



Good Shepherd Recovery House
 601 Moore Rd.
 Jasper Ga. 30143
 (706) 337-4009

RPM Ministries, Inc is the ministry that Good Shepherd Recovery House (GSRH) is operating under. All information, rules and guidelines set forth in these documents are to be applied to and adhered to by Good Shepherd Recovery House, and any other ministry that may operate under the covering of RPM Ministries, Inc.

Intake Application

NAME: _____ DATE: _____

RECENT ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SS #: _____

HOME PHONE#: _____ CELL #: _____ WORK # _____

NAME OF SPONSOR: (Family) _____ SPONSORS PH#: _____

ADDRESS OF SPONSOR: _____

RELATIONSHIP INFORMATION:

MARRIED / SINGLE / DIVORCED: _____ SPOUSE/EX-SPOUSE'S NAME: _____

HOW MANY YEARS MARRIED? _____ # OF CHILDREN: _____

NAMES & AGES OF CHILDREN:

CHILD #1) _____ Age _____

CHILD #2) _____ Age _____

CHILD #3) _____ Age _____

CHILD #4) _____ Age _____

OTHERS _____

IF NOT MARRIED, ARE YOU IN A SERIOUS RELATIONSHIP NOW? _____ HOW LONG? _____

IF YES, NAME OF PERSON: _____ PHONE # _____

IS THIS PERSON MARRIED TO SOMEONE ELSE AT THIS TIME? _____

DO YOU PAY CHILD SUPPORT? _____ AMOUNT? _____ HOW MUCH BEHIND? _____

DO YOU RECEIVE ANY TYPE OF SUPPLEMENTAL INCOME? (SSI, FOOD STAMPS, CHILD SUPPORT)

AMOUNT: \$ _____ MONTHLY _____ WEEKLY _____ OTHER _____

NAME OF MOTHER: _____ LIVING/DECEASED? _____

RELATIONSHIP WITH MOTHER: _____

ADDRESS: _____ PHONE #: _____

NAME OF FATHER: _____ LIVING/DECEASED? _____

RELATIONSHIP WITH FATHER: _____

ADDRESS: _____

PHONE #: _____

NAME & AGE OF SIBLINGS:

_____, _____, _____

RELATIONSHIP WITH SIBLINGS: _____

OTHER FAMILY MEMBERS YOU MAY BE CLOSE TO: _____

EMERGENCY CONTACT: NAME: _____ PHONE: _____ EMAIL: _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA? _____ COLLEGE DEGREES?

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ DL#:

ARE YOU ON MEDICATION? _____ IF YES, WHAT KIND: _____

ARE YOU WILLING TO STOP TAKING MEDICATIONS THAT ARE NOT ALLOWED IN THIS MINISTRY? _____

(BENZODIAZEPINES AND OTHER NARCOTIC MEDICATIONS ARE NOT ALLOWED IN THIS MINISTRY, AS WELL AS ANY MEDICATION DEEMED UNACCEPTABLE BY LEADERSHIP.)

WHAT IS YOUR GENERAL STATE OF HEALTH?: _____

LIST ALL MAJOR ILLNESSES OR OPERATIONS YOU HAVE HAD:

ARE YOU DISABLED IN ANY WAY? _____

DO YOU HAVE ANY MEDICAL CONDITIONS THAT MIGHT AFFECT YOU WHILE YOU ARE HERE?

