

FORGE

RESIDENT APPLICATION

Provided by Forge. Revised 9/11/2023

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**Application for Acceptance to
Forge Recovery Center**

This information is confidential. The information in this application will not be held against you or used to judge you in any way. Forge Recovery Center is dedicated to helping those who need emotional and spiritual healing and restoration. If for any reason Forge cannot meet your particular need, a referral to an organization better aligned with you need may be given. Please answer all questions honestly so that Forge may know how best to help you. Do not leave any blanks on this application, as this will delay processing. If a question is not applicable to you, please answer the question either None or N/A.

Legal Name: _____ Preferred Name: _____

DOB: _____ Age: _____ Race: _____

Birthplace (City, State): _____

Social Security #: _____

Driver License Number (and Expiration Date): _____

Current Address: _____ City: _____ State: _____

Telephone #: Home/Cell: (____) _____ Work: (____) _____

Referred by: DHS Court Parents Church
 Radio Other _____

Have you ever applied to Forge Recovery Center in the past? Yes No

 If yes, please give approximate date: _____

Family Information

Marital Status: Single Married Divorced Separated Widowed

Do you have any children? Yes No

 If yes, how many? _____

 Names & Ages of Children:

 1. _____ Age: _____

 2. _____ Age: _____

 3. _____ Age: _____

 4. _____ Age: _____

Who has custody of your children? _____

What arrangements are being made for your children while you are at Forge Recovery Center?

Do you receive any type of government assistance? Yes No

 If yes, please explain: _____

Parents

Father's Name: _____ Living Deceased

Telephone #: Home/Cell: (____) _____ Work: (____) _____

Address: _____ City: _____ State: _____

Mother's Name: _____ Living Deceased

Telephone #: Home/Cell: (____) _____ Work: (____) _____

Address: _____ City: _____ State: _____

Parent's Marital Status: Married Divorced Separated Remarried Widowed

Do you and your parents get along? Yes No

If no, please explain: _____

Do you live with your parents? Yes No

Describe your relationship with your father: _____

Describe your relationship with your mother: _____

As a child, did you feel closet to: Father Mother Someone Else

If someone else, please explain: _____

Siblings

How many siblings do you have? Brothers: _____ Sisters: _____

Do any of your siblings have a history of substance abuse? Yes No

If yes, please explain: _____

Education

Level of Education Completed: Less than High School High School/GED

Some College Associate Degree

Bachelor Degree Masters/Doctorial/Professional

If less than high school, what was the last grade completed? _____

Last school attended: _____ Dates of attendance: _____

Have you ever been in any special education classes? Yes No

If yes, please list: _____

Health and Medical History

Name of primary physician: _____

Date of last physical examination: _____

Do you have any health concerns or physical disabilities that Forge Recovery Center needs to be made aware of? Yes No

If yes, please describe: _____

*** Undisclosed medical issues that are discovered after admission to Forge, failure to answer any questions truthfully or withholding of any information may be grounds for dismissal from the program.**

Are you currently taking any prescribed medication? Yes No

If yes, please list the medication, dosage, duration and what it was prescribed for:

Name of Medication	Dosage	Reason for Medication	Start Date	Prescribing Doctor's Name	Doctor's Phone #

Do you have any immediate medical or dental needs? Yes No

If yes, please describe: _____

Do you have a history of seizures? Yes No

If yes, please specify: _____

Date and type of last seizure: _____

General diagnosis and description of seizures: _____

Psychological History

Have you ever tried to commit suicide? Yes No

If yes, please explain: _____

Have you had suicidal thoughts and/or are you currently thinking about suicide? Yes No

If yes, please explain: _____

And if yes, do you have a plan to commit suicide? Yes No

If yes, please explain: _____

Have you ever thought of killing anyone? Yes No

If yes, please explain: _____

Have you ever killed anyone? Yes No

If yes, please explain: _____

Have you ever tried to kill anyone? Yes No

If yes, please explain: _____

Have you ever tried to harm yourself in any way? Yes No

If yes, please explain: _____

Have you ever been to psychiatrist or been committed for a psychological evaluation? Yes No

If yes, please give details:

Name of Doctor/Therapist	Location	Dates Attended	Diagnosis	Medication Prescribed	Dosage

Substance Abuse

Have you ever experimented with any of the following substances? Check all that apply:

- Alcohol
- Amphetamines
- Barbiturates
- Cocaine
- Tobacco
- Hallucinogenic (Acid, LSD, etc.)
- Other: _____
- Morphine
- Crank
- Crystal Meth
- Marijuana
- Meth Amphetamines
- Inhalants (Glue, Paint Thinner, etc.)
- Ecstasy
- Opium
- Heroin
- Crack

Drug of choice:

- 1. _____ Length of Use: _____
- 2. _____ Length of Use: _____
- 3. _____ Length of Use: _____
- 4. _____ Length of Use: _____

Habit cost per day? _____ Longest period clean? _____

Have you ever been in an alcohol, drug or detoxification program? Yes No

If yes, was it: Faith Based Non-Faith Based

And if yes, give details:

Date of Entry	Program Name	Location (City, State)	Reason for Leaving	Date of Discharge

Legal History

Have you ever been arrested? Yes No

If yes, please indicate the number of times you have been charged with the following crimes:

- ___ Shoplifting
- ___ Disorderly Conduct
- ___ Drug Charges
- ___ Forgery
- ___ Weapons Offense
- ___ Burglary, Larceny, B&E
- ___ Robbery
- ___ Assault
- ___ Arson
- ___ Rape
- ___ Sexual Assault
- ___ Theft by Deception
- ___ Prostitution
- ___ Parole/Probation Violation
- ___ Public Intoxication
- ___ DWI
- ___ Homicide, Manslaughter
- ___ Other: _____

Explain further about the crimes you have been charged with: _____

Do you have any pending charges? Yes No

If yes, give details:

Date of Arrest/Charge	State Arrested In	Name of Judge	List of Present Charges	Court Date

Do you have an attorney? Yes No

If yes, provide:

Attorney's Name: _____ Telephone #: (____) _____

Address: _____ City: _____ State: _____

Have you been court ordered to complete treatment? Yes No

If yes, give details:

Date of Sentence	Exact Sentence Stipulation	Name of Judge

Are you currently on probation/parole? Yes No

If yes, provide:

What are your charges? _____

Date probation/parole began: _____

Date probation/parole scheduled to end: _____

Current Probation/Parole Officer Name: _____

Officer's Telephone #: (____) _____

Address: _____ City: _____ State: _____

Have you ever been on probation/parole? Yes No

If yes, please explain: _____

Why would you like to come to Forge Recovery Center? _____

What would you like to see happen in your life while in this program? _____

I hereby affirm that the details provided within this application are true and accurate to the best of my knowledge and I bear the full responsibility for the correctness of the information.

Applicant Signature: _____ Date: _____

Forge Staff Signature: _____ Date: _____

Agreement to Release and Hold Harmless

For and in exchange of valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and also in consideration of the agreement of Forge Recovery Center, to allow "Releasor" to use its facilities in Vidalia, Georgia. The undersigned, "Releasor," hereby does fully, completely, and finally release, discharge and acquit Forge Recovery Center, its directors, officers, employees and any other persons connected with it, from any and all liability whatsoever from any and all actions, causes of action, claims, demands, costs, expenses and any and all other liabilities whatsoever which may arise out of any assistance offered by Forge Recovery Center or its employees or representatives to "Releasor," and "Releasor" says as follows:

1. I understand that Forge Recovery Center is a residential treatment facility that offers assistance to persons experiencing problems with drugs or other similar type of harmful substances.
2. I understand that Forge Recovery Center does not serve as a medical provider or as a licensed psychological, psychiatric or any other similar type of professional medical service-provider in its treatment of "Releasor."
3. I understand that the methods and counseling offered to me by Forge Recovery Center and/or its representatives are of a spiritual nature, based on the 12-steps and not rooted in psychotherapeutic, psychological, psychiatric or any other professional treatment required to be performed by a licensed clinician.

In addition, hereto, "Releasor" also agrees to indemnity and hold harmless Forge Recovery Center, its directors, employees, volunteers and any other persons connected with it from any and all liability whatsoever which may arise out of use of the premises owned by Forge Recovery Center.

Releasor Signature: _____ Date: _____

Forge Staff/Witness Signature: _____ Date: _____

Resident Confidentiality Agreement

The confidentiality of recovering persons living in a Recovery Residence is protected under Federal Law 42 CFR, which protects them from anyone outside of the residence having knowledge of their participation in the recovery residence without the resident's specific permission. No information regarding a resident of Forge may be released to anyone outside of the program unless:

1. The resident has signed a consent form to that person/agency
2. A court order is issued to Forge regarding information on the resident
3. Medical personnel require the information in a medical emergency
4. The resident threatens to harm him/herself or someone else

Federal Law does not protect a resident if they commit a crime against anyone at Forge. Also, Federal Law does not restrict sharing of information regarding reported child abuse/neglect to appropriate State and local authorities.

These laws apply not only to the Forge Director, staff and volunteers, but to the residents as well.

I agree to not reveal to anyone outside of Forge the name, identity, or description of another resident. I also agree to not discuss the content of conversations or groups with anyone outside of Forge. This includes sharing at 12-Step meetings.

I agree to inform Forge staff if any of my peers reveal any information about themselves or another resident that may be a cause for concern.

Name of Resident: _____

Resident Signature: _____ Date: _____

Forge Staff/Witness Signature: _____ Date: _____

Authorization to Release of Information

Name of Resident: _____

Social Security #: _____ DOB: _____

I hereby request and authorize: Forge Recovery Center
406 W. 1st Street
Vidalia, GA 30474
Phone: 912-425-1711

To disclose to or obtain from: _____

the following type(s) of information from my records (and any specific portion thereof):

- Out-Patient Records Psychiatric/Psychological Evaluations
- In-Patient Records Progress in Treatment Progress Notes
- Discharge Summary Plans Assessment, History, Diagnosis, Recommendations
- Medication & Psychiatric Records Other _____

All information I hereby authorize to be obtained from this agency will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for:

- Ninety (90) days unless I specify an earlier expiration date here: _____
- One (1) year
- The period necessary to complete all transactions on account related to services provided to me

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time. I further release Forge Recovery Center and its staff from any liability arising from the release of this information provided the release of information is done in accordance with applicable law.

