

Application for Restoration Men's Ministry

Important Disclaimers: [READ BEFORE COMPLETING APPLICATION]

1. The program you are applying for is a Christ-centered program that adheres to the Bible as God's very words.
2. Restoration men's ministry is not a medical or detox facility.
3. All residents of Restoration must do so willingly.
4. All residents must commit to the program in its entirety (approx. 1 year). Please carefully read the Supporting Documents and be prepared to wholeheartedly submit to them for the duration of the program.
5. Your acceptance into the program is subject to the decision of the Program Manager.
6. Restoration reserves the right to admit or dismiss any person.

Instructions:

- **Read through the Supporting Documents in its entirety before filling out the application.**
- **Every question and field must be answered before an application will be accepted for review.** Please contact (restorationministry@faithlafayette.org or (765) 449-3770) with questions regarding the application.
- Fill out every question to the best of your ability and accurately.
- For every question that does not apply to you, please enter "NA" for "Not Applicable" in the appropriate field.
- For example, there are sections that have space to fill in different family members and their contact information ([see page 15](#)). If you have no family contact information to fill out at all, please enter "NA" in the field where it asks for their name. All subsequent spaces will be taken as "NA" as well.
- Please scan and email or mail your completed application with the signed Supporting documents and Background Check to (restorationministry@faithlafayette.org) or it to the following address:

**Restoration Men's Ministry Intake Committee
5526 E. St. Rd. 26
Lafayette, IN 47905**

Once you finish, please return to this page and indicate by checking the appropriate boxes that you have completed everything and whether or not you are able pay the program fees.

- ☐ I have filled out every question and field ACCURATELY to the best of my knowledge
- ☐ I have read all of the Supporting Documents for Restoration Men's Ministry and I understand them
- ☐ I have signed and am willing to abide by all of the policies, rules and expectations outlined in the Supporting Documents for Restoration Men's Ministry
- ☐ I have signed and included the "Background Check" with my application
- ☐ I am able to pay (or a sponsor) the \$25 phone interview fee and if accepted a \$500 Orientation fee (first 3 months)
- ☐ I am able to pay (or a sponsor) the \$200/month fee throughout the duration phase 2 (9 months)

Applicant Personal & Family Information

Name (First)	(Middle Initial)	(Last)
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- -

(Suffix)	Social Security #	Driver's License # and Expiration
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Cell #	Phone #	Email Address
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Do you have state issued photo I.D.? ☐ Yes ☐ No

Date of Birth (mm/dd/yyyy): ____/____/____ **Gender:** ☐ M ☐ F

What is your race?

☐ White ☐ Asian ☐ Native American ☐ Black/African American

☐ Indian (from Asia) ☐ Hawaiian/Pacific Islander ☐ Hispanic/Latino

What is your marital status?

☐ Married ☐ Single ☐ Divorced ☐ Separated

☐ Widowed ☐ Unknown

Do you have children? ☐ Yes ☐ No

If yes, how many? ____ **and what ages?** _____

Number of siblings? ____ sisters ____ brothers ____ step/half-sisters ____ step/half brothers

Are you adopted? ☐ Yes ☐ No **Describe your reaction to being adopted?** _____

Describe how you get along with your family? _____

Current House Address:

Address	City
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State	Zip	County
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Is this your permanent address? ☐ Yes ☐ No (If 'No', then please list your permanent address below)

What was your last permanent residence that you lived at for 90 days or more?

Address		City
State	Zip	County
Date you moved out: ____/____/____		Phone #: (____) ____-____
If outside of the US, what country? _____		Cell #: (____) ____-____

What is your current housing situation?

<input type="checkbox"/> House/Apart. You Own	<input type="checkbox"/> Staying with Family	<input type="checkbox"/> Staying with Friend
<input type="checkbox"/> Hotel/Motel Own	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> SA ¹ Treatment/Detox	<input type="checkbox"/> Hospital	<input type="checkbox"/> Jail, Prison
<input type="checkbox"/> Room/House Rented	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Place not meant for Habitation (car, street, etc.): _____		

How long have you been in your current housing condition?

<input type="checkbox"/> Less than 1 week	<input type="checkbox"/> 1–3 Months	<input type="checkbox"/> 1 Year or Longer
<input type="checkbox"/> 1 week – 1 Month	<input type="checkbox"/> 3 Months – 1 Year	

Do you currently have any outstanding debts? ☐ Yes ☐ No **Explain:** _____

Referral Source

How were you referred to Restoration Men's Ministry?

<input type="checkbox"/> Self	<input type="checkbox"/> Church	<input type="checkbox"/> Other _____
<input type="checkbox"/> Parents	<input type="checkbox"/> Counselor	

Name of the person, church or organization that referred you? _____

Contact of the person who referred you (Name and Phone #): _____

If you referred yourself to Restoration how did you hear about it? _____

Spiritual Background

Do you feel like you need God? ☐ Yes ☐ No

¹ SA = Substance Abuse

Please describe your present relationship with God: _____

What is your reason for wanting to be a part of Restoration? _____

Are you saved? ☐ Yes ☐ No ☐ Unsure

When were you saved? ____/____/____ **or approximate** _____

How do you know you are saved? _____

What is your understanding of how a person can be saved? _____

Are you open to the Bible and Jesus working in your life? ☐ Yes ☐ No

Do you have any religious preferences or affiliations? (or what religion do you identify with most?)

☐ Christian ☐ Eastern ☐ Jewish ☐ Islam

☐ None ☐ Unknown ☐ Other: _____

Are you a church member? ☐ Yes ☐ No

If YES, what church? _____ **Where (city, state)?** _____

Pastor's Name: _____ **How often did you attend?** _____

Were you ever a church official/Sunday School teacher? ☐ Yes ☐ No

Did you attend church as a child? ☐ Yes ☐ No

How often do you read the Bible? _____

Have you ever been baptized? ☐ Yes ☐ No If yes, when were you baptized? ____/____/____

When did you last attend church on a regular basis? _____

Do you ever pray? ☐ Yes ☐ No If YES, how often? _____

If married, what is the religious background of your wife? _____

Current Situation

Why would you like to be accepted into Restoration? _____

Why are you seeking a faith-based program? _____

What are you hoping to gain while at Restoration? _____

List your 5 biggest goals in coming to Restoration?

1. _____
2. _____
3. _____
4. _____
5. _____

What issues do you believe need to be addressed while at Restoration (*Check all that apply*)

- | | | | |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Abused | <input type="checkbox"/> Child Care | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Education |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Finances | <input type="checkbox"/> Food | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Marriage | <input type="checkbox"/> Parenting Skills | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Grief/Loss of Loved one | <input type="checkbox"/> Other: _____ | |

Education

What is the highest level of education you have completed, whether or not you have a degree?

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than 6 th Grade | <input type="checkbox"/> Elementary | <input type="checkbox"/> Junior High |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> GED | <input type="checkbox"/> Some College |
| <input type="checkbox"/> Junior College | <input type="checkbox"/> College Grad. BA/BS | <input type="checkbox"/> Grad School MA/MS |
| <input type="checkbox"/> Vocational/Trade School | <input type="checkbox"/> Doctorate or Professional | |

What was the name of the last school you attended and location? _____

Did you graduate? ☐ Yes ☐ No Do you have any specialty skills training? ☐ Yes ☐ No

If so, what are they? _____

Are you currently in school? ☐ Yes ☐ No

Are you currently in any type of vocational training? ☐ Yes ☐ No

If yes, where at? _____ What is your training in? _____

What types of jobs do you usually work? _____

What kind of work do you do?

