**ABUNDANT HOPE MINISTRY**

**1808 Buffalo Trail Morristown, TN 37814**

**Phone: 423-254-1700 | Fax: 423-254-1701**

**Entry Assessment Form**

We are a faith-based recovery program with 3 phases. In the 90-day immersive phase, participants undergo personalized assessments, counseling, community activities, daily spiritual foundations, celebrate recovery, and church services. Our 6-month Transition Phase is a bridge to real-world reintegration, emphasis is placed on fostering a sense of community engagement, finding employment or continued education, involvement in local churches and volunteer opportunities. Finally, in the 3-month Outpatient Phase, participants are ready for life with ongoing spiritual guidance, counseling, and peer support, ensuring sustained growth and resilience.

2 Corinthians 5:17 says “*Therefore if anyone is in Christ, he is a new creation; the old is gone and the new has come.”*

Please be informed that to be accepted into Abundant Hope, the Entry Assessment Form *must* be completed by the *individual applying to the program*. After receiving your application, we will review it and send a letter of acceptance or denial back to you. After receiving a letter of acceptance, you will be required to call or write us every week. If we do not hear from you, your name will be removed from the waiting list.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_\_\_ Female\_\_\_\_\_

Please List two (2) methods of contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If accepted, what date would you be able to enter the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us what is currently happening in your life: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Have you been to Abundant Hope Recovery Program in the past? Yes\_\_\_\_ No\_\_\_\_\_

If YES, please tell reason for leaving. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to complete all phases (immersive, transition and outpatient) of our recovery program? Yes\_\_\_\_\_ No\_\_\_\_\_

Why is long-term treatment desired? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Are you incarcerated? Yes\_\_\_\_ No\_\_\_\_ If so, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any longstanding health issues that concern you? Yes\_\_\_\_\_ No\_\_\_\_\_

If YES, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

List any ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you pregnant (Female) Yes\_\_\_\_ No\_\_\_\_\_ Are you disabled: Yes\_\_\_\_\_ No\_\_\_\_

Do you receive Disability, SSI, or any compensation from the Government? Yes\_\_\_\_\_ No\_\_\_\_\_

List any medications you are currently taking and the reason they are prescribed:

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

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**Approved mental health medications**

|  |  |  |
| --- | --- | --- |
| Prozac (Fluoxetine) | Paxil (Paroxetine) | Zoloft (Sertraline) |
| Celexa (Citalopram) | **Lexapro (Escitalopram)** | **Viibryd (Vilazodone)** |
| Cymbalta (Duloxetine) | **Effexor (Venlafaxine)** | **Trintellix (vortioxetine)** |

**LEGAL INFORMATION**

Attorney Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Probation Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*TDOC number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Court Referral Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever been convicted of a sexual offense? Yes \_\_\_\_\_ No\_\_\_\_\_**

**Do you currently have sexual charges pending? Yes \_\_\_\_\_ No\_\_\_\_\_**

Are you required by a judge to complete a recovery program? Yes\_\_\_\_ No\_\_\_\_\_

Judge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all cases you have been arrested for:

Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRUG HISTORY**

What is your drug of choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consider yourself an addict: Yes\_\_\_\_\_ No\_\_\_\_\_?

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEES**

**There is a one-time fee of $215.00 when entering Abundant Hope Recovery Program.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to the intake payment of $215.00.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that all information is true and complete on this form.

**Men’s Clothing Allowance**

10-Pants 4-Ties 10-Socks

15-Shirts 3-Belts 2-Jackets

3-Hats 1-Backpack 10-Underwear

4-Shoes 2-Suits

**Women’s Clothing Allowance**

15-Pants 5-Shoes 1-Makeup Bag

17-Shirts 3-Belts

3-Jackets 10-Socks

1-Backpack 3-Bras

1-Purse 10-Underwear

**Men/Women:**

Twin Sheets

2-Blankets

2-Pillows

Laundry Detergent

Snacks and sodas are allowed.

Toiletries – Shampoo, Conditioner, Toothpaste, Toothbrush, Shaving Cream, etc.

**(Absolutely nothing with alcohol such as Hand sanitizer or mouthwash)**

**KangVape Onee Sticks are the only nicotine product allowed**

**ABSOLUTELY DO NOT BRING: Cell Phones, Computers, Tablets, anything electronic, secular books/music, energy supplements, or any narcotics.**