



Residential Recovery Center

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A Hand Up Ministry
326 TY Lane
Trenton, Ga. 30752

<https://ahandupministry.com>

Serving Dade County, Georgia and the Tri State Area A
Georgia Based 501c3 Non-Profit

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Residential Application

326 Ty Lane

Trenton, Ga. 30752

HUapplication12@gmail.com

423-635-9899

Date: of Application: _____

Name: _____ Date of Birth: _____ Sex: M / F

Address _____

Relationship Status: (Circle one) Single, Separated, Divorced

Emergency Contact: _____ Relationship: _____

Contact Information: _____

Do you have children? ____ Age(s) and gender(s): _____

Who do your children live with? _____

Do you have a court order to pay child support? _____

Allergies: _____

Are you currently taking current medications (Prescription/OTC)? _____

List _____

Are you currently being treated for any medical problems? ____ If yes please provide details, including treating physician: _____

Are you being treated for any of the following: Anxiety, depression, Bi-polar disorder, schizophrenia, PTSD _____ If yes, please list which ones _____

Please list Mental Health related diagnosis not listed?

Have you had any recent Suicidal ideations (thoughts of harming self)? _____

Have you had any recent Homicidal Ideations (thoughts of harming others)? _____



Have you been diagnosed with any of the following? HIV/AIDS, Hepatitis, Tuberculosis _____

If yes, please provide details _____

If no, please provide dates of most recent TB skin test _____ Hepatitis Test _____

HIV/AIDS test _____

Are you suffering from any emotional or physical problem that would prevent your full participation in the treatment program? _____

Do you currently receive any government assistance/SSI/Disability?

History of legal charges:

Are you currently on probation/parole? _____

Name of probation/parole officer: _____

Pending Charges/Outstanding Warrants:

Please provide a summary of why you want to be a participant in A Hand Up Ministry:



I realize that A Hand Up Ministry / The Hope house is a 12-month, faith-based residential recovery program. I am committed to do whatever I need to do for my life to change. I agree to fully participate in Celebrate Recovery, as well as all other course material/ life skill classes provided at A Hand-Up Ministry. I agree to maintain a positive attitude and respect all other residents and staff. I understand that failure to comply with policies and procedures at A Hand- Up Ministry/ The Hope House can result in immediate Dismissal from our program.

Yes or No _____

I am a believer in Jesus Christ. Yes or No _____

Our application process requires assessment by *A Hand Up Ministry* approved review team. By signing this application, you are consenting to our review team having access to all of the information you have provided in this application.

Applicants Printed Name: _____

Applicants Signature: _____ Date: _____

Date Received by Staff: _____ Staff Signature: _____



Residents Handbook

Program Phases

Being a participant in a Hand Up Home is a privilege. One's behavior and attitude must demonstrate this while being a part of the program.

The following is a breakdown of each Phase and the minimum time for each. Each Phase has certain goals and expectations. Participant will apply for the progression from one Phase to another. Progress Team will review and approve going to next Phase or give areas the participant will have to improve on in order to move up.

During the first 90 plus days the participant will work with HU staff and not work an outside job. During this time HU will provide for all individual needs and the participant will get a 30.00 allowance for personal items not provided.

Phase I – Orientation –1- 30 days

Goals for Phase 1: To get settled into the house, in-house job, church, Celebrate Recovery and learn all expectations while maintaining an attitude conducive to growth with self and all others in program. This attitude will also reflect gratitude for being a part of the Hand Up family. During this phase I will begin a daily devotional time which can form the basis for a growing personal relationship with Jesus.

**After 14 days the participant can receive up to 2 - ten minute calls weekly with approved persons.*

***after 30 days or the successful completion of the goals of Phase I participant can apply for Phase II*

Phase II – Induction

Goals for Phase II: To be a full participant in all areas of program while maintaining an attitude of gratitude for being a part of the Hand Up family. To learn what it means to be honest with ones self, God and with those around me. Practice it with each and every relationship.

Encouraged to connect with a mentor. Must be cleared with director.

Privileges Phase II:

- During phase II I can apply to Progress Team for supervised visits the following 1st and 3rd Sundays of each month. Usual time and place will be 2 hours set by HU staff.
- I agree to submit the request form to Progress Team on or before the last weekend prior to the month of visits. If I am applying for the next Phase, I may also apply for visits. If a request is not received before that time, I will not be allowed to have any visits.
- Participant may request up to 4 visitors for each visit.
- may request to have my visitors attend church with me after 30 days. The decision will be made on an individual basis.
- All visitors must check in with the staff on duty prior to contact with me. Staff will greet the visitors as they arrive and leave. I am not allowed meet my visitors at their vehicle or go to their vehicle at any time during the visit without staff permission. I must wait on them to enter the visitation area before I greet them.
- Special Note: Visitors may not have or use any drug, alcohol or tobacco items on the property or in my presence. My involvement with these substances will result in discipline or dismissal from the program.
- All items of any kind brought to me at visit must be given to the staff on duty at the "check-in." These items may not be given to me but to the staff. At no time will I be given cash!



**After 90 days or the successful completion of the goals of Phase II participant can apply for Phase III*

Phase III - Training

Goals for Phase III: To be honest with where I am spiritually and emotionally while being committed to dealing with hurts, habits, and hang-ups. Progressing in and dealing with my past to find healing, forgiveness and Hope for the future. Continue to grow in my personal relationship with Jesus through worship, Bible studies and lifestyle. Maintain a positive attitude with the values and precepts of the Hand Up family. Actively participate with 12-step program/studies and all other studies or training provided by HU. During this phase participant will be evaluated and considered for an hourly job approved by HU staff.

Privileges Phase III:

- All visits are on 1st and 3rd weekends unless it is for holidays or something approved ahead of time. I may apply for Sunday Out Visit from after church/class until 4:00 PM unless time specified by HU is different. I must be under the supervision of a visitor who is on my approved list. Also, I must return from my Sunday Out Visit on or before the return time. Failure to do so will result in forfeiting the next opportunity for a Sunday Out Visit.
- I agree to submit a visit request form to Progress Team on or before the last weekend prior to the month of visits. If I am applying for the next Phase, I may also apply for visits. If a request is not received before that time, I will not be allowed to have any visits.
- Person supervising must be approved. Person picking me up must use sign out form and agree to supervise and follow directives.
- All HU rules and guidelines apply while off campus.

**after 6 mo. or the successful completion of the goals of Phase III participant can apply for Phase IV*

Phase IV - Ministry

Goals for Phase IV: To become actively involved in ministry through TMC and Freedom CR. Demonstrate the love of Jesus by loving others as Jesus does. Volunteering for opportunities to serve others. Maintain an attitude of gratitude for being in Hand Up program. Continue to be an active participant in all training provided and directed by HU.

Privileges Phase IV:

- During the Ministry Phase, I may apply to the Progress Team for a weekend pass on or before the last weekend prior to the month of visits. If I am applying for the next Phase, I may also apply for visits (one weekend and one Sunday afternoon). A weekend visit is considered Friday after 5:00 PM and return on Saturday before 4:00 PM. (other times for 24 hour pass can be scheduled and approved) Parents and approved relatives only.
- 24 hour visits can be 1 visit monthly on the 1st or 3rd weekend with 1 unsupervised visit after church/class monthly on other Sunday.
- Sign out form must be signed and agreed to by supervising person. Person agrees to follow and to report anything not in agreement with Hand Up expectations.
- Standards of music, conversation and attitudes/behaviors must reflect and be in harmony with the expectations found in this student handbook.
- I will only drive motor vehicles when I am with my accountability person and have a valid driver's license.



- Tobacco, Alcohol and drug use is not permitted at any time while in program.
- Participants must be accountable (with receipts) for everything they spend from their personal funds.
- Participant must stay with their host. The host will determine who is appropriate to contact the participant. Visiting with the opposite gender, including ex-spouses, is not allowed. The only exception are approved relatives or significant others of the opposite gender.
- I may not use the telephone unless I have my host's permission (and then only those who are on my approved contact list).
- I will not assume liberties which my host has not granted (even if it's my parents' home, ask permission).
- Should a problem or temptation arise, I will call the director.
- Participants must continue to have regular devotions/quiet times.
- I agree to leave and return at the times which have been approved by staff.
- I will not accept any money while in the program.
- I will not get any tattoos or piercings while I am on pass or at any other time while in program.

**After 9 mo. or the successful completion of the goals of Phase IV participant can apply for Phase V*

Phase V – Re-entry

Phase V Goals: To be fully connected in community through ministries and connections gained while in program. To be making plans for re-entering the community by planning job, place to live, and maintaining activities/ministries which will help me maintain and move forward in life. To complete my written testimony and set up sharing with Freedom Celebrate Recovery.

Continue to be thankful for the opportunities given me through Hand Up demonstrated by my behaviors and with my testimony.

Privileges Phase V:

- During the Re-entry Phase, I may apply to the Progress Team for a weekend pass before the last weekend prior to the month of visits. If you are applying for a Phase you may also apply for visits. Friday after 5:00 PM and return on Sunday before 4:00 PM. Parents and approved relatives only. I can apply for a full 2-night weekend during the first month in phase 5.
- I can apply for 2 weekend visits during the final 2 months of this phase.
- Sign out form must be signed and agreed to by supervising person. Person agrees to follow and to report anything not in agreement with Hand Up expectations.
- Be allowed up to 2 -30-minute phone calls weekly. Approved mentor calls are unlimited.

**Approximately 45-60 days before projected completion I with complete survey for completion and turn in to the Progress Team*

Financial Guidelines:

Financial agreement must be signed and thus agreed to upon entering the program. Paychecks will be signed by participant and given to designated HU staff upon receipt of check for deposit, unless direct deposit is available through participants employer. Each participant will be given an opportunity to open a checking account with Bank of Dade. Their personal money will be deposited into their account weekly. No other



monies can be deposited, only money deposited by A Hand Up. Participant will have a debit card to use money from account. (No cash withdrawals unless pre-approved).

Receipts must be turned in weekly for all purchases. Money may not be placed on cards if receipts are not turned in for the prior week. *No cash, cash cards or outside revenue can be in participants possession at any time. Debit cards cannot be used from Monday until Friday afternoon unless approved by Hand Up. Each participant will be required to fully participate in financial training's offered and supported by Hand Up.

*****I UNDERSTAND that any debt or financial obligation owed to *A Hand Up Ministry* upon my dismissal or completion of the program will be collected prior to participant receiving remaining balance of funds in *A Hand Up* account.**

Spiritual Emphasis Guidelines:

Spiritual Emphasis includes prayer, CR, meetings, church, group and individual devotions.

- a. I understand that I will be given a loose leaf notebook in which to keep my personal notes from sermons, teachings in church, CR, etc. I will take my notebook to all services.
- b. I understand that I will be given a journal in which I will write my daily devotions.
- c. Evening Devotions – WE encourage each participant to have evening devotions unless you have been out at spiritual meetings or services. This is led by house representative (lead person).
- d. Morning Devotions – Personal daily devotions and reflecting are essential to each of our walks with Christ so this is a vital part of our program.
- e. During the first 6 mo participant will focus on personal relationship with Jesus Christ through participation and completion of Celebrate Recovery 25 lesson study. Individual studies focused on personal relationship with Jesus are encouraged with approval from .
- f. Group prayer will be encouraged for everyone prior to going to rooms for bedtime each evening. It will be a time to share needs and or praises from the day encourage one another but also pray with and for each other.
- g. Sunday evenings (at least) there will be a group time to study, reflect, and process step work and or other chosen topics. Connection with and learning to trust each other will be a huge part of your journey in becoming the man/woman God created you to be.

Communication Guidelines:

I must agree to communicate only with those on my approved contact list. It is limited to immediate family and mentors. Any other person will have to be approved by Director. All people on approved contact list are required to be supportive of me participating and completing the Hand Up program.

Letters:

- a. Letters may be written and received the day I arrive and sent and received as soon as mailing list has been approved and I may write as many letters as I like.
- b. For students without money in their account, Hand up will provide stamps for two letters a week.



- c. I agree that Hand Up directors may open and inspect all my mail at any time.
- d. I will give my letters to my house manager, unsealed, to be given to HU directors.
- e. I agree not to try to sneak letters or messages out to people not on my contact list, either for myself or for another student.

Phone Calls:

- a. I agree not to make or receive any telephone calls during my first two weeks (14 days) in the program. Then I may be allowed to make or receive a total of (2) ten-minute calls per week. Business calls, (attorneys, DFACS, Dr. Appointments) may be made on Mondays from 2-5.
- b. A week is understood to start on Monday and run through Sunday. I understand that there are no "make-up calls". (If I fail to make two calls in one week, it does not accumulate onto the next weeks.)
- c. I agree to make all calls on the cell phone provided but with house manager knowledge. I understand all calls show on my phone bill. Numbers as well as length of calls will be monitored.
- d. Check for times that calls can be made during the week with house manager.
- e. I understand that it is my responsibility to notify the people on my contact list of the hours I may receive a call.
- f. No calls made between 9:00 pm or 6:00 am unless it involves work and should be reported to house manager.
- g. Anyone found with an unauthorized cell phone in their possession could be terminated from program.
- h. No use of internet or social media while in the program unless authorized by director of program. Home visits included. (February 24, 2019)

Packages:

- a. I must submit a request form to the House Manager or Director listing all requested items, before having any package sent or brought into me. This means that the request must have been approved before I may ask my family to send or bring the package.
- b. All packages brought in by the visitors must have been approved by the House Manager or Director or the visitor will be asked to take the package back home with them. c Any money, medication, packages, or anything else I allow to be given directly to me by the visitor will result in discipline.

House General Rules:

1. All participants are expected to take care of their own personal belongings, laundry, maintaining a clean room, and a neat appearance.
2. Meals and kitchen chores should be a team effort and an environment of working together. After each meal things should be cleaned and put away with each person doing their part.
3. A list of needed items should be kept and given weekly to the Director.
4. Everyone is expected to help keep bathroom and common areas clean. Deep cleaning needs to take place on weekly basis and a rotating schedule of areas assigned as needed.
5. Outside areas, especially the entrance areas, are everyone's responsibility and need to be kept always looking as good as possible.
6. Each person does own laundry and maintains a schedule that works well with others. Cleaning area as well as lent filter after each use. Laundry needs to be folded and put away as washed and dried.



7. Bedrooms should be cleaned and kept in order daily. Beds made and clothes put away before leaving in the mornings. Closets and drawers are to be neat and always organized.
8. No alcohol, tobacco, or illegal drug use or non-approved chemical or drug use.
9. Participant is subject to random drug screens.
10. All areas are subject to be searched without any notice or reason.
11. Each participant is encouraged to report and will be held accountable for knowledge of HU rules not being followed by anyone in the house. This includes all volunteers.

I have read the Hand Up handbook and agree to follow it while in the program. I understand my attitude toward the program must always demonstrate that I am doing my very best. I will maintain by my behavior that it is a privilege to participate in Hand Up.

(Participant signature)

Date

(witness)

Date



Financial Agreement/ A Hand Up Ministry Program Fees:

Participants in Hand Up are required to work a full-time job after reaching **Phase 3** or upon staff approval.

Male Residents..... \$290.00 per week

Female Residents.....\$250.00 per week

This Weekly Fee includes:

****Administration Fees**

****Meals, Room and Board**

****Transportation**

*Participants will pay fees on a weekly basis. There will a \$10.00 late fee if fees are not paid by Friday of each week.

Until legal fees and fines are paid, participant agrees to pay 15% to 30% (percentage based on income) and 10% towards transition savings. Upon satisfaction of fees and fines, the percentage amount will be applied toward transitional savings.

Phases 1 & 2 will work in *The Hope House Café with A Hand Up Partner* for 1-120 days upon admittance into A Hand Up Ministry to cover transportation, administration fees, meals, room and board.

Participants will be provided a \$5.00 spending allowance for each day worked. If participants work all scheduled days for the week, HU will provide them an additional \$5.00.

I have read and agree to the above breakdown of budgeted income during time spent in A Hand UP program.

(Participant signature)

Date

(witness)

Date



Resident Rights

1. You have the right to humane treatment in an environment that provides reasonable protection from harm, exploitation and coercion.
2. You have the right to be free from physical and verbal abuse.
3. You have the right to be free from physical restraints and seclusion unless it is determined that there are no less restrictive methods of controlling behavior to reasonably ensure the safety of you, the Resident and other persons.
4. You have the right to be informed about your plan of treatment and to participate in the planning as able.
5. You have the right to be promptly and fully informed of any changes in your plan of treatment.
6. You have the right to accept or refuse treatment, unless it is determined through established legal processes that you are unable to care for yourself or are a danger to yourself or others.
7. You have the right to be fully informed of the charges for your treatment.
8. You have the right to confidentiality of your Resident records.
9. You have the right to have and retain personal property which does not jeopardize your safety, violate written program rules, or endanger the safety of other Residents.
10. You have the right to converse privately, have convenient and reasonable access to the phone and mails, and to see visitors unless denial is necessary for treatment and the reasons are documented in your treatment plan.
11. You have the right to be informed of the programs complaint policy and procedures and the right to submit complaints without the fear of discrimination or retaliation, and to have them investigated by the program within a reasonable period.
12. You have the right to access your own records and obtain copies of them when needed.

(Participant signature)

Date

(witness)

Date



Recovery Housing Grievance Policy

1. At A Hand Up Ministry, we recognize the importance of a formalized complaint resolution and grievance process. This process supports recovery and helps to better ensure equitable treatment of all residents and accountability for all recovery housing.
2. A Hand Up encourages all complaints and grievances to be addressed with A Hand Up staff member. However, concerns or complaints may be addressed either formally or informally with a program representative.
3. At orientation, Hand Up advises all residents of their rights and how to file a grievance.
4. Those attempting to resolve a concern or complain should not be threatened, penalized nor have service negatively affected or otherwise retaliated against as a result.
5. If the resident is uncomfortable filling out his/her grievance on their own, the client may request a staff member to assist them.
6. Written compliance shall be forwarded to the Program Director. In the instance where the decision maker is the subject of grievance, decision maker authority shall be delegated to:

Rex Mayo or Tammi Mayo
326 TY Lane
Trenton, Ga. 30752

7. Time frame for expedient resolution is expected within 2 business days upon receipt of the complaint.
8. The client will be sent a written notice of the grievance outcome and steps for appealing the outcome. IF the grievance is not resolved to your satisfaction, you may submit an appeal to A Hand Up Board of Directors at:

Chuck Carver 423-710-4500
2030 Mason Road
Rising Fawn, Ga. 30738

Or
Contact GARR directly (Georgia Association of Recovery Residence) 470-296-3435

9. The decision made by A Hand Up Boards/ GARR staff shall be the final decision.

Outcome Notifications – Written grievances are considered formal complaints and must be handled with written responses. Even when verbal meetings are held, A Hand Up’s final response will always be in written form. Complaints/Grievances that are addressed verbally are considered informal and will receive a verbal response.

I have read and understand A Hand Up grievance policy and procedures listed above.

Residents Signature: _____

Date: _____



Good Neighbor Policy

It is the policy of A Hand Up Ministry to be “a good neighbor” to those who live around us. We expect all our residents and staff to conduct themselves in a friendly and courteous way and be responsive to our neighbor’s needs. Common courtesy rules include, but are not limited to:

- No shouting or any loud noise or music.
- 9:00 pm until 7:00 am are considered quiet time in and around our locations.
- Smoking is NOT prohibited on these premises. Do not litter on or around our properties or around our neighbor properties.
- Keep yard and outside porches and overhangs clear and free of clutter and trash.
- Keep yards well maintained regularly and have sidewalks and walkways clear from ice and snow
- Maintain a slow and safe speed when entering our parking area.

Neighborhood Complaint Procedure

Since we strive to be a good neighbor, A Hand Up Ministry takes any complaint serious, and once notified, will work to resolve issues in a mutually satisfactory way.

Complaint Contact Information

Women’s Facility: Kelly Reagin 423- 635-9899
Tammi Mayo 423-713-1669
TheHopeHouse29.11@gmail.com

Men’s Facility: Rex Mayo 423-602-4098
Rexmayo5861@gmail.com

Emergency Policy

Organization	Phone Number
Police Department	911
Ambulance	911
Fire Department	911
Georgia Crisis & Access Line	1-800-715-4225

Emergency Procedure

Psychiatric Emergency: If you think you need to be admitted for psychiatric care for your safety and welfare notify staff immediately or call 911.

Medical Emergency: If emergency medical treatment is required or thought to be required, call 911.



Tornado Emergency: Take Shelter immediately, in closet, near an inside wall. Stay away from all windows.

Fire Emergency: Exit building immediately. All clients should evacuate to the outside building by mailbox. Staff will call 911.

Personal Safety Emergency: If someone is threatening/utilizing violent behaviors call 911.

Staff will educate clients on emergency procedures quarterly and will have clients participate in a fire safety training. Fire drills take place every month.

Medical Treatment Advisory

I fully understand that The Hope House is a NON-MEDICAL facility and as such does not have the capability to assist every resident that has any NON-EMERGENCY medical issue. I have been advised of this and understand that to participate in and remain at The Hope House, I must be in good health and comply with all the instructions my physician has issued me prior to entering The Hope House

In the event of a TRUE EMERGENCY I understand I will be transported to the local health clinic and/or emergency room. If, at any time, I am too sick to participate in the program and am in the need of emergency medical assistance I will notify staff immediately. I understand that in some cases if I present as chronically sick, and/or am unable to participate fully in the program, I may be subject to Medical Discharge or other type of discharge where appropriate. If I am medically discharged, my family and/or support network will be responsible for my care, including, but not limited to: transportation, finances, and medications. I understand that I am responsible for my medical expenses while at The Hope House.

Insurance Provider

Group Number

Policy Number

Insurance Provider Phone Number

Name of person providing deductible or full payment of medical needs (including prescription)

Person's relationship to you

Person's work phone

Person's cell phone



I have read all the above and understand the Medical Treatment policy.

(participant signature)

Date

(witness)

Date

Medication Policy

Residents may take certain medications under the supervision of a qualified physician.

The following guidelines are set in place:

1. Residents may NOT take any mood-altering medications. (e.g. opiate-based pain medications, benzodiazepines, barbiturates, sedatives-hypnotics, sleeping pills, diet pills).
2. Residents must inform A Hand Up Staff member of any prescription/medications they have when they are admitted to A Hand Up Ministry. Failure to do so will result in disciplinary action and possible discharge.
3. Residents may only take OTC counter medications that are approved by A Hand Up Ministry. (A list is provided upon intake)
4. Residents who are on medications must be able to self-administer their own medication without the aid of a health care professional. If a resident is unable to, they will be referred to a facility that can aid them.
5. Residents who are on medication are responsible for their daily dosage. Medication must be stored properly in a lock box which staff will also have a key to. Staff will do random pill counts to assure medication is being administered as prescribed.
6. Any deviation from the proper medication dosage will be investigated by A Hand Up staff. Deliberate alteration of the dosage to alter mood will result in disciplinary action and possible discharge.
7. A Hand Up is not a MAT facility. The supports given at A Hand Up give clients an opportunity to become substance free.



Communicable Disease Policy

A Hand Up decision involving persons who have communicable diseases shall be based on current and well-informed medical judgements concerning the disease, the risks of transmitting the illness to others, the symptoms and special circumstances of everyone who has a communicable disease and a careful weighing of the identified risks and the available alternative for responding to an employee with a communicable disease.

Communicable diseases include, but are not limited to, measles, influenza, viral hepatitis-A, Viral hepatitis B, Human immunodeficiency virus, AIDS, AIDS related complex, leprosy, severe acute respiratory syndrome, including the SARS-CoV-2, and tuberculosis. A Hand Up Ministry may choose to broaden this definition within its best interest and in accordance with information received through the Centers for Disease Control and Prevention.

A Hand Up Ministry will not discriminate against any job applicant or employee based on an individual having a communicable disease. A Hand Up Ministry reserves the right to exclude a person with a communicable disease from the workplace facilities. Programs and functions of the organization finds that, based on a medical determination, such restriction is necessary for the welfare of the person who has the communicable disease and/or the welfare of others within the facility or workplace.

A Hand Up Ministry will comply with all applicable statutes and regulations that protect the privacy of persons who have a communicable disease. Every effort will be made to ensure procedurally sufficient safeguards to maintain the personal confidence about persons who have communicable diseases.

Drug Testing Policy

1. I will take drug screen tests anytime they are requested by staff of A Hand Up Ministry. I also understand that all drug screens will be witnessed by a staff and this policy will at NO time be wavered from.
2. I understand that any illicit drug screen for alcohol, illegal drugs, or un-approved prescription medication will result in my termination from A Hand Up Ministry.
3. I understand that my refusal to take a witnessed drug screen will result in my immediate termination from the program.

(participant signature)

Date

(witness)

Date



Consent for Release of Information

Resident's Name: _____ DOB: _____

Last four digits of SS# _____

I, _____, do hereby authorize The Hope House / Hand Up Ministry to release the following information

(Check all that apply)

Admission

Aftercare Recommendation

Psychiatric

Progress in tx

Visitation

Discharge recommendation

Step Work/Celebrate Recovery Progress

Drug Screen Results

Community Resources

Coordination of Care

Medical/Mental Health Consults

Discharge Summary

Participation in tx

Other (specify) _____

Released to – Name of Person / Agency: _____

Located at – Name of Person / Agency: _____

Email of – Name of Person / Agency: _____

Fax number – Name of Person / Agency: _____

(Participant name)

(Participant signature)

Date

(witness name)

(Witness signature)

Date

I understand that I may revoke this consent at any time, and, in any event, this document shall expire two years after signed by me.

The information has been disclosed to you from records protected by Federal Confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person it pertains to or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug use patient.