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Providing HELP, HOPE and a HOME for hurting women.

## Application Packet

### ***Our Purpose:***

Tabitha House is a residential discipleship program that rehabilitates women coming out of human-trafficking, with drug and/or alcohol dependency as well as other life-controlling challenges. We show residents how to break down the barriers of self-deception and negative attitudes, rebuild their self-esteem, live a life free from drug and alcohol addiction, and live according to Christian principles as a productive member of society.

### ***Residential Program:***

The year residential program consists of classroom assignments, individual and group counseling, education assistance, community service in the ministry's thrift shops, and personal attention by the staff in a structured nurturing and Christ-centered environment. Residents are not permitted to work outside of the ministry. During the initial months, residents are expected to demonstrate progressive improvement in attitude and demonstrate a willingness to be teachable and change their negative behavior. The goals during the final months are to continue the required curriculum work and consistently be self-disciplined, trustworthy, honest, cooperative, responsible, and develop good work habits.

### ***Transition Phase:***

After successfully completing the residential program, graduates who demonstrate maturity, good judgment, and consistent positive attitudes and relationships, both in and outside of the program, may be invited to the transition phase. Graduates gain more privileges and responsibilities, including obtaining employment outside of the ministry and paying rent. Graduates are expected to show signs of positive leadership toward graduates and residents.

### ***General Program Guidelines***

Tabitha Ministry is designed for women who are sick and tired of the way they have been living and who are determined to pursue a personal relationship with Jesus Christ.

1. The intent of Tabitha Ministry is to remove former areas of temptation and difficulty, helping the resident learn self-discipline and adjust to living in harmony with others.
2. All conduct and activity will complement the purposes of Tabitha Ministry.
3. All speech and conduct will manifest Christian love, compassion, and consideration for others (no fighting, cursing, talking back, glorifying the past, or disrespectful conduct).

Our freedom should not offend the freedom of others in Christ Jesus. Residents should seek counsel **ONLY** from staff. No questioning other students.

4. Since the Spirit of God at work in Tabitha Ministry is constructive, edifying, and creative, there is never to be any type of destructive behavior to the facility or to any of the property. Residents should always help conserve around the ministry. We need to be good stewards of what God has blessed us with.
5. Once the resident has decided to enter the program, she agrees to submit to the program and the staff. Residents are not allowed to leave the property without supervision or approval of staff. Leaving without proper permission is grounds for dismissal.
6. All belongings and persons will be searched upon entrance for drugs or anything that might be harmful to you or another resident's spiritual, emotional, and/or physical well-being. You would not want to jeopardize another resident's commitment.
7. Drugs, alcohol, and/or nicotine are never permitted on the property or in the possession of any resident or graduate. Prescription drugs will be closely monitored and cannot be exchanged among the residents.
8. At no time while enrolled in the program will residents be allowed to date or pursue any romantic relationship with the same or opposite sex. If you are caught pursuing a relationship while enrolled in the program, you may be asked to leave.
9. Probation officers will be contacted (if you are on probation) if you leave the program, whether of your own free will or through involuntary discharge.

### ***What to Bring***

1. Clothing suitable for church. (casual, but no tshirts or ripped jeans)
2. Work attire is casual, but modest. (Shorts below fingertips, jeans, tshirts/sweatshirts with uplifting message, Tabitha tshirts. No leggings)
3. Casual clothing (modest; no low cut or too tight tops; no short shorts)
4. Sleepwear
5. Underwear, bras, socks & hosiery
6. Shoes
7. Make up and personal care products

Note that space is limited to a four-drawer chest. You will be sharing a bedroom and bathroom.

### ***What NOT to Bring***

1. No electronics
2. No phones
3. No reading materials unless they support the Christian lifestyle

### ***Medications***

Tabitha Ministry has a very limited "allowed medications" list that will be reviewed upon applying to our program. We reserve the right to refuse admission based upon prescribed medications.



## Tabitha Ministry Application for Enrollment

### Section 1 – Personal Information

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Were you born a female? ☐ No ☐ Yes

### IDENTIFICATION: *Required Information*

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp.: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Work phone: \_\_\_\_\_ Address: \_\_\_\_\_

### FINANCIAL INFORMATION

Do any of these situations apply?