DO YOU HAVE ANY SEXUALLY TRANSMITTED DISEASES?: _____

HAVE YOU HAD ANY IN THE PAST? _____ WHAT / WHEN? _____ CURED?: _____

LIST ALL CRIMINAL HISTORY/CHARGES:

HAVE YOU EVER BEEN CONVICTED OF SEXUAL OR MOLESTATION CHARGES? _____

WHEN: _____

HAVE YOU EVER BEEN INVOLVED IN A HOMOSEXUAL RELATIONSHIP? ____ PARTNER'S NAME _____

DO YOU HAVE ANY OUTSTANDING WARRANTS OR CHARGES AGAINST YOU NOW? _____

ARE YOU ON PROBATION? _____ COUNTY OF PROBATION: _____

NAME OF PROBATION OFFICER: _____ PHONE# _____

ARE YOU ON PAROLE? _____ LOCATION YOU WILL REPORT TO: _____

NAME OF PAROLE OFFICER: _____ PHONE# _____

HOW MUCH LONGER ON PROBATION/PAROLE? _____ \$ FINES \$: _____ \$ FEES \$: _____

WHAT IS YOUR REGULAR OCCUPATION OR VOCATION: _____

HAVE YOU BEEN WORKING: _____ HOW MANY YEARS WITH COMPANY: _____

LAST TIME WORKED? _____

WHAT IS YOUR DRUG OF CHOICE: _____

LAST TIME USED or DRANK? _____ HOW LONG USING? _____

EVER BEEN TO DETOX UNIT: _____ HOW MANY TIMES? _____

EVER BEEN IN A PROGRAM BEFORE? _____

WHERE & WHEN: _____

WHAT COULD PULL YOU OUT OF THIS PROGRAM? _____

IF WE HAVE A BED, ARE YOU READY NOW? _____ WILL YOU WAIT FOR A BED? _____

HOW DO YOU FEEL AFTER THIS INTERVIEW?: _____

I UNDERSTAND THAT I AM UNDER YOUR CARE AND DIRECTION WHILE I AM IN THIS PROGRAM AND RESIDE AT THIS FACILITY. I AGREE AND WILL COMPLY BY ALL THE RULE AND REGULATIONS AS LISTED.

SIGNATURE: _____ DATE: _____

STAFF SIGNATURE: _____ DATE: _____

RE: GENERAL PROGRAM GUIDELINES

1. Each student is expected to practice proper hygiene by taking a bath, brushing teeth, and wearing clean and acceptable clothing. **NO BODY PIERCINGS OF ANY KIND.** No Nose, Eyebrow, Lip, or other body piercing will be allowed. Appropriate and acceptable clothing is considered to be: Jeans, Khaki pants and Shirts that do not have any propaganda or logo's for any alcoholic or drug related items on them. You can wear t-shirts that have company logos as long as they are not vulgar and or drug or alcohol related. Staff will be the interpreter of the dress code rules.
2. **This is a no Smoking facility in premises and off.**
3. Proper clothing must be worn at all times when at the ministry. Shirts and shoes must be worn in all common areas and outside.
4. Do not remove food, utensils, or any kitchen products from the dining area.
5. Do not store uncovered or unsealed food items in the bedrooms. Food must be in a sealed container.
6. Medications of any kind may only be used if approved by the Pastor. All medication is to be shown to the Pastor and it will be determined at that time if staff needs to distribute medication to the individual. **NO NARCOTICS ALLOWED.**
7. Turn off all electrical units when not in rooms.
8. No one is allowed in any other resident's room.
9. Beds must be made and rooms must be straightened every day before quiet time.
10. Do not play radios to loudly. If it can be heard outside of your room, it is considered to loud.
11. Guest is not to be invited outside of visitation hours without proper authorization.
12. No TV's or radios, game cubes etc, are allowed in bedrooms unless approved by the Pastor. Your privileges can and will be taken away if used improperly. Videos that are not approved by leadership will be considered disobedience. If disobedience is found to be consistent, then common area privileges will be taken and this will affect everyone.
13. **NO secular (worldly) music or literature is allowed in the ministry at any time. NO PORNOGRAPHY OF ANY KIND.** Pornographic materials can and will get you dismissed from this facility.
14. Do not leave ministry grounds without permission.
15. No construction, rearrangement, or building without proper authorization.
16. Weekly and weekend schedule will be followed. **NO EXCEPTIONS TO THIS RULE!**
17. **Do not ask for special privileges. Learning to cope with adverse conditions and being sensitive to the needs of others are necessary attributes in overcoming addictions.**
18. Recovery and Romance do not mix. **IF YOU DO NOT HAVE A RELATIONSHIP WHEN YOU ENTER THIS FACILITY, YOU WILL NOT BE FORMING ONE ONCE YOU GET HERE.** First, work on you, then on your relationship with others. **DISOBEDIENCE TO THIS RULE CAN AND WILL GET YOU DISMISSED FROM THIS FACILITY.** Relationships are defined as married; any other will be assessed on case by case basis.
19. Insubordination and/or disrespect toward staff and Leaders will not be tolerated at any time for any reason.
20. No person will have over twenty dollars in cash on their person or in their room. There is a bank system set up for any funds over twenty dollars.
21. **NO DRUGS OR ALCOHOL ON PREMISES AT ANY TIME.**
22. **ABSOLUTELY NO FIGHTING.** Verbal threats and or Combative Stance are considered to be a form of violence and you can and will be dismissed from this facility because of a verbal and/or combative threat to staff, leadership, Pastors or other members of the house. Abuse in any form is grounds for dismissal.

We are very serious about your recovery. We expect you to be as serious as we are.

*** These are items that you can bring and items you will need to bring with you at your time of admittance into this facility***:

Favorite Pillow & Blanket, Toiletry items, Socks, Proper clothing and shoes, Radio or CD player, Christian Music, Writing materials or Tablets, Daily Planner to schedule your appointments and meetings.

We want you to feel as much at home here as possible. We are not an establishment or facility for you to be warehoused. We are a home, living for God and for one another. While you are here you are taught to receive and to give the love of Christ, which is His greatest commandment and our great commission on Earth. We have many rules that we must follow in order to be successful in our mission. Our mission is to bring you to a place where you can learn to love God above all others and to learn to rely on Him fully for all things. Once that is accomplished, you will be not only delivered from your addictions, but will become a blessing to God, Church and Family.

You must read and sign all documents indicating that you understand and agree to all these rules and guidelines before entering this program.

IF YOU DO NOT HAVE A RELATIONSHIP WHEN YOU ARRIVE, YOU WILL NOT BE GETTING ONE BEFORE YOU LEAVE. Disobedience to this rule **can and will** bring dismissal from this facility. This is a huge area of disobedience and rebellion that God wants you to deal with. Focus first on a relationship with Him. Allow Him to heal you and make you healthy enough to form a relationship with someone else later.

Stop asking to change the rules or to get special favors. This is looked at as being disobedient and will cause you to be refused special privileges when it is time, and it may cause you to get disciplined as well. I can not stress this enough!

I understand and agree with all the rules and guidelines set forth in these documents. I agree by my signature to follow and comply with all rules and regulations set forth and acknowledge that failure to follow these rules and regulations may be reason for disciplinary actions or dismissal from this ministry.

Client Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____



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Let it be known to all that Good Shepherd Recovery House (GSRH), is not responsible for the physical and or mental condition of any clients that enter this facility. We do not have the medical facilities to attend to any physical and or mental health issues of the clients. We do administer medications that are legally prescribed to a client if those medications are taken orally and/or are not to be considered dangerous or unacceptable to this ministry. A person may be refused admission into this facility if his condition is considered beyond our abilities to meet the needs of the resident. A resident may also be terminated if it has been determined that he has falsified documents or made comments that negate his need for medications that are deemed dangerous or unacceptable to this facilities capabilities to administer.

This ministry does not in any way supply or pay for any medication in any form or fashion. Any resident that has medical needs or has needs for medications will be responsible for purchasing or making arrangements to receive those medications by methods other than this facility.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____



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Re: ACCEPTANCE AGREEMENT

I hereby assume any risks that may be incident to my stay here and do hereby for my heirs, executors, administrator, myself or any personal representative, release and relinquish forever any and all claims of any nature whatsoever that might arise out of my stay at GSRH. I assume responsibility for any medical treatment that may occur during my stay at GSRH.

I do hereby promise and agree that I will cooperate with the rules of Good Shepherd Recovery House, to the best of my ability and that I will carry out the work assigned to me in maintaining GSRH as my physical condition permits and to the best of my ability.

I have read and or have had read to me all the foregoing questions and/or statements and have made the answers thereto contained in this application and am fully aware of the meaning of same and I willingly and personally sign this application and contract fully knowing what I am doing.

I understand and agree that random drug and alcohol test are a part of this program and I will waive any rights that I may have and fully acknowledge and agree to a drug and/or alcohol test any time that I am asked to give one. If I refuse or fail to take a test when asked, I understand that I will be asked to leave this program.

I understand that GSRH does not accept anyone with sexual or violent offenses. I also understand that all candidates for residence must complete a background check, health screening, and phone interview before entering the ministry. Health screening consist of HIV, TB, and Hepatitis A, B and C. Background check and health screening can be mailed to the ministry before intake date, faxed to ministry at 888-826-6972 or brought with candidate to intake interview. Mailing Address: PO Box 328, Holly Springs, GA 30142 or E-Mail Address: info@gsrecovery.org

GSRH will not accept a candidate with the following: conviction/pending charge of a sexual nature, conviction/pending charge of an extremely violent nature, positive screening for HIV, TB, Hepatitis A B C, or anyone currently taking medications labeled as anti-psychotic or narcotics.

All residents will be placed on a thirty (30) day probationary period. A resident who fails to meet the standards set forth for in the ministry during the probationary period will be subject to immediate dismissal. At the end of the probationary period the resident's progress will be reviewed by the Board of Directors, the Executive Director, and Program Coordinator at which time the applicant will be notified of full acceptance into the ministry, additional probationary period, or dismissal.

All residents will be required to complete 3 months of Intense Residential Phase I program counseling, therapy, and discipleship. Residents in Phase I will not be allowed to work unless approved by Director. Phase I residents must attend and participate in daily Bible Studies, devotions/prayer, curriculum, weekly church services, specific counseling and therapy treatment, and all other functions as ordered by the Directors and the program. The Director or Program Coordinator will determine when a resident has completed the required recovery work and can begin outside work in Phase II. **We do not provide jobs, but we work with each resident to locate one. Residents are responsible for arranging transportation to and from work.** Residents are required to return to Good Shepherd every evening and attend required meetings and classes throughout the duration of their program unless situation of work is approved by Director.

All residents' mail will be opened and inspected before the resident is allowed to receive their mail. The resident has two options: 1) must agree to this and receive mail or 2) do not agree and the resident will not be allowed to receive any mail while in the ministry. This is to protect the ministry and the men from receiving items or mail that may be harmful to their progress.

Any personal property left upon my departure from said program and not claimed within three (3) days by me or my authorized representative shall become the property of the ministry to dispose of to the best interest of said ministry.

NOTE: NO PERSON OTHER THAN THE APPLICANT IS AUTHORIZED TO SIGN THIS APPLICATION/CONTRACT

Applicant: _____ Date: _____

Witness: _____ Date: _____

Date Entered Facility: _____ Date Left: _____

Remarks: _____



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FAMILY / SPONSOR AGREEMENT

The recovery of each Client is dependent upon many things. It is determined by their willingness to change, to allow God into their lives certainly, but it also determined by family/sponsor involvement. There must be family/sponsor involvement and agreement with the ministry rules and regulations for this ministry to be effective. The family/sponsor has to be willing to adhere to all the rules and regulations put in place by this ministry during the times that the man is in their care. This includes but is not limited to the weekend's home, special holiday times, transportation to and from Doctor's appointments and/or legal appointments, etc. Every family member and/or sponsor must sign this agreement in order to be allowed to visit his or her family member that is in the Good Shepherd Recovery House facility. The purpose for this agreement is to make all parties aware of the rules and regulations set forth by this ministry for each individual man involved. By signing this agreement you agree to hold your loved one accountable for his actions during the time that he is with you. This agreement is to help you, the family/sponsor, have a better understanding of this ministry and what we are trying to achieve. It is our belief and hope that by sharing with you the rules and regulations and by entering into an agreement with you, equipping you with the tools to hold your loved one accountable, that you will be able to concentrate more on the healing and restoration process that you and your loved one(s) deserves.