Resident Signature: _____ Date: _____

Forge Staff/Witness Signature: _____ Date: _____

Use This Space Only If Resident Withdraws Consent

Resident Signature: _____ Date: _____

The information which is being disclosed is from records whose confidentiality is protected by federal law. Federal Regulations (42-CFR Part 2) prohibit disclosure without the specific consent of the person to whom it pertains. A general authorization is NOT sufficient for such release. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

**Criminal Justice System Referral Consent for
the Release of Confidential Information**

I, _____, being the said defendant thereof do hereby consent and authorize:

Forge Recovery Center
406 W. 1st Street
Vidalia, GA 30474
Phone: 912-425-1711

To disclose information to or obtain information from:

(Court, Probation, Parole and/or other Criminal Justice Agencies)

The purpose of and/or need for the disclosure is to inform the Criminal Justice Agencies listed above of my attendance and progress in my rehabilitation process. The extent of information to be discussed is my diagnosis, information about my attendance and/or lack of attendance at rehabilitation sessions, my cooperation and/or lack of cooperation with the rehabilitation program, prognosis, and general progress and/or lack of progress with my rehabilitation.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination or revocation of my release from confinement, probation, parole or any other proceeding under which I was mandated into rehabilitation.

The information which is being disclosed is from records whose confidentiality is protected by federal law. Federal Regulations (42-CFR Part 2) prohibit disclosure without the specific consent of the person to whom it pertains. A general authorization is NOT sufficient for such release. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

Resident/Defendant Signature: _____ Date: _____

Forge Staff/Witness Signature: _____ Date: _____

No Suicide Contract

I, _____, hereby agree that I will not harm myself in any way, attempt suicide, or die by suicide. Furthermore, I agree that I will take the following actions if ever I am suicidal:

1. I will remind myself that I can never, under any circumstances, harm myself in any way, attempt suicide, or die by suicide.
2. I will get rid of anything that I could use to harm myself, including but not limited to guns, other weapons, pills, etc.
3. I will call 911 or go to the nearest hospital emergency room if I believe that I am in immediate danger of harming myself.
4. If I am not in immediate danger of harming myself, but having suicidal thoughts, I will request to speak with Forge staff and/or call one of the suicide hotlines listed below:
 - Hopeline 24/7 (1-800-SUICIDE): 1-800-784-2433
 - Crisis Hotline: 407-425-2624
 - 911
5. I will continue talking on the phone with as many people as necessary for as long as necessary until suicidal thoughts have subsided.

Furthermore, I understand that if I am determined and in serious danger of hurting or killing myself, my right to confidentiality is waived and Forge Recovery Center will make any necessary telephone calls for my own protection. I therefore authorize Forge Recovery Center to contact the following people in case of emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I agree that these conditions are part of my contract with Forge Recovery Center and are effective immediately and during my residence at Forge Recovery Center.

Resident Signature: _____ Date: _____

Forge Staff/Witness Signature: _____ Date: _____

Relapse, Phone & New Relationship Agreement

Forge Recovery Center has a zero-tolerance policy concerning possessing, selling or using any schedule I, II, III, IV or V controlled substances. The use or possession of these substances by any resident of Forge Recovery Center is prohibited. Exceptions will be considered in the event of surgery, illness or medical necessity, given the resident consults with staff to determine the necessity of a narcotic option. Furthermore, the abuse or misuse of over-the-counter medications, prescribed medications or inhalants is also prohibited.

In the event of a relapse, discovery of an unauthorized cell phone and/or resident found to be in a new relationship, the individual will be required to:

- Pay an administrative fee equal to a full program entry fee
- Restart the program, which includes:
 - Loss of all leadership roles
 - Loss of all passes
 - Suspended employment
 - 30-day Relapse Prevention Class at Toombs County PTR

In the event of a second relapse or discovery, the individual will be immediately dismissed from the program. An individual dismissed due to chronic relapse/discovery will be allowed to apply for readmission to the program after thirty (30) days. Admission to Forge will require a full entry fee to be paid upon intake and orientation of services.

Resident Signature: _____ Date: _____

Forge Staff/Witness Signature: _____ Date: _____

Media Release Form

I, _____, hereby declare that Forge Recovery Center, Gardens of Hope RCO and Toombs County PTR have my permission to take photograph, video and/or audio recordings of my person to be used in print, digital and online publications, presentations, websites and social media posts. I understand that I am not entitled to any compensation for such publications.

Resident Signature: _____ Date: _____

Forge Staff/Witness Signature: _____ Date: _____