Financial Situation	No	Yes - Explain
Child/spousal support	<input type="checkbox"/>	<input type="checkbox"/>
Disability/pension	<input type="checkbox"/>	<input type="checkbox"/>
Food stamps/EBT	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid/Medicare	<input type="checkbox"/>	<input type="checkbox"/>
Social security	<input type="checkbox"/>	<input type="checkbox"/>
Welfare	<input type="checkbox"/>	<input type="checkbox"/>
Other income	<input type="checkbox"/>	<input type="checkbox"/>

### Section 2 – Educational Information

Graduated high school: ☐ Yes, graduation year \_\_\_\_\_ ☐ No, last grade completed \_\_\_\_\_

My ability to read is: ☐ Excellent ☐ Average ☐ Poor

Are you interested in obtaining a G.E.D. Certificate? ☐ Yes ☐ No ☐ Not applicable

Other Degrees or Diplomas: \_\_\_\_\_

Special abilities or training: \_\_\_\_\_

Learning disabilities \_\_\_\_\_

## EMPLOYMENT HISTORY

Please list jobs beginning with the most current. Go back at least five years.

1. Employer:\_\_\_\_\_ Job Title:\_\_\_\_\_ Years worked:\_\_\_\_\_
2. Employer:\_\_\_\_\_ Job Title:\_\_\_\_\_ Years worked:\_\_\_\_\_
3. Employer:\_\_\_\_\_ Job Title:\_\_\_\_\_ Years worked:\_\_\_\_\_

## Section 3 – Family Information

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other:\_\_\_\_\_

### IF YOU ARE MARRIED:

Spouse's full name:\_\_\_\_\_ Phone:\_\_\_\_\_

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

Describe any problems or concerns related with your spouse or boyfriend:\_\_\_\_\_

### IF YOU HAVE CHILDREN:

1. Child's Name:\_\_\_\_\_ Age:\_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Child's Name:\_\_\_\_\_ Age:\_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Child's Name:\_\_\_\_\_ Age:\_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Child's Name:\_\_\_\_\_ Age:\_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Child's Name:\_\_\_\_\_ Age:\_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you currently have custody? ☐ No ☐ Yes – Please explain:\_\_\_\_\_

Describe any positive or negative aspects of your relationship with your children:\_\_\_\_\_

Were you raised by your parents? ☐ Yes ☐ No – Please explain: \_\_\_\_\_

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Have you experienced any deaths in your family or close friend in the past year? ☐ No ☐ Yes – Explain.

Who and when? \_\_\_\_\_

Describe your relationship with your parents: \_\_\_\_\_

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Sexual lifestyle (please check all that apply):

☐ Bisexual    ☐ Heterosexual    ☐ Homosexual    ☐ Pornography    ☐ Prostitution

Are you currently in a romantic or sexual relationship? ☐ Yes ☐ No

Describe any problems or concerns in any of your recent relationships: \_\_\_\_\_

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Have you been held against your will or put in controlling/abusive situations where basic freedoms and necessary functions were withheld? ☐ No ☐ Yes

Have you been drugged to force compliance against your will? ☐ No ☐ Yes

Have you been forced to work without being allowed to keep your wages? ☐ No ☐ Yes

Have you been forced to have sex with someone you did not want to be with? ☐ No ☐ Yes

#### **Section 4 – Legal Information**

Do you have any restraining orders? ☐ No ☐ Yes – Against whom and why?

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Have you ever been incarcerated? ☐ Yes ☐ No

Parole or probation officer's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ How often do you report? \_\_\_\_\_

Pending criminal charges? ☐ Yes ☐ No Civil lawsuits? ☐ Yes ☐ No Divorce? ☐ Yes ☐ No

Required to register as a sex offender? ☐ Yes ☐ No

Attorney/public defender's name: \_\_\_\_\_

Attorney address: \_\_\_\_\_ Attorney phone: \_\_\_\_\_

Social worker's name: \_\_\_\_\_

Social worker address: \_\_\_\_\_ Social worker phone: \_\_\_\_\_

### **Section 5 – Health Information**

Rate your health (circle response; 10 = Excellent; 1 = Poor) 10 9 8 7 6 5 4 3 2 1

Recent weight change? ☐ No ☐ Yes – # pounds ☐ lost \_\_\_\_\_ ☐ gained \_\_\_\_\_ How long? \_\_\_\_\_

Date last medical exam: \_\_\_\_/\_\_\_\_/\_\_\_\_ Report: \_\_\_\_\_

Physician name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Medical Facility: \_\_\_\_\_

Are you presently taking medication? ☐ No ☐ Yes – Complete table.

Medication	Reason	Prescriber	Address	Phone

Drug allergies? ☐ No ☐ Yes: \_\_\_\_\_

List important present or past allergies, illnesses, injuries or handicaps:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any physical limitations? ☐ No ☐ Yes (specify): \_\_\_\_\_

\_\_\_\_\_

Can you easily climb stairs carrying 20lbs? ☐ No ☐ Yes

Do you have any dietary restrictions? ☐ No ☐ Yes (specify):\_\_\_\_\_

\_\_\_\_\_

Past pregnancy? ☐ Yes ☐ No      Pregnant now? ☐ Yes ☐ No      Past abortion? ☐ Yes ☐ No

Sexually molested, abused, or raped? ☐ Yes ☐ No

Ages this happened \_\_\_\_\_



Have you ever had any problems or been diagnosed with any of these conditions?

Condition	No	Yes - Explain
AIDS/HIV	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Back problems	<input type="checkbox"/>	<input type="checkbox"/>
Black out spells	<input type="checkbox"/>	<input type="checkbox"/>
Bladder infections	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Crabs	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Eye disease	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>
Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A, B, or C	<input type="checkbox"/>	<input type="checkbox"/>
Herpes	<input type="checkbox"/>	<input type="checkbox"/>
High/low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/>	<input type="checkbox"/>
Kidney/bladder disease	<input type="checkbox"/>	<input type="checkbox"/>
Lice	<input type="checkbox"/>	<input type="checkbox"/>
Liver problems	<input type="checkbox"/>	<input type="checkbox"/>
Malaria	<input type="checkbox"/>	<input type="checkbox"/>
Mouth pain	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
Scabies	<input type="checkbox"/>	<input type="checkbox"/>
Sinus problems	<input type="checkbox"/>	<input type="checkbox"/>
Skin infection	<input type="checkbox"/>	<input type="checkbox"/>
Stomach/peptic ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>

Thyroid issues	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Venereal disease (other)	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

## Section 6 – Substance Abuse Information

Identify all substances you have used in the past or present.

Substance	No	Yes	Age started	Date last used	Typical amount
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>			
Antidepressants	<input type="checkbox"/>	<input type="checkbox"/>			
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>			
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>			
Crack	<input type="checkbox"/>	<input type="checkbox"/>			
Fentanyl	<input type="checkbox"/>	<input type="checkbox"/>			
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>			
Hash	<input type="checkbox"/>	<input type="checkbox"/>			
Heroin	<input type="checkbox"/>	<input type="checkbox"/>			
LSD	<input type="checkbox"/>	<input type="checkbox"/>			
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>			
Methadone	<input type="checkbox"/>	<input type="checkbox"/>			
Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>			
Nicotine	<input type="checkbox"/>	<input type="checkbox"/>			
Opiates	<input type="checkbox"/>	<input type="checkbox"/>			
Over-the-counter	<input type="checkbox"/>	<input type="checkbox"/>			
Stimulants	<input type="checkbox"/>	<input type="checkbox"/>			
Suboxone	<input type="checkbox"/>	<input type="checkbox"/>			
Subutex	<input type="checkbox"/>	<input type="checkbox"/>			
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			

What is your drug(s) of choice? \_\_\_\_\_

How did you support your drug/alcohol use? ☐ Stealing ☐ Dealing ☐ Friends ☐ Family  
☐ Working

☐ Sexual favors ☐ Other: \_\_\_\_\_

List other programs you have been in, including Tabitha Ministry, if applicable.

Program Name	Dates	Reason(s) for Termination

Anything else Tabitha Ministry should know about your alcohol/drug history? \_\_\_\_\_

### **Section 7 – Mental Health Information**

Check any of the following words that best describe you:

- |                                    |                                       |   |   |
|------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Active    | <input type="checkbox"/> Easy-going   | <input type="checkbox"/> Leader             | <input type="checkbox"/> Rebellious     |
| <input type="checkbox"/> Ambitious | <input type="checkbox"/> Emotional    | <input type="checkbox"/> Likable            | <input type="checkbox"/> Sad            |
| <input type="checkbox"/> Angry     | <input type="checkbox"/> Excitable    | <input type="checkbox"/> Lonely             | <input type="checkbox"/> Self-absorbed  |
| <input type="checkbox"/> Artistic  | <input type="checkbox"/> Good-natured | <input type="checkbox"/> Manipulative       | <input type="checkbox"/> Self-conscious |
| <input type="checkbox"/> Bitter    | <input type="checkbox"/> Hardened     | <input type="checkbox"/> Moody              | <input type="checkbox"/> Serious        |
| <input type="checkbox"/> Calm      | <input type="checkbox"/> Hard-working | <input type="checkbox"/> Nervous            | <input type="checkbox"/> Shy            |
| <input type="checkbox"/> Creative  | <input type="checkbox"/> Impatient    | <input type="checkbox"/> Passive-aggressive | <input type="checkbox"/> Stubborn       |
| <input type="checkbox"/> Dreamer   | <input type="checkbox"/> Impulsive    | <input type="checkbox"/> Persistent         | <input type="checkbox"/> Submissive     |
| <input type="checkbox"/> Earthy    | <input type="checkbox"/> Introvert    | <input type="checkbox"/> Quiet              | <input type="checkbox"/> Talkative      |

What occurred in your life to cause you to come to Tabitha Ministry? \_\_\_\_\_

Past suicide attempt? ☐ No ☐ Yes – Why?: \_\_\_\_\_

Ever prescribed a mental health medication not already listed? ☐ No ☐ Yes – Explain.

Reason prescribed: \_\_\_\_\_

Medication & dosage: \_\_\_\_\_

Ever had a “bad trip” that resulted in a major mental break? ☐ No ☐ Yes

Ever required Narcan or other method to be revived after heart had stopped? ☐ No ☐ Yes

How many times? \_\_\_\_\_

History of psychological or psychiatric care of any kind? ☐ No ☐ Yes – Complete below.

Where treated	Dates/Length	Therapy type	Outcome
		<input type="checkbox"/> Group therapy <input type="checkbox"/> Psychiatric <input type="checkbox"/> Hospitalization	
		<input type="checkbox"/> Group therapy <input type="checkbox"/> Psychiatric <input type="checkbox"/> Hospitalization	
		<input type="checkbox"/> Group therapy <input type="checkbox"/> Psychiatric <input type="checkbox"/> Hospitalization	
		<input type="checkbox"/> Group therapy <input type="checkbox"/> Psychiatric <input type="checkbox"/> Hospitalization	
		<input type="checkbox"/> Group therapy <input type="checkbox"/> Psychiatric <input type="checkbox"/> Hospitalization	

Have you ever had any problems or been diagnosed with any of these conditions?

Condition	No	Yes - Explain
Abandonment issues	<input type="checkbox"/>	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Autism spectrum	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar disorder	<input type="checkbox"/>	<input type="checkbox"/>
Body image issues	<input type="checkbox"/>	<input type="checkbox"/>
Borderline personality disorder	<input type="checkbox"/>	<input type="checkbox"/>
Compulsive behavior	<input type="checkbox"/>	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	<input type="checkbox"/>
Dissociative identity disorder	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>

Learning disability (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Nervous breakdown	<input type="checkbox"/>	<input type="checkbox"/>
Panic attacks	<input type="checkbox"/>	<input type="checkbox"/>
Paranoia	<input type="checkbox"/>	<input type="checkbox"/>
Phobias	<input type="checkbox"/>	<input type="checkbox"/>
PTSD	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>
Self-harm	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic brain injury	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

Is there any other information Tabitha Ministry should know? \_\_\_\_\_

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## **Section 8 – Spiritual Background**

Do you believe in God? ☐ Yes ☐ No What do you call God? \_\_\_\_\_

What are your spiritual beliefs? \_\_\_\_\_

\_\_\_\_\_

Have you ever been involved in a cult? ☐ No ☐ Yes – Explain: \_\_\_\_\_

\_\_\_\_\_

Did your family attend church/religious services when you were a child? ☐ Yes ☐ No

Which religion/denomination? \_\_\_\_\_

Describe any recent change in your spiritual life: \_\_\_\_\_

\_\_\_\_\_

## **Section 9 – Miscellaneous**

Briefly answer the following questions:

1. List three life goals:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

2. What is something that people mistakenly think about you? Why is this assumption wrong?

\_\_\_\_\_

\_\_\_\_\_

**I have filled out the above information to the best of my ability.**

**To my knowledge, all information is correct.**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

[This page is intentionally left blank.]

## **Legal Release**

**Print Name:**\_\_\_\_\_

**Please initial after reading each point.**

\_\_\_\_\_ I understand that Tabitha Ministry cannot be held responsible for any personal property left, lost, or stolen while I am in the Tabitha Ministry program. When leaving Tabitha House, I will take all personal property with me.

\_\_\_\_\_ I will not steal any property that does not belong to me. In the event this occurs, I understand it is immediate grounds for dismissal from the program.

\_\_\_\_\_ I understand that any personal property left at Tabitha House will be disposed of.

\_\_\_\_\_ I give the right to Tabitha Ministry to conduct room and/or physical searches.

\_\_\_\_\_ I release Tabitha Ministry from all responsibility, both physical and financial, in the case of accident, injury, illness, or other imponderable misfortune.

\_\_\_\_\_ I give Tabitha Ministry permission to open both incoming and outgoing mail to check for anything that might be harmful to the welfare of the program and the residents.

\_\_\_\_\_ I give permission for Tabitha Ministry staff to monitor incoming and outgoing telephone conversations.

\_\_\_\_\_ I give Tabitha Ministry permission to take my photograph and publish my image on Tabitha Ministry publications, both print and digital, including social media.

\_\_\_\_\_ I understand that I am not permitted to access the internet or use a smart phone without staff supervision while enrolled in the residential program.

\_\_\_\_\_ I understand that I am not permitted to work outside of community service for Tabitha Ministry while enrolled in the residential program.

\_\_\_\_\_ All necessary medical and dental expenses are NOT the responsibility of Tabitha Ministry.

\_\_\_\_\_ I may be accompanied during doctors' visits for the following reasons:

- a. Tabitha Ministry wants to be sure that your medical needs are understood, as you have entrusted us with your care.
- b. To prevent "drug seeking" behaviors.

\_\_\_\_\_ If I damage any property, it is my responsibility to pay the repair costs for the damaged property.

\_\_\_\_\_ While in the program, I will participate in Tabitha Ministry events.

\_\_\_\_\_ I understand that 10% of ALL money I receive belongs to God, and I must tithe to a church or to Tabitha Ministry.



\_\_\_\_\_ **FINANCIAL AGREEMENT:** I understand that Tabitha Ministry charges no costs or fees to residents. In consideration for participating in the residential program free of charge, I am to complete a minimum of 20 hours per week of community service at Tabitha's Closet, Furniture Nook, and/or Treasures in exchange for room, board, and other rehabilitative services.

\_\_\_\_\_ Tabitha Ministry **is not a medical care facility** and is unable to provide 24-hour on-site medical care. Therefore, all residents entering the program must be in good health and able to participate in all program activities. If a resident's health deteriorates to the point where she is no longer able to participate in daily activities, or the medical condition requires 24-hour care, the resident should leave the program.

\_\_\_\_\_ **SUBSTANCE ABUSE WITHDRAWAL:** It is understood that the applicant will be subject to Tabitha Ministry policy for withdrawal from substance abuse. Upon entering the program, the resident understands and agrees that withdrawal will be without the aid of any type of medication.

\_\_\_\_\_ **VEHICