederick, Maryland 21705-3389 ~ 301-695-6633

## RELEASE AND HOLD HARMLESS AGREEMENT

I, (we) the undersigned, do hereby agree to release the Frederick Rescue Mission, including, but not limited to its subsidiaries, agents, assigns, employees, director, and/or volunteers, from any and all liability including, but not limited to, any loss, damage, theft, injury or any other harm whatsoever suffered by myself (ourselves), my child (children) and/or my (our) property as a result of any and all contact with and activities in any way associated with the Frederick Rescue Mission and/or its subsidiaries, facilities, agents, assigns, employees, directors, and/or volunteers.

I, (we) the undersigned, further agree to indemnify and hold harmless the Frederick Rescue Mission, including but not limited to, its subsidiaries, agents, assigns, employees, directors and/or volunteers, for any claim for any loss, damage, theft, injury or any kind of liability whatsoever.

In witness whereof, I (we) the undersigned, have voluntarily and knowingly executed this *Release and Hold Harmless Agreement* as my (our) own free act and deed.

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*Client Name (Please Print)*

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*Client Signature*

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*Date*

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*Staff Signature*

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*Date*

# FREDERICK RESCUE MISSION

P.O. Box 3389 ~ Frederick, Maryland 21705-3389 ~ 301-695-6633

## RELEASE FORM FOR USE OF WRITTEN WORKS AND/OR PHOTO

In consideration of my appreciation for the work of The Frederick Rescue Mission, the undersigned hereby gives The Frederick Rescue Mission the absolute permission to copyright and/or publish, or use any writings by me and/or any photographs and/or pictures of or by me, or in which I may be included in whole or in part, both unaltered and/or distorted in character or form, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, for fund raising, public relations, advertising, and or any other lawful purpose whatsoever.

I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge, and agree to hold harmless The Frederick Rescue Mission from any liability by virtue of any use of said material, whether intentional or otherwise,

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*Client Signature*

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*Date*

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*Staff Signature*

---

*Date*



# FREDERICK RESCUE MISSION

P.O. Box 3389 ~ Frederick, Maryland 21705-3389 ~ 301-695-6633

## **Application Agreement for Frederick Rescue Mission Residential Policy and Procedures**

I had read or had read to me the Residential policies and Procedures information and I understand its content. I have had the opportunity to ask questions and request clarification on any items that were unclear to me. I accept these requirements, expectations, services, and privileges. I agree to come under the policies and procedures outlined in this material. I understand that my failure to comply can result in discipline or suspension from the program.

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

## **Agreement for Pain Management Medication Frederick Rescue Mission Residential Policy and Procedures**

I had read or had read to me the Residential policies and Procedures information and I understand its content. I have had the opportunity to ask questions and request clarification on any items that were unclear to me. I accept these requirements, expectations, services, and privileges. I agree to come under the policies and procedures outlined in this material. Today I agree to stop any current prescription narcotic medication for pain management purposes. I agree to seek other non-narcotic pain management for future pain issues.

# FREDERICK RESCUE MISSION

P.O. Box 3389 ~ Frederick, Maryland 21705-3389 ~ 301-695-6633

## PROGRAM FEES AND MONEY DISTRIBUTION AGREEMENT

I hereby agree to pay the Frederick Rescue Mission the amount of \$500.00 for my entry into the Changed Life Recovery Program and up to \$120.00 for any Administration fees (i.e., birth certificate, Maryland ID, social security card, driver's license, background checks, etc.) that might occur. I understand that total payment to the Frederick Rescue Mission is due upon admittance. Being unable to pay upon admittance, I will submit to Mission opportunities that will provide a means for it to be paid. **There will be no money distributions until the Program Fee and Administrative Fees are paid.**

Once the Program Fee and Administrative Fees are paid, withdrawals are allowed. Weekly withdrawals cannot exceed \$20.00. The withdrawal must be accompanied by a contribution to my savings account. The contribution to the savings account must equal the amount of the withdrawal up to \$20.00. Greater amounts for savings are allowed and encouraged.

Once the savings goal of \$500.00 is met, weekly withdrawals can be made up to \$35.00. Continued deposits to my savings are expected. Money in my savings is not to be used until I graduate from the Mission.

**All monies during my stay at the Mission are to be deposited into my residential account. Failure to do so will result in some form of discipline and possible dismissal from the Mission.**

**For me to move from Phase 1 to Phase 2, I must have my Program Fee fully paid. In order to graduate, I must have the Program Fee and Administrative Fees fully paid and have at least \$500.00 in my savings account.**

**The goal for me is to: 1) become financially responsible, 2) be disciplined to save and 3) have money to start my new life once I leave the Mission.**

I understand that this is a work therapy program and that I must work. If at any time I am not able to work or decide to apply for SSI/SSDI or any other benefits instead of working, then I will be dismissed from the program.

In the event, I leave or am dismissed from the program I acknowledge and consent that all monies in my account for the Program Fee remain the monies of the Frederick Rescue Mission. The Program Fee will not be prorated. Once I am admitted, the full Program Fee is to be paid. Additionally, I understand that any monies that I accumulate beyond the program fee and administrative fees will be distributed to me on the day when monies are normally distributed to residents. **There will be a \$200.00 discharge and replacement processing fee if I leave before I graduate.** Any monies that I do not claim 30 days after I leave will become monies of the Frederick Rescue Mission.

I fully understand, thus I completely give my consent and compliance to the above policy.

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*