I agree to follow all the rules, regulations and guidelines set forth by GSRH. I agree that if my loved one(s) fails to adhere to any of these rules and guidelines that I will contact Pastoral Staff and let them know immediately.

I agree to come to any meeting that is called by the Pastor's of GSRH and will be willing and able to discuss all issues that this ministry feels affects my loved one(s) or my family. I agree to remain open and honest in all situations, stating the facts, as I know them and listening to all sides of the situation. I promise to uphold this ministry at all times and defer back to Pastoral Staff with any decisions that are made without their knowledge.

I understand that this agreement is made in an effort to keep all parties involved transparent before one another, to keep open the line of communication between family, sponsor, disciple and ministry staff, and to keep the focus of each individual on God and His will in our lives and not on each other.

I agree that I will uphold the decisions made by the Pastors of Good Shepherd Recovery House (GSRH) in the area of discipline issued and given to my loved one(s). If we do not agree on the discipline set forth, I understand that I have the right to ask for a meeting with the Pastor(s) to discuss the situation. I also understand that if I discuss the discipline given in a negative or contradictory way with anyone other than the Pastor(s) of GSRH, that I will be considered to be sowing seeds of discord. I understand that if I am sowing seeds of discord my loved one(s) may be in jeopardy of losing her place in this facility. I understand that this ministry cannot and will not tolerate discord brought about by verbal or physical actions taken by the disciple, and or her family member or sponsor. I am making the commitment by my signature that I will not sow seeds of discord. I understand that every opportunity will be given to me to state my concerns and opinions.

Signed: _____ Date: _____
Family / Sponsor

Signed: _____ Date: _____
Family / Sponsor

Signed: _____ Date: _____
Family / Sponsor

Signed: _____ Date: _____
Family / Sponsor

Witness: _____ Date: _____



There are five areas of disobedience that cannot and will not be tolerated in this ministry. Each area is considered to be disruptive and unhealthy for the effectiveness of this ministry. Any Client that is found to be disobedient in any of these areas listed below can and will be asked to leave this facility.

1. **DRUGS:** Any Client found to have drugs on or in his possession will be asked to leave immediately. We have zero tolerance for drugs in this facility. If a Client fails a drug test he is considered to have drugs in his possession. If a Client brings drugs in and distributes them to others in the program, even if he has not ingested them, he can be dismissed from this program. In no way will drugs of any kind be tolerated. This includes prescription drugs. If a Client is using prescription drugs without knowledge of this ministry, he is considered to be disobedient and rebellious and can be dismissed from this program. If a Client's family or sponsor comes to this facility while under the influence of drugs or alcohol, they will be asked to leave and will be in jeopardy of losing visitation rights with their loved one for the term of his stay in this facility. If a Client's family member or sponsor brings drugs of any kind on premises, then that Client in the facility is in jeopardy of losing his position in this facility.
Police can be involved at any time in the disobedience of the Client or family visitation violation rules.
2. **ALCOHOL:** Any Client found to have alcohol, in any description, on or in his possession can be asked to leave immediately. We have zero tolerance for alcohol in this facility. If a Client fails an alcohol test he is considered to have alcohol in his possession. If a Client brings alcohol in and distributes it to others in the program, even if he has not ingested them, he can be dismissed from this program. In no way will alcohol of any kind be tolerated. This includes medicine, mouthwash and any other form of alcohol. If a Client has these items in his possession at any time he is considered to be disobedient and rebellious and can be dismissed from this program. If a Client's family or sponsor comes to this facility while intoxicated and or under the influence of alcohol, they will be asked to leave and will be in jeopardy of losing visitation rights with their loved one for the term of his stay in this facility. If a Client's family member or sponsor brings alcohol on premises then that Client in the facility is in jeopardy of losing his position in this facility.
3. **PORNOGRAPHY:** Pornography is one of the most detrimental of all addictions that we face in America. This ministry will not tolerate pornographic material of any kind to be brought on or in this facility. Any Client found to have pornographic materials in his possession can be asked to leave this facility. Any Client to have knowledge of pornographic material onsite and shares this information with another Client, even if he does not participate in looking at this material, will be considered to be jeopardizing the Spiritual health of another man, and can be asked to leave this facility. Any Client's family or sponsor that brings pornographic material into this facility will be jeopardizing their visitation rights with their loved one for the term of his stay in this facility; this includes any of the rules.
4. **VIOLENCE:** Violence of any kind will not be tolerated. Violence is not only physical contact. We consider violence to be a verbal threat, intimidation, and or threatening body language. Any Client that displays any or all of these characteristics can be asked to leave this facility.
5. **TOBACCO:** Use of any Tobacco product is prohibited while on the premises and or off premises while under the supervision of GSRH. This means while volunteer, outreaches, and other events such as church meetings and recovery functions at other facilities as visitors or guests.

Note: Any Client who is caught using or participating in any of the above 5 areas of Disobedience at the discretion of the Director and Board could be dismissed from Good Shepherd Recovery Program.

I agree, by my signature, to these rules and regulations set forth in this document.

Signature: _____ Date: _____



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Re: Items allowed for intake

The following items are total number allowed for each item, you do not have to have this many but not more than what is listed below.

10 outfits (which includes church and work clothes combined)

2 Pajamas

4 pairs of shoes

10 pair socks and under clothes

2 jackets

2 Pillows

Personal items

*Alarm Clock

*Razors

*Soap

*Shampoo and Conditioner

*Deodorant

*Toothpaste & Toothbrush

*Bible

Paper & Pen

Stamps & Envelopes

Christian music, magazines and books

Note: Certain type Razors have to be approved by staff

Residents are NOT to share or give their personal items to others for any reason. If emergency arises GSRH will meet those needs.

In His Great Love,

Pastor/Director Ronnie Haynes



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Re: Cost of this Ministry

The total cost of the GSRH program is determined by the payment option selected. Below are the current pricing schedule for our minimum Nine month program at GSRH.

1. \$ 500 intake fee, with \$1000 per month, which includes one (1) communication per month with the Supervising Officer / Department of Corrections. Minimum of \$1,500 to become a resident.
2. If more communications are required, there is an additional cost of \$250 per month.
3. If a Resident starts his stay after the first of the month, there will also be an additional prorated fee for their partial month stay.
4. All monies are due in our office or deposited to our account **no later than** noon on the last business day prior to the 1st day of the month.
5. **Sponsors are responsible for all payments throughout the 9 - 12 month program. If the Resident is able to procure a job after Phase 1 (by the 4th month), his income can be applied toward his fees for the 5th month and thereafter. If the Resident is unable to pay for any portion of his program, the Sponsor is responsible for paying the remaining fees due.**

If for any reason the client leaves (failed drug test, violence, of their own choice, of their family's choice, etc.) there will be no refund on any monies paid to this Ministry and balance of tuition becomes due immediately.

Sponsor _____ Date _____

Client _____ Date _____

Staff Member _____ Date _____

Date Approved _____ by: Pastor/ Staff _____

** For Intake we need:

1. 3-5 page letter of request to enter facility.
2. Phone interview completed
3. Personal interview with Pastoral Staff at our facility, jail or otherwise designated common area meeting place.
4. This financial form satisfied (entrance fee paid)
5. Copy of rules and regulations signed.



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Good Shepherd Recovery House

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize
(Name of patient)

Good Shepherd Recovery House to disclose to, State, Federal, or local probation and parole officers or court officials and verified family members the following information: Program attendance and participation information.

The purpose of the disclosure authorized in this consent is to: Document your progress in program attendance and participation.

I understand that my alcohol and/or drug treatment records are protected under The federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: 90 days after completion or exiting program.

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law.
I will not be denied services if I refuse to consent to a disclosure for other purposes.
I have been provided a copy of this form.

Dated: _____

Signature of client

Signature of witness

Print name of client

Print name and title of witness



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CONSENT FOR THE RELEASE OF MEDICAL INFORMATION

I, _____ authorize
(Name of patient)

Good Shepherd Recovery House to acquire all medical records.

The purpose of the authorization in this consent is to: Document your progress in program attendance and participation.

I understand that my medical records gained will be used to best set my program structure. The two teams will work together for my best interest in my recovery.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: 90 days after completion or exiting program.

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law.

I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form.

Dated: _____

Signature of client

Signature of witness

Print name of client

Print name and title of witness



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Re: Good Shepherd Recovery House Confidentiality Agreement

It is understood and agreed to that GSRH herein identified disclosure of confidential information may provide certain information that is and must be kept confidential. To ensure the protection of such information, and to preserve any confidentiality necessary for GSRH to do the work of the ministry, it is agreed that:

1. The Confidential Information to be disclosed can be described as and includes: Financial records or recordings of financial records, client or donor lists, the confidential disclosures of clients in groups, teachings, church, or any other declaration by a client about their person, the legal standing of a client, the information given by ministry leaders in staff meetings, email, or in verbal discourse, regardless of whether such information is designated as "Confidential Information" at the time of its disclosure. At no time shall any person associated with GSRH as a volunteer or employee discuss any GSRH information with someone who is not a volunteer or employee at any time unless legally compelled to do so.
2. The Recipient agrees not to disclose the confidential information obtained from GSRH to anyone unless required to do so by law.
3. This Agreement states the entire agreement between the parties concerning the disclosure of Confidential Information. Any addition or modification to this Agreement must be made in writing and signed by the parties.
4. If any of the provisions of this Agreement are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Agreement as a whole.

WHEREFORE, the parties acknowledge that they have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

Recipient of Confidential Information:

Name _____ Signature: _____ Date: _____

Staff _____ Signature: _____ Date: _____
(Witness)



Approved Contact List

Please fill out the information below giving names, addresses, and phone numbers of family members & sponsors that you would like to have contact with while you are in the program. The staff will look over it and let you know who is approved.

Family Name/Relationship	Address	Phone 1	Phone 2

Sponsors	Address	Phone 1	Phone 2

Other	Address	Phone 1	Phone 2

Good Shepherd Recovery House Fee Schedule 11/24/2018

\$1,000	Basic Standard Recovery Program (max (1) communication sent to outside authorities).
\$1,250	Documented Standard Recovery Program (more than (1) monthly communication sent to outside authorities).
	Due monthly by noon on the last business day of the previous month (February payment due the last business day of January)
\$8.00	Drug Tests (if more than 1 drug test per month). If Leadership suspects drug use and test is clean, GSRH will pay for drug test.
\$7.00	Individual Transportation to Jasper
\$9.00	Individual Transportation to Canton, Ellijay
\$10.00	Individual Transportation to Woodstock, Talking Rock
\$0.50/mi	Individual Transportation to any other location
Value	Replacement value of any item broken by resident.

I understand and agree to the above-mentioned fees:

Name

Date



Good Shepherd Recovery House

601 Moore Rd, Jasper, GA 30143
Mailing Address: PO Box 328, Holly Springs,
GA 30142-0006
Phone: 706-337-4009 / 678-459-2347 Fax:
888-826-6972
<http://gsrecovery.org>

Client Rights

You have a right to be treated with dignity and respect.

You have the right to communicate, associate, and meet privately with persons of your choice. Visitation subject to facility's rules, regarding times and areas. Program staff may disallow visitors only if it is determined that such visitation would seriously interfere with your or other's welfare or rights.

You have the right to access, in reasonable privacy, a telephone in the building you reside during allowed days and times.

You have the right to receive and send uncensored mail at your own expense and allowable days and times.

You have the right to keep and to use allowed personal possessions at allowable days and times, unless it has been determined that specific personal property is contraband.

You have the right to exercise all civil rights that have not been specifically curtailed by order of court.

You have the right to raise grievances and recommend changes in the policy and services of the CRR in accordance with the client's grievance procedure.

No information shall be disclosed to any person and/or agency without prior written authorization signed by you.

You have the right not to participate in research projects.

You have the right to participate in the development and review of your Recovery Plan.

You have the right to access your records, subject to facility procedures for access.

You have the right not to be subject to abusive treatment.

You have the right to leave the facility at anytime permanently, but doing so without notification will result in the communication of your leaving to your supervising officer and emergency contacts.

Fourteen days written prior notice is required for voluntary termination.

You have the right to appeal decision by agency to terminate services to you.

I understand my rights listed above.

Resident / Date

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM FOR
RECREATIONAL ACTIVITIES**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL RECREATIONAL ACTIVITIES ON RPM MINISTRIES, INC (RPM) PROPERTY, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

In consideration of permitting me to participate in recreational activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE RPM MINISTRIES, INC. DBA GOOD SHEPHERD RECOVERY HOUSE (RPM) from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury while participating in recreational activities;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that RPM and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that RECREATIONAL ACTIVITIES may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature (Please print legibly.)	Date	Participant's Name	Age
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Parent/Guardian Signature	Date
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(If under 18 years old, Parent or Guardian must also sign.)

Written Disclosure, Consent, and Authorization



I understand that **Good Shepherd Recovery House** will utilize the services of Horizon Background Screening, 12460 Crabapple Rd, Suite 202-271, Alpharetta, GA 30004-6386 (the "Agency"), to obtain a consumer report and/or investigative consumer report ("Report") as part of its review of my application for service as an employee, volunteer, or other association. I also understand that if accepted, to the extent permitted by law, the organization may obtain further Reports throughout my employment or volunteer service from a consumer reporting agency.

I understand the Agency's investigation may include obtaining information regarding my credit background, bankruptcies, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, character, general reputation, personal characteristics and standard of living, driving record and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted.

I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights (collectively "Summaries of Rights").

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if the Employer makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify the Employer within five business days of my receipt of the Report that I am challenging the accuracy of such information with the Employer.

I hereby consent to this investigation and authorize the Company to procure a consumer report and investigative consumer report on my background as stated above from a consumer reporting agency and/or investigative consumer reporting agency.

Applicant Signature _____ **Today's Date** ____/____/____

Please write clearly in Black Ink only – Email to requests@horizonscreening.com

Name (Last) _____ (First) _____ (Middle) _____

List any other name used in the last 7 years _____

Date of birth ____/____/____ Social Security Number ____-____-____

Drivers License # _____ State ____ Phone # (Day) (____) _____ - _____

Professional License Held _____ State ____ Lic.# _____

List your current mailing address as well as any other cities or towns you have lived in the past 7 years:

Street or PO# _____ City _____ State _____ Zip _____

City _____ State _____ Zip _____ Dates ____/____to____/____

City _____ State _____ Zip _____ Dates ____/____to____/____

*****APPLICANT – DO NOT WRITE BELOW THIS LINE*****

Company Name: ____ Good Shepherd Recovery House ____ Contact: _____

These forms are provided to our clients as a courtesy, and all clients are encouraged to have all forms reviewed by legal counsel to ensure the use of compliant authorization forms. Horizon Background Screening bears no responsibility with regard to the use or non-use of these forms.

While the information contained in the reports we will provide have been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Horizon Background Screening and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository Horizon Background Screening can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Horizon Background Screening its sources, officers, agents or employees. Furthermore you agree to indemnify Horizon Background Screening, its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individuals criminal records history, credit history and / or workers compensation claim history.