☐ Skilled ☐ Semi-Skilled ☐ Unskilled

☐ Retired ☐ Disabled ☐ Unknown

How would you rate your reading level (0 = cannot read; 5 = can read very well): 1 2 3 4 5

Are you able to read books and articles on your own and understand them? ☐ Yes ☐ No

Employment

Are you currently employed? ☐ Yes ☐ No

Start Date (current or most recent job): ____/____/____

End Date (current or most recent job): ____/____/____

Name of Employer: _____

Address City State

Zip Employer Phone #

Supervisor Name Supervisor Title

Employment type: ☐ Hourly (Full-time) ☐ Hourly (Part-time) ☐ Salary Hours/week: _____

Rate of Pay (per hour) \$: _____

Employment Tenure: ☐ Permanent ☐ Temporary ☐ Seasonal

How many hours per week did you work last week? _____

Medical History

Do you currently have or have you ever experienced any of the following medical conditions? (In case of an emergency) *Check all that apply*

☐ Allergies ☐ Heart Problems ☐ Diabetes ☐ High Blood Pressure

☐ Hepatitis ☐ Incontinent ☐ Kidney Problems ☐ HIV/Aids

☐ Open Sore ☐ Psychological ☐ Wheelchair ☐ Stroke

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☐ Seizures ☐ Easy Bleeding ☐ Asthma ☐ Tuberculosis
☐ Cancer ☐ Liver Disease ☐ Other: _____

If you have allergies, what are you allergic to? _____

Are you receiving treatment for any of the above medical conditions? ☐ Yes ☐ No

If you are now taking any medication, prescribed or over the counter for any of the above medical condition please list them below.

What is this medication treating? _____
Medication name #1 _____

Dosage _____ Pills/mg per day _____

Are you currently complying with the prescribed dosage? ☐ Yes ☐ No

Notes concerning medication taken? _____

What is this medication treating? _____
Medication name #2 _____

Dosage _____ Pills/mg per day _____

Are you currently complying with the prescribed dosage? ☐ Yes ☐ No

Notes concerning medication taken? _____

What is this medication treating? _____
Medication name #3 _____

Dosage _____ Pills/mg per day _____

Are you currently complying with the prescribed dosage? ☐ Yes ☐ No

Notes concerning medication taken? _____

Are you taking more than 3 medications? ☐ Yes ☐ No

If YES, how many are you taking including the 3 listed above? _____

How is your overall health?

☐ Excellent ☐ Very Good ☐ Good
☐ Fair ☐ Poor ☐ Don't Know

Do you have a disabling condition?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

If YES, what are you diagnosed with? _____

Who diagnosed you with it? _____

What is your current: Height: _____ Weight: _____

Usual Weight: _____ Recent Weight Changes: _____

List all major illnesses or operations we should be aware of? _____

When was your last medical exam? ____/____/____ or approximate _____

Doctor's Name and Address: _____

Sexual Health

Are you sexually active? ☐ Yes ☐ No Since what age? _____

Under what conditions? _____

Have you ever been a victim of sexual abuse? ☐ Yes ☐ No Physical abuse? ☐ Yes ☐ No

Have you ever been in an intimate relationship with another man? ☐ Yes ☐ No

To what extent? _____

When? _____ How many different relationships? _____

Have you been tested positive any STD's? ☐ Yes ☐ No

If YES, please list: _____

Mental Health History

Have you been diagnosed with a mental health issue by a medical professional? ☐ Yes ☐ No

If YES, what have you been diagnosed with?

- ☐ Depression ☐ Manic Depressive ☐ Bipolar ☐ Schizophrenic
☐ Obsessive Compulsive Disorder ☐ Anxiety Disorder
☐ Other: _____

If other diagnosis, please explain: _____

Are you currently in treatment for this/these diagnosis? ☐ Yes ☐ No

Have you ever been treated for this? ☐ Yes ☐ No

Information regarding diagnosis': _____

Are you taking any prescribed medication for these mental health diagnosis'? ☐ Yes ☐ No

Did you already record the medication in the previous section? ☐ Yes ☐ No

If YES, which medications #'s (*check all that apply*)?

- ☐ Medication #1 **Medication #1 for the following Diagnosis:** _____
☐ Medication #2 **Medication #2 for the following Diagnosis:** _____
☐ Medication #3 **Medication #3 for the following Diagnosis:** _____

For any medications for mental health diagnosis not already listed use the following section:

What is this medication treating? _____

Medication name #4 _____

Dosage _____ **Pills/mg per day** _____

Are you currently complying with the prescribed dosage? ☐ Yes ☐ No

Notes concerning medication taken? _____

What is this medication treating? _____

Medication name #5 _____

Dosage _____ **Pills/mg per day** _____

Are you currently complying with the prescribed dosage? ☐ Yes ☐ No

Notes concerning medication taken? _____

What is this medication treating? _____
Medication name #6 _____

Dosage _____ Pills/mg per day _____
Are you currently complying with the prescribed dosage? ☐ Yes ☐ No
Notes concerning medication taken? _____

Have you ever suffered from depression? ☐ Yes ☐ No
Have you ever had suicidal thoughts? ☐ Yes ☐ No
Have you ever attempted suicide? ☐ Yes ☐ No If so, when? ____/____/____
How? _____

History of Outpatient Treatment

Have you ever attended outpatient treatment for these diagnosis's? ☐ Yes ☐ No
If yes, where have you gone for outpatient treatment? (List all locations)
Agency name #1: _____ Are you currently working with them? ☐ Yes ☐ No
If not, when did you stop (MM/DD/YYYY): ____/____/____
Name of clinician/counselor: _____

Agency name #2: _____ Are you currently working with them? ☐ Yes ☐ No
If not, when did you stop (MM/DD/YYYY): ____/____/____
Name of clinician/counselor: _____

Agency name #3: _____ Are you currently working with them? ☐ Yes ☐ No
If not, when did you stop (MM/DD/YYYY): ____/____/____
Name of clinician/counselor: _____

History of Psychiatric Hospitalization

Agency name #1: _____ When were you hospitalized? ____/____/____

Why were you hospitalized? _____

Agency name #2: _____ When were you hospitalized? ____/____/____

Why were you hospitalized? _____

Agency name #3: _____ When were you hospitalized? ____/____/____

Why were you hospitalized? _____

Alcohol, Drugs and Addiction History

Which have you abused or used in excess, or feel you have an issue with? (*check all that apply*)

☐ Alcohol ☐ Drugs ☐ Gambling ☐ None

☐ Sexual ☐ Self-Abuse ☐ Food

☐ Other: _____

What are your drugs of choice? (*check all that apply*)

☐ Amphetamine ☐ Cocaine ☐ Heroin ☐ Inhalants

☐ LSD/Hallucinogens ☐ Marijuana ☐ None ☐ Opium

☐ Sedatives ☐ Psychotropic ☐ Alcohol ☐ Over the Counter

☐ Pharmaceuticals ☐ Other: _____

What is your primary drug of choice? _____

Substance Abuse and Legal Information

Do you use tobacco? ☐ Yes ☐ No What form of tobacco do you use: _____

Will you give up tobacco to enter this program? ☐ Yes ☐ No

Please use the following section to list the types of substances/drugs use:

Substance #1: _____ Currently using? ☐ Yes ☐ No

Date of last use? ____/____/____ Age of first use? _____

How often did/do you use? ☐ Once a week or less ☐ 2 to 6 times a week ☐ Daily

Amount: _____

Method of use: *(If more than one route, select the most severe, 4 being most severe and 1 being the least)*

☐ (1) Ingested ☐ (2) Snorted ☐ (3) Smoking ☐ (4) Injection

Substance #2: _____

Currently using? ☐ Yes ☐ No

Date of last use? ____/____/____

Age of first use? _____

How often did/do you use? ☐ Once a week or less ☐ 2 to 6 times a week ☐ Daily

Amount: _____

Method of use: *(If more than one route, select the most severe, 4 being most severe and 1 being the least)*

☐ (1) Ingested ☐ (2) Snorted ☐ (3) Smoking ☐ (4) Injection

Substance #3: _____

Currently using? ☐ Yes ☐ No

Date of last use? ____/____/____

Age of first use? _____

How often did/do you use? ☐ Once a week or less ☐ 2 to 6 times a week ☐ Daily

Amount: _____

Method of use: *(If more than one route, select the most severe, 4 being most severe and 1 being the least)*

☐ (1) Ingested ☐ (2) Snorted ☐ (3) Smoking ☐ (4) Injection

Substance #4: _____

Currently using? ☐ Yes ☐ No

Date of last use? ____/____/____

Age of first use? _____

How often did/do you use? ☐ Once a week or less ☐ 2 to 6 times a week ☐ Daily

Amount: _____

Method of use: *(If more than one route, select the most severe, 4 being most severe and 1 being the least)*

☐ (1) Ingested ☐ (2) Snorted ☐ (3) Smoking ☐ (4) Injection

If more than 4 substances, please indicate how many? _____

What was your age and the circumstance of your first drinking/drugging experience? _____

Has your drinking/drugging pattern recently changed? ☐ Yes ☐ No

If so, how? _____

What's your drinking/drugging pattern now? _____

Have you ever tried to control your drinking/drugging on your own? ☐ Yes ☐ No

How? _____

Have you ever had a blackout? ☐ Yes ☐ No **Seizures?** ☐ Yes ☐ No

Hallucinations? ☐ Yes ☐ No **D.T's?** ☐ Yes ☐ No

What is your drinking/drugging behavior? ☐ Violent ☐ Calm ☐ Sad ☐ Other: _____

What is your longest period of sobriety since starting? _____

When was this? ____/____/____ or approximate _____

What other information about your past alcohol/drug use should we know about? _____

Are you presently involved in any lawsuits? ☐ Yes ☐ No

Are you the plaintiff or the defendant? ☐ Plaintiff ☐ Defendant

How many public intoxication charges have you incurred? _____

How many DUI's/DWI charges have you incurred? _____

Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

If yes, why and when? _____

Have you ever been in prison? ☐ Yes ☐ No **When?** _____

Why? _____ **Where?** _____

Are there any charges pending against you at this time? ☐ Yes ☐ No

If yes, please explain: _____

Any court dates pending at this time? ☐ Yes ☐ No If yes, when: ____/____/____

Do you object to us notifying law enforcement that you are here? ☐ Yes ☐ No

Remarks: _____

Current Legal Status: (check all that apply)

☐ Probation ☐ Parole ☐ Home Detention ☐ Awaiting Charge
☐ Conditional Release ☐ Outpatient Commitment
☐ Alcohol/Drug Related Legal Problems ☐ Work Release ☐ None

Was this an adult charge? ☐ Yes ☐ No ☐ Misdemeanor ☐ Felony

What was the date you were charged? ____/____/____

Charge note: _____

Conviction note: _____

Past Legal History

What is your legal history #1? (*Check only one. Start with the most recent and work your way back.*)

☐ Probation ☐ Parole ☐ Home Detention ☐ Awaiting Charge
☐ Conditional Release ☐ Outpatient Commitment
☐ Alcohol/Drug Related Legal Problems ☐ Work Release ☐ None

Is this a current status? ☐ Yes ☐ No If not, when were you released from it? ____/____/____

Was this an adult charge? ☐ Yes ☐ No ☐ Misdemeanor ☐ Felony

Charge note: _____

Conviction note: _____

What is your legal history #2? (Check only one. Start with the most recent and work your way back.)

- ☐ Probation ☐ Parole ☐ Home Detention ☐ Awaiting Charge
☐ Conditional Release ☐ Outpatient Commitment
☐ Alcohol/Drug Related Legal Problems ☐ Work Release ☐ None

Is this a current status? ☐ Yes ☐ No **If not, when were you released from it?** ____/____/____

Was this an adult charge? ☐ Yes ☐ No ☐ Misdemeanor ☐ Felony

Charge note: _____

Conviction note: _____

Have you ever been convicted of sexual crime? ☐ Yes ☐ No

If yes, what are the circumstances? _____

Are you required to register as a sex offender? ☐ Yes ☐ No

Other Information

Are you receiving any benefits, or any type of government aid? (Check all that apply)

- ☐ Child Care ☐ Food Stamps ☐ None ☐ Temp Rent
☐ Trans Pass ☐ WIC ☐ SSD/SSI ☐ Other: _____

Do you have any insurance which you are aware of? (Check all that apply – List items if needed)

- ☐ Medicaid/HIP ☐ Medicare ☐ None ☐ Private
☐ VA ☐ VIM ☐ Advantage ☐ Other: _____

If you have private insurance, please give detailed information.

Name of Carrier: _____

Policy #: _____ **Phone # (____) ____ - ____** **Expiration Date** ____/____/____

Income

List all sources of income you are receiving, including what is documented above:

Income # 1: _____ **Starting Date** ____/____/____ **Ending Date** ____/____/____

Income Type: _____ **Income amount \$** _____ **Per:** _____

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Income # 2: _____ **Starting Date** ____/____/____ **Ending Date** ____/____/____

Income Type: _____ **Income amount \$** _____ **Per:** _____

Income # 3: _____ **Starting Date** ____/____/____ **Ending Date** ____/____/____

Income Type: _____ **Income amount \$** _____ **Per:** _____

Contact Information (immediate family)

Name (First Last)	Relation to you?
--------------------------	-------------------------

Address	City	State	Zip
----------------	-------------	--------------	------------

() _____ - _____ () _____ - _____ () _____ - _____

Home Phone # **Cell Phone #** **Work Phone #**

() _____ - _____

Other Phone #	Email Address
----------------------	----------------------

Do you give authorization to release information to this person? ☐ Yes ☐ No

Name (First Last)	Relation to you?
--------------------------	-------------------------

Address	City	State	Zip
----------------	-------------	--------------	------------

() _____ - _____ () _____ - _____ () _____ - _____

Home Phone # **Cell Phone #** **Work Phone #**

() _____ - _____

Other Phone #	Email Address
----------------------	----------------------

Do you give authorization to release information to this person? ☐ Yes ☐ No

Name (First Last)	Relation to you?
--------------------------	-------------------------

Address	City	State	Zip
----------------	-------------	--------------	------------

() _____ - _____ () _____ - _____ () _____ - _____

Home Phone # **Cell Phone #** **Work Phone #**

() _____ - _____

Other Phone #

Email Address

Do you give authorization to release information to this person? ☐ Yes ☐ No

Name (First Last)

Relation to you?

Address

City

State

Zip

() -

() -

() -

Home Phone #

Cell Phone #

Work Phone #

() -

Other Phone #

Email Address

Do you give authorization to release information to this person? ☐ Yes ☐ No

Name (First Last)

Relation to you?

Address

City

State

Zip

() -

() -

() -

Home Phone #

Cell Phone #

Work Phone #

() -

Other Phone #

Email Address

Do you give authorization to release information to this person? ☐ Yes ☐ No

Name (First Last)

Relation to you?

Address

City

State

Zip

() -

() -

() -

Home Phone #

Cell Phone #

Work Phone #

() -

Other Phone #

Email Address

Do you give authorization to release information to this person? ☐ Yes ☐ No

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Name (First Last)		Relation to you?	
Address	City	State	Zip
() -	() -	() -	
Home Phone #	Cell Phone #	Work Phone #	
() -			
Other Phone #	Email Address		
Do you give authorization to release information to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Pastor/Priest Name (First Last)		Church Name	
Address	City	State	Zip
() -	() -	() -	
Home Phone #	Cell Phone #	Work Phone #	
() -			
Other Phone #	Email Address		
Do you give authorization to release information to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Signing indicates the information is true to the best of your knowledge.

Client Signature: _____ **Date:** ____/____/____

Employee Signature: _____ **Date:** ____/____/____

Please make sure you go back to the cover page and read the instructions and check the boxes indicating you have completed everything. No application will be accepted for review until everything is completed.

Confidential!
Authorized personnel only!

Restoration Men's Ministry

Supporting Documents

A. WHAT YOU CAN EXPECT AT RESTORATION:

Restoration Men's Ministry exists to help men who struggle with drug and alcohol abuse, as well as other life-dominating, addictive behaviors. It is our unwavering belief and conviction that God's Word alone holds the answers and solutions that will be sufficient to break the grips of your addictive and destructive lifestyle.

As a result, we want to communicate clearly what you can expect at Restoration if you are accepted into the program. These six general expectations will help you understand our approach to helping men.

1. **Jesus Christ and His Word (the Bible) will be given first place.** That means that the Bible is the final authority for how we are to live, think and process all of life including addictions and substance abuse.
2. **God's Word is the final authority.** If you choose to live and serve at Restoration, the Bible will be the authority that directs your words, your actions, your thoughts, how you handle problems, how you respond to authority and suffering, and all matters of life.
3. **Authority is God given and willful submission to the staff of Restoration is expected.** All staff, volunteers and residents at Restoration must recognize that those in authority over them are placed there by God. Therefore, willingly submitting to authority is one of the ways that we submit to God. Residents are expected to submit to the staff and the authorized volunteers that the staff chooses in order to help run Restoration.
4. **Hard work.** We believe that God created men and women in order to glorify him. One of the ways that we do that is by working hard in all areas of life. All people—staff, volunteers and residents—will be expected to work hard. Residents should especially consider that changing addictive lifestyles and behaviors takes *sustained effort and work*. Change will not be easy, but Jesus Christ stands ready to help you change. The staff and volunteers are also dedicated to helping you change in order to live a life that is pleasing to the Lord and free from life dominating addictions.
5. **Structure.** Most days during your stay at Restoration will be filled with activities designed to help you gain freedom from addictions and sinful lifestyles. You will be expected to follow the daily schedule of activities which will include, but is not limited to—class time, one-on-one counseling, work, cleaning, meal prep, daily Bible reading and prayer, journaling, church and group studies.
6. **Limited distractions.** We want your time living and serving at Restoration to be very beneficial to you. As a result, our program is designed to limit the amount of distractions that tend to capture our attention. Distractions such as electronic devices (cell phones, tablets, computers, , etc.), personal vehicles, and outside relationships will not be permitted. We want you to be able to be fully devoted to learning the curriculum and doing the assignments given in class and counseling. We also want you to build solid relationships with the other residents in the program. Therefore, men that are not married must commit to refrain from pursuing romantic relationships. Also, all residents will have a “blackout” phase during orientation. The “blackout” requires that you will refrain from all outside relationships including family.

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Supporting Documents

I have read this document and understand what to expect at Restoration. By signing below, I am acknowledging that I understand what to expect from Restoration and will not expect to be treated differently than what is stated.

Applicant Signature

Spouse or Sponsor Signature (if applicable)

Applicant Name: Printed

Spouse or Sponsor Name: Printed (if applicable)

Date

Date

B. EXPECTATIONS FOR RESIDENTS OF RESTORATION:

In addition to the general guidelines there are a series of expectations for those who live and serve at Restoration. We desperately desire that men graduate from the program, learn from their mistakes and move forward in God's grace. However, failure to abide by way of these expectations could result in dismissal.

1. **Commitment** – this program will be a lot of work and will require a firm commitment to see it to the end. The problems, addictions and trials that have caused you to look for help didn't come overnight, and getting out of them will not happen overnight either. You need to commit to the duration of the program which for most men will be 1 year.
2. **Honesty** – the staff at Restoration is committed to helping you change, but in order for them to help you, you need to be open and vulnerable with them. That includes unresolved legal problems, medical problems, people looking for you, financial obligations, etc. For many of the men seeking help, part of the trouble that you find yourself in now is due to dishonesty and covering things up. If you want to truly change you must be willing to accept God's promise that *"whoever conceals his transgressions will not prosper, but he who confesses and forsakes them will obtain mercy"* (Prov. 28:13).
3. **A desire to change** – Restoration exists for men *who want to commit to change no matter how difficult*. Only residents who want to live and serve at Restoration will be accepted. That means residents must desire to come. While family, friends and acquaintances may desire a person to come to Restoration, only applicants that desire to be here will be accepted. Ultimately, the hard work of change must be shouldered primarily by the resident.
4. **No suicidal thoughts or attempts** – change is difficult to be sure. But at Restoration we are going to do everything in our power to help you change and live in the freedom of Jesus Christ. This will take time, so we need you to commit to not contemplate suicide or attempt suicide while at Restoration.
5. **Active participation in all scheduled activities** – Every day and every activity is designed to help you put off your old addictive and destructive behaviors. We want you to make the most of your time at Restoration, which will go by quickly. Therefore, you are expected to participate in every activity that is scheduled for you. That includes waking up and going to bed at the designated times, attending all meal times, attending all classes and counseling sessions, attending all work assignments and church, etc.
6. **Submission to authority** – you are required to abide by all the rules, requirements and expectations for living and serving at Restoration. That includes obeying the staff of Restoration in anything they ask you, provided they are not asking you to sin. While you are at Restoration, the staff is your authority.
7. **Language** – your time at Restoration is to change your old ways of addictions and destructive behavior. That includes your speech. All cursing, name calling, inappropriate jokes, innuendo, harsh words and any other sinful speech is not acceptable. Our standard of speech is judged by the Bible which states, *"Let there be no filthiness nor foolish talk nor crude joking, which are out of place, but instead let there be thanksgiving"* (Eph. 5:4).
8. **Hygiene and overall cleanliness** – residents are required to practice daily personal hygiene which includes bathing, brushing teeth, shaving, laundry, etc. Deodorant and mouthwash are not a substitutes for personal hygiene. Residents are also expected to keep their living space organized and clean. As you are trying to organize your life at Restoration, discipline and organization in all areas of life, including your living space will be expected.

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9. **Work assignments** – residents will be expected to work throughout the duration of the program at Restoration. Much of the work will be physical labor which includes working outside and on your feet for extended periods of time. Residents must be willing and able to work in all sorts of weather conditions and environments. We believe that God created men and designed them to work hard for his glory. Therefore, work is a key component to your growth and change. We also believe that you need to work in order to support yourself and other residents during your stay. We believe that if anyone is not willing to work then he should not be privileged to eat (cf. 2 Thessalonians 3:10 – *If anyone is not willing to work, let him not eat*).
10. **Class time** – all residents are expected to attend every class they are assigned. They are expected to be attentive participants and to complete all assignments in totality. Classes are an integral part of growing and changing. During this time, you will be learning how God has designed you to live and think. Throughout the duration of each class you will be expected to be present which means that you need to plan on using the bathroom before class or after. Class time is for class only.
11. **Counseling** – all residents will participate in one-on-one counseling with an ACBC (Association of Certified Biblical Counselors) Certified counselor or an approved Faith Biblical Counseling Ministries counselor. The counseling sessions are crucial to your growth and change. It is during these times that the Word of God will be specifically applied to your individual story and struggles. **Honesty (see expectation #2 above)** is crucial at all times, but especially in counseling where your personal story and past is going to be specifically addressed.
12. **Church attendance** – all residents will attend Faith Church worship services and Adult Bible Fellowship classes every week. Being involved in a local church is an expectation not only for our program, but is expected by God of all Christians based on the Bible. Therefore, the habit of attending church every week is not only crucial to your growth and change in the program, but also will be very important upon graduating and moving out of Restoration.
13. **Discipline and Dismissal** – As part of the program you are required to submit to the disciplinary measures imposed on you. Discipline will be given for disobedience, display of wrong attitudes, and breaking any of the rules or expectations for living at Restoration. Discipline will include things like loss of privileges, extra work, extra homework or even dismissal from the program. Discipline and even dismissal, if it comes to that point, is all designed to help you grow and change. God disciplines his children in order to help them grow and change for the better. Discipline is actually an indication of our love and desire for you to grow and change, rather than a lack of love (Cf. Hebrews 12:5–11). If you are dismissed whoever dropped, you off will pick you up. In the case that there is no one to pick you up, you will be taken to Lafayette Transitional Housing services.
14. **Housing** – during your time at Restoration you will be sharing a bedroom and bathroom with other residents. You are expected to keep your living space clean and tidy. That includes daily making your bed, keeping your belongings put away in a neat and orderly way, and doing your own laundry, etc. Due to the limited space only certain items and a certain amount of things may be brought with you during your stay at Restoration. We believe that it is important for you to build relationships with your roommates and other residents. Learning to share space and to love and serve your roommates is an important component learning to live a new lifestyle that is pleasing to Christ. For further specifics see section [D. House Rules](#).
15. **Restoration Property (called Bethany farms)** – under no circumstances are you allowed to go off property without the express permission of the staff of Restoration.

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16. **Check-in** – the first time you arrive at Restoration all of your items will be checked to make sure that there is nothing that is prohibited. At any point throughout your stay at Restoration, the staff reserves the right to check anything on your person or anything in the duplex. This is important so that the staff can insure the safety of everyone in the program and help keep you accountable on your path to change.
17. **Extra duties and responsibilities** – living at Restoration has many aspects that are just like real life. Meaning, not everything can be scheduled and predicted. Therefore, you will be expected to help with whatever responsibilities and jobs come up outside of the normally scheduled activities.
18. **Conflict resolution** – all conflicts with residents and/or staff must be handled according to the prescribed method in the Bible. One of the key skills and habits that will be integral to growing and changing is learning how to solve problems biblically.
19. **Violence, fighting and weapons** – all violence and physical fighting is prohibited. Weapons of any kind are also not allowed. Violating this policy could be the grounds for immediate dismissal. All problems are to be solved according to the Bible's prescribed method for handling conflict (**see previous expectation, "Conflict Resolution"**).
20. **Dress code** – all residents are required to have appropriate dress. All clothing must be modest and cannot have curse words, inappropriate images or anything else that would be displeasing to God. Clothing must also be appropriate for the weather. Indiana summers can be very hot and the winters can be very cold. Because much of the work that you will be doing is outside you need to bring clothes that are appropriate for working in those conditions. That includes things like hats, coats, long pants, long sleeves, work boots, etc.
21. **Wake-up and Lights Out** – during your stay at Restoration days have been scheduled in a way to help you grow and change. That includes the wake-up times and lights out times. Our program has been designed in such a way that you should have ample amount of sleep if you follow the schedule. Therefore, wake-up and lights out times must be followed. Initially, the new wake-up and lights out times may be challenging to get used to, but over time your body will adjust.
22. **Drugs, alcohol, smoking, the Patch, Nicotine Gum and other substances** – Restoration is a ministry that exists to help men overcome various addictions. We do not believe in dropping one addiction and picking up another "lesser" one. Therefore, there is a zero tolerance policy on all drugs, alcohol, smoking and other substances (unless it has been approved by the staff of Restoration). If you are caught using or even in possession of such things, you may be immediately dismissed from the program. Our goal is to help you, and we believe that through Christ you will be able to change and grow faster and more effectively if all of these temptations are completely eliminated.
23. **Meals** – during your time at Restoration all food and drink will be provided for you. However, you will be required to prepare food for yourself and other residents. Food will only be eaten at designated meal times and in the appropriately designated places. Food and drink (other than water) will not be allowed in any rooms other than the designated dining location(s). Food and drink (other than water) will only be granted at specified meal times. Only by direct permission granted by the staff will food be accessed outside of meal times. Also, food that is provided for you must be accepted and eaten with thanks and gratefulness. All grumbling and complaining is prohibited and is offensive to those providing food for you as well as the Lord.

¹ The "housing area" will be defined upon your arrival.

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24. **Mail and packages** – any mail that is outgoing from residents will be inspected as well as all mail incoming to residents will be inspected. Anything that is inappropriate whether it be writing or objects will be confiscated at the sole discretion of the Restoration staff.
25. **Cell phones, money, IDs and approved medications** – all cell phones will be turned in at check-in along with all money, IDs (driver's license, etc.), approved medications, and any items that are prohibited. They will be stored by the Restoration staff in a locked location. This is designed to help eliminate temptations and distractions that would make it more difficult to focus on your growth. Change and growth is difficult and takes a lot of effort. If you are willing to change you must be willing to do whatever it takes for as long as it takes.
26. **Special Power of Attorney** – all residents at Restoration must be willing to sign a Special Power of Attorney (POA) which will grant Restoration the right to handle the resident's wages from a local factory that has agreed to provide work for our residents during phase 2 of the program. Residents must agree to this to be in the program. The second phase of the program (after Orientation phase) involves working for approved employers. During this phase your wages will go towards supporting your stay at Restoration as well other costs of the ministry.
27. **Staff House** – on site at the Restoration property is a house where a staff member and his family live. Please be respectful of the privacy of their family.
28. **Relationships** – building relationships is a key part of your success while at Restoration. The number 1 relationship that we want you cultivating every day is your relationship with Jesus Christ. We also want you cultivating relationships with the other residents. The other men going through the program with you should become your brothers during the program. Relationships with your teachers, counselors and church (Faith Church) will be important during your stay at Restoration. But pursuing relationships outside of Restoration, romantic, professional or any other kind of relationship is prohibited. Your time at Restoration will go by very quickly and pursuing relationships outside of those outlined here will only distract you from focusing on the activities and teaching that has been designed to help you grow and change.
29. **Medical emergencies and needs** – Restoration is not responsible for any of your medical needs that might occur while you're at Restoration. In the event that you need to see the doctor or go to the emergency room, you'll be responsible for the costs incurred. For this reason, seeking professional medical attention will be done only in situations where it is deemed necessary. Restoration is not set-up as a hospital, and the schedule that we have for you is important for you to follow. Therefore, only necessary appointments will be allowed and they must be requested, because of the challenge transporting you to and from those appointments.
30. **Medicine** – as mentioned, Restoration is not a hospital or a medical facility. There may be many scenarios where Restoration is not suited to serve certain persons due to needed ongoing medical attention. Restoration seeks to work with as many men as possible and for men taking prescribed medication, we can work to facilitate and supervise your self-medication. However, there are certain types of medicine and drugs that are not allowed at Restoration. Therefore, you'll need to work with your doctor to get those changed before you would be eligible to come. For more information, see section [G. Medical and Medication Policy](#)
31. **Personal items and shopping** – while you're a resident at Restoration you will be responsible to provide toiletry items and clothing for yourself. There may be donated items that you could use, but those cannot be counted on. Therefore, if you are in need of something you may fill out a

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request. But due to the structure of the program requests probably will not be able to be granted immediately so you'll need to plan ahead and make sure you have appropriate funds to do so.

32. **Internet access and television** – there will be no internet access, unless it is approved and supervised by a staff member of Restoration. There also will be limited to no television. There may be appropriate times when appropriate movies are viewed. As mentioned already, your time at Restoration will go very quickly and we want your time to be spent doing activities that are going to support growth and change for the long haul.
33. **Visitations** – only visits will be permitted from immediate family members and they must be approved at least a full week in advance by the staff of Restoration. During the first month no visits by anyone will be allowed. For all visitations, whoever is visiting must abide by all the rules and expectations outlined by Restoration in the [**"E. Visitation" Document**](#).

I have read this document and am aware of the expectations for me if I am living at Restoration. By signing below, I am indicating that I am willing to comply with these expectations.

Applicant Signature

Spouse or Sponsor Signature (if applicable)

Applicant Name: Printed

Spouse or Sponsor Name: Printed (if applicable)

Date

Date

C. MAJOR POLICIES

Policies and rules are not meant to be a burden (cf. 1 John 5:3b). All of these policies are important as you work hard to break the bondage of addictions and destructive lifestyles. We recognize that changing and adapting to a new lifestyle is hard. We will be patient with you and provide you with all of the resources we have available to help you grow and change, but if you are not taking advantage of those resources to grow, then you may be dismissed from the program.

1. Overall Attitude of Gratitude

- a. Are you grateful for the opportunity to be at Restoration?
- b. Are you open to God working in your life?
- c. Are you teachable?
- d. Can you accept correction with a good attitude?
- e. Are you willing to do whatever it takes as long as it takes?

2. Class Participation

- a. Are you willing to be taught from staff? From peers?
- b. Are you willing to be honest about your struggles and your past no matter the cost?
- c. Are you willing to put forth your *best* effort in classroom assignments such as but not limited to:
 - i. Daily Quiet Time and Journaling
 - ii. Written Homework
 - iii. Scripture Memorization

3. Work Ethic

- a. Will you perform your assigned tasks and responsibilities with a good attitude?
- b. Will you express gratitude for the opportunity to work “as unto the Lord” rather than complain?
- c. Will you show a willingness to submit to authority?
- d. Are you responsible and dependable (i.e. no one has to check your work or constantly be looking over your shoulder)?

4. Overall Stewardship

- a. Is your house in order (i.e. cleanliness of room, bathroom, work space, living area, kitchen, etc.)
- b. Is your personal hygiene done daily?
- c. What are you investing your time in?
- d. How much time do you invest in:
 - i. Responsibilities and work?
 - ii. Relationships with other residents?
 - iii. Prayer?
 - iv. Bible study?
 - v. Reflection on teaching and counseling?
- e. Am I making the most of my time at Restoration?
 - i. Participating wholeheartedly in all activities?
 - ii. Following the schedule?
 - iii. Not cutting corners?

5. Cooperation with Restoration Staff and Volunteers

- a. Cooperation is expected.
- b. But in the case of a conflict, *any* conflict between any resident and a volunteer or staff member must be brought to the attention of the Director.

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6. Leaving Restoration

- a. Residents are not to leave the property or the “housing area”² of Restoration without express permission from the staff.

7. No visitors without staff and counselor approval with at least a week's notice.

- a. No one, except residents, approved volunteers and staff are allowed in the duplex without staff approval first.

8. No smoking, drugs, or any substance abuse.

- a. This is a totally drug and substance free recovery program (except for approved medications that will be cared for by the staff).
- b. Anything of this nature will be confiscated immediately.
- c. Being caught smoking, using or even just with possession of any forbidden substance, pipe, needle, etc. is grounds for immediate dismissal.

9. No Computer Use unless permission is granted, and a monitored Restoration computer will be used.

10. No Phone Use in the first 6 weeks of the program, and then only by permission afterwards.

- a. Personal cell phones will not be used for the majority of the program. A shared cell phone will be the main way of communicating with family for the majority of the program.

11. No Electronic Devices Except Alarm Clocks & Watches

- a. No audio/video players
- b. No computers
- c. No cell phones/pagers
- d. No communications devices

12. Following the Schedule

- a. Willingness to change will be demonstrated in part by compliance with the entirety of the schedule:
 - i. Wake-up
 - ii. Lights out
 - iii. Class & Counseling
 - iv. Work
 - v. Church
 - vi. Meals, etc.

13. No Buying, Selling, or Stealing

- a. Any service rendered to others in the program, guests or others should be given freely without recompense: haircuts, laundry, etc.
- b. Any donations to Restoration must be distributed by the staff.
- c. Theft of any type—donations, others personal property, food, etc.—is grounds for dismissal.

14. Personal Appearance and Hygiene

- a. Showering and brushing teeth must occur daily.
- b. Hair needs to be washed and regularly trimmed. Facial hair needs to be kept neat.
- c. Deodorant or cologne should never be used to mask poor hygiene.
- d. Alcohol based mouth wash is strictly prohibited.
- e. In general, clothes are to be neat, clean, and worn properly on the body. Especially when serving, or meeting in a public place.

² The “housing area” will be defined upon your arrival.

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- f. Clothing with graphics and words shall not endorse, promote or depict any of the following:
- i. Beer or liquor products and associated behavior;
 - ii. Vulgarity, profanity, nudity, sexual appeal, sexual innuendo—anything that is indecent, immoral, illegal, racist or deemed offensive or inappropriate by the Restoration staff;
 - iii. Drugs, drug use, paraphernalia and associated behavior;
 - iv. Cigarettes, tobacco products and paraphernalia;
 - v. Secular rock bands, rock music, rock stars, rock concerts;
 - vi. Satanic or demonic creatures or practices, anything occult related, any non-Christian religious practices.

I have read this document and am aware of the policies for living at Restoration. By signing below, I am indicating that I am willing to comply these policies.

Applicant Signature

Spouse or Sponsor Signature (if applicable)

Applicant Name: Printed

Spouse or Sponsor Name: Printed (if applicable)

Date

Date

D. HOUSE RULES

One of our goals is to help exercise self-control and faithful stewardship over every area of your life. One key area that you must learn to care for well is your home. For the duration of your stay at Restoration the duplex you will be living in is *your home* that you have the responsibility to care for. The following list gives you a flavor of what appropriate care looks like, yet it is not exhaustive.

Many of the following items will be part of weekly and daily chores lists. Not all items may be “assigned” but you are expected to keep things orderly and neat overall. Care in these various areas will be one way you demonstrate your desire to steward your life with greater care and down a different path than the one that brought you to Restoration.

- Bedrooms
 - Nothing is allowed on beds.
 - Beds must be neatly made & tucked in daily.
 - Nothing is to be laying out on the floor.
 - Items are to be neatly put in drawers or closet.
 - Desks are to be kept neat and orderly.
- Bathrooms
 - Counters need to be orderly looking and not covered with items.
 - Toilets, mirrors, showers/tubs, and floors are to be kept clean.
 - Towels must be hung up.
- Common Areas
 - Couches and chairs are to be kept cleared.
 - No shoes on furniture.
 - No standing on furniture.
 - Shoes need to be organized and no more than 2 pairs per person may be visible in appropriate places.
 - No drinking cups, water bottles or any other containers may be left out in common areas.
- Kitchen
 - Food and drink (other than water) is to be consumed only during designated meal times.
 - Counters, stove, and sinks are to wiped down after every use.
 - Dishes are to be rinsed and placed in dishwasher or are to be washed and dried and put away.
 - Dirty dishes are not to remain out overnight.
 - Floors are to be kept swept and neat.
 - Refrigerators and cabinets are to be kept orderly and cleaned out regularly.
 - Kitchen table is to be kept clear so that it may be used readily for meals and meetings.
- Around duplex
 - Tools must be put away.
 - Tables and chairs must be neatly organized and kept clear.

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I have read this document and am aware of the expectations for me if I am living at Restoration. By signing below, I am indicating that I am willing to comply with these expectations.

Applicant Signature

Spouse or Sponsor Signature (if applicable)

Applicant Name: Printed

Spouse or Sponsor Name: Printed (if applicable)

Date

Date

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E. VISITATION

Visits are limited to immediate family members only. Visits must be approved by the Restoration staff and there will be no visits permitted unless there is ample amount of time for the staff to consider the request. A minimum of 1 week prior to the visit date must be given for the request. Otherwise, barring special circumstances, the request will not be considered.

All visitors must agree to abide by the following standards and rules:

1. No alcohol, drugs or substances will be used while visiting or offered to the resident(s).
2. No alcohol, drugs or substances are allowed on Restoration property.
3. No visitors who are currently abusing alcohol, drugs or substances.
4. No packages, food, or anything else may be given to the residents that hasn't be approved by the Restoration staff.
5. No weapons.
6. Any transportation and activity costs must be provided by the resident's visitors, and all activities must be appropriate.
7. All activities and places that you plan on going must be approved.
8. There will be no exceptions for missing any church services (morning or evening). Visitors are welcome to attend church services with the resident(s) they are visiting.
9. No visitors will be allowed to spend the night at Restoration. Visitors must make their own accommodations elsewhere if they are planning on staying night.

Beyond these rules, Restoration reserves the right deny any visitation request for any reason. And there will be no visits allowed during the first **6 weeks** of the Orientation phase ([Phase 2—see F. PROGRAM OUTLINE](#)).

Extended visits home may be allowed around Christmas time to immediate family only. Requests for this type of visitation must be completed with ample amount of time for the staff to evaluate the request and make sure appropriate arrangements are made.

****All visitations are *requests* and must be approved by the Restoration staff. Visits are privileges and not rights. Your behavior, attitude, work, etc. will all be evaluated when considering a visitation request.**

I have read this document and am aware of the expectations for me if I am living at Restoration. By signing below, I am indicating that I am willing to comply with these expectations.

Applicant Signature

Spouse or Sponsor Signature (if applicable)

Applicant Name: Printed

Spouse or Sponsor Name: Printed (if applicable)

Date

Date

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F. PROGRAM OUTLINE

This section's aim is to give you an outline of the structure of the program. This structure is designed with the intent of 1) helping you transform your life from enslavement to freedom in Christ, 2) to help the staff of Restoration determine who is learning and growing, and 3) to help Restoration serve as many men in need as possible.

1. APPLICATION PHASE:

The first step is considering if Restoration is the type of program you want to pursue. If it is then you'll need read all of the Supporting Documents and fill out the application. If your application is accepted and you choose to continue further in the application process a phone interview will be scheduled. For the phone interview you must pay a non-refundable fee of **\$25** which covers the administrative time costs for conducting the interview. The fee is non-refundable and does not guarantee acceptance into the program.

After your phone interview, if the Restoration staff believes you are a good fit, they will provide you with the 2nd part of the application which focuses mostly on medical issues. This part will require you to make an appointment with your physician and other care providers.

After you've completed and sent in the 2nd part of the application, then if the staff believes you are a good fit for the program you will either be offered a spot or be placed on the waiting list.

From the time you are accepted and a spot is offered to you, you must refrain from all drugs, alcohol, substances and medication that hasn't been prescribed (or has an expired prescription) by a doctor. Failure to do so can result in losing the offered spot in the program. Furthermore, because Restoration is not a medical facility you may be required to go through a detox program prior to coming to Restoration.

In order to secure your spot in the program you must pay a non-refundable **\$500** orientation fee on your first day. This fee covers a small portion of the costs for your program for the first 12 weeks, and demonstrates in part that you are serious about doing whatever it takes to change.

2. PHASE 1 (Orientation Phase):

Phase 1, also known as "Orientation phase" is the phase everyone resident enters into immediately upon moving into Restoration. Phase 1 lasts **12 weeks** and its design is to determine who is teachable and open to doing the necessary work to change. During this phase you will spend the majority of your time on the property of Restoration. You will have class, counseling, and work on the property among other activities that will all be used to evaluate your desire and commitment to change.

There are 2 possible results at the end of the 12 weeks. (1) You will be advanced to phase 2 of the program. In this case the staff of Restoration believes that your attitude, behavior, work ethic, cooperation and growth has proven that you are willing to be taught and do whatever it takes to change. (2) You will be dismissed from the program. In this case the staff of Restoration believes that your attitude, behavior, work ethic and cooperation have proven that you are not teachable or willing to do whatever it takes to change at this time. After a minimum of 6 months we would invite you to reapply for the program should you desire to do so.

3. PHASE 2:

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In this phase of the program your work schedule will shift from working primarily on the property of Restoration to working offsite in a local factory. The length of this phase is **9 months**. This has two purposes: 1) it is important to learn to work effectively in an environment that is not solely Christian and 2) to help support the sustainability of ministry for yourself and men after you. The cost of residential ministry is high and we believe that God created men not to be consumers, but to be producers and sharers. Therefore, in this phase you will have the opportunity to work diligently in order to provide for the ministry and resources you are receiving, as well as the resources and ministry of other men in the program and future residents. However, at this time the work the men will be doing doesn't sustain the resources they are receiving while in the program (room and board, teaching, counseling, resources, and staff attention). As a result, a **\$200/month** fee is required for the 6 months of phase 2.

During this phase, the key components of counseling, teaching, class, church and daily devotions will continue to play a prominent role. **The length of this phase (and the overall program) is important in helping residents learn perseverance. Because the kind of character development that is necessary to help residents change for the long haul only comes through perseverance** (cf. *Romans 5:3-4 "Not only that, but we rejoice in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope*).

Near the end of this phase, time will be spent to prepare residents for transitioning back into life outside of Restoration. Key components of transition included (1) identifying a solid, Bible-believing local church to join, (2) having a plan for employment, and (3) a plan for housing (4) as well as resident specific goals to help them continue growth outside the residential portion of the program.

4. PHASE 3 (Out of house phase)

This phase is completed after the 1 year of residential (phase 1 and phase 2) is successfully completed. To successfully complete phase 1 and phase 2, a resident must meet the goals and metrics that have been specifically developed in his one-on-one counseling. Once that has happened, phase 3 is a approximately a **6 month** long phase, where men will still have the accountability and counseling available to help them continue to grow while out of the residential portion. If men are successfully growing and meeting the goals they set out to accomplish in phase 3, then men will be invited to celebrate by sharing their testimony at a graduation ceremony.

³ Wayne A. Grudem, *Systematic Theology: An Introduction to Biblical Doctrine* (Grand Rapids, MI: Zondervan, 2004).

G. MEDICAL AND MEDICATION POLICIES

Restoration is not a medical facility. Restoration is a faith based program for men that a struggling with alcohol, drug and substance abuse and other addictive behaviors. As such, we do not distribute, diagnose, or prescribe anything for medical issues.

1. MEDICATIONS

Any prescribed medications by your physician that need to be taken while at Restoration will be monitored by the Restoration staff to make sure they are taken as prescribed. You ultimately are responsible to make sure your medication is administered correctly.

- Not all medications are permitted at Restoration. Refer to the following chart for details of permitted medications:

Permitted Medications:	Medications Requiring a Physician's Explanation for the Need:	Non-Permitted Medications:
<u>Antidepressants:</u> <i>Celexa, Cymbalta, Effexor, Elavil, Lexapro, Prozac, Paxil, Remeron, Savella, Trazodone, Wellbutrin, Zoloft</i>	<u>Mood Stabilizers/Seizure Meds:</u> The following medications are allowed <i>only</i> for documented seizure disorders (a letter from your treating physician is required stating his/her reasons for prescribing the medication): <i>Tegretol, Topamax, Trileptal, Depakote, Lamictal</i>	<u>Benzodiazepines:</u> such as <i>Ativan, Klonopin, Xanax, or Valium</i> <u>Antipsychotics:</u> Medications in this class include, but are not limited to: <i>Abilify, Geodon, Mellaril, Seroquel, Clozaril, Haldol, Risperdal, Zyprexa</i> <u>Mood stabilizers:</u> <i>Lithium</i>
<u>Antianxiety Medications:</u> <i>Buspar, Vistaril</i>	<u>NOTE:</u> <i>Neurontin</i> may be taken by insulin-dependent diabetics as necessary for neuropathy. Again, a letter from the physician with the reason for prescribing the medication is required.	
<u>Sleep Aids:</u> <i>Trazodone and over-the-counter sleep aids are acceptable.</i>		<u>Sleep Aids:</u> <i>Ambien, Halcion, Lunesta, Restoril, Sonata</i>
Non habit forming ADD medications such as <i>Strattera</i> and <i>Intuniv</i> are acceptable		<u>Narcotic & other Pain medication:</u> <i>Darvocet, Hydrocodone, Lortab, Lyrica, Methodone, Oxycontin, Percocet, Suboxone, Ultram, Neurontin</i>
Anti-inflammatory medications such as <i>Ibuprofen, Meloxicam, Naproxyn</i> , and others are permitted		<u>Muscle Relaxants:</u> <i>Flexeril, Robaxin, Soma, etc</i>

- Medications must be checked-in to the staff of Restoration and they will be distributed once per week—enough for you to take exactly what is prescribed.
- Medications must be kept in a locked box (you need to bring one) to prevent other residents from having access to medications not prescribed for them.
- Under no circumstances are you to share or distribute your medications.

Restoration Men's Ministry

Supporting Documents

- It is crucial that when you arrive at Restoration, all permitted prescriptions that you need are full and have ample refills to get you through the duration of the program.
- Multivitamins and Vitamin C supplement are optional while at Restoration. However, if you take them you must bring them for yourself, and the bottles must be in a sealed (un-opened) container. Any other supplements or vitamins need a written doctors note and they must also be in a sealed (un-opened) container.
- No medications requiring refrigeration will be allowed.
- You will not be allowed to start or stop any medication while you live at Restoration without the express written consent of the primary care physician overseeing your care and the agreement of your counselor.
- Any over the counter medication brought with you must come onto the property un-opened and still sealed.

2. MEDICAL APPOINTMENTS

We understand that life is not always predictable, but due to the relatively short amount of time you'll be at Restoration, the administrative challenges of appointments and transportation, and the limited staff at Restoration, it is important that you resolve all known medical issues and appointments before coming to Restoration. For example, dentistry, eye appointments and so forth should be taken care of before coming to Restoration.

Once you arrive at Restoration the following policies will be observed:

- Any medical issues need to be revealed to the staff right away so that appropriate action can take place.
- All non-emergency medical needs must be addressed with your counselor.
- In the event of necessary medical appointments, a staff member or approved volunteer must be allowed to be in the appointment with you. Under no circumstances will you be allowed to receive treatment apart from the presence of a staff member or approved volunteer.
- You are required to disclose all of your past alcohol and drug use to medical professions so that they can prescribe the best treatment possible.
- Doctors treatments will be strictly followed. The treatment should be requested in writing from the doctor at the appointment.
- All medications need to be requested as the most conservative over the counter pain medications. It is necessary that it be a non-addictive medication.
- The permitted and non-permitted medications in the previous section ([1. MEDICATIONS](#)) must still be followed.
- Residents must request non-narcotic and non-addictive medication. Narcotics and addictive medication will only be allowed if it is deemed absolutely necessary.
- Any prescriptions that are picked up while at Restoration must be un-opened until they have been checked-in at Restoration with the staff.
- This policy must be agreed to and signed by you upon admission and you will be required to take a copy of it with you to all appointments to give to the medical professionals who are treating you.

Restoration Men's Ministry
Supporting Documents

Please print this page and return it with your completed Application for residency.

By signing below, I am indicating that I agree to abide by the Medical and Medication Policy of Restoration.

Applicant Signature _____ Date _____

Signature of Spouse or Sponsor (if applicable) _____ Date _____

Witness: _____

Relationship to Applicant: _____



Background Search - Notice and Consent Form

For prospective volunteers and employees of (check one):

- | | |
|---|---|
| <input type="checkbox"/> Faith Church | <input type="checkbox"/> Faith Community Ministries |
| <input type="checkbox"/> Faith Christian School | <input type="checkbox"/> Vision of Hope Ministries |
| <input type="checkbox"/> Faith Biblical Counseling Ministries | <input type="checkbox"/> Faith Bible Seminary |
| <input type="checkbox"/> Faith Christian Fellowship | <input type="checkbox"/> Faith Global Missions |

Effective 6/1/08, all current and prospective employees that are 18 years of age or older of Faith Church of Lafayette Incorporated and its related ministries (Faith Christian School, Inc.; Faith Community Ministries, LLC; Faith Bible Seminary, LLC; Faith Biblical Counseling Ministries, LLC; Vision of Hope Ministries, Inc., Faith Christian Fellowship, LLC; and Faith Global Missions, LLC) will be required to have a background search performed as part of the new risk management policy and the employment application process.

Also, all current and prospective volunteer counselors as well as all current and prospective volunteers that are 18 years of age or older that volunteer directly or indirectly with any children or youth ministries associated with Faith Church of Lafayette Incorporated and its related ministries will be required to have a background search performed as part of the new risk management policy and the volunteer application process.

Each current and prospective employee or volunteer must read carefully the following statements and sign the form below. If you are currently an employee and/or volunteer and you have questions, please contact your immediate supervisor or ministry leader. Faith Baptist Church of Lafayette Incorporated and its related ministries will be referred to as Faith Ministries in the statements below.

"I hereby authorize Faith Ministries to perform a local, state and/or national background search as part of an overall investigation to determine my suitability for employment and/or volunteer opportunities with Faith Ministries. I further understand that such a search may include checks of criminal history, sex offender registry, civil case records, motor vehicle records, credential or license verification, employment verification, education verification, and/or reference checks. I also understand that I am entitled to copies of this report obtained by Faith Ministries unless I mark the check box below.

If I am currently an employee and/or volunteer and the report reveals information that may affect my employment and/or volunteer status with Faith Ministries based on Faith Ministries' employment and volunteer policies, then I will meet with the leadership of Faith Ministries to provide additional information and discuss my employment and/or volunteer status."

☐ I waive receipt of a copy of the local, state and/or national background search.

Signature

Date

Printed Name

Date of Birth

Supervisor or Ministry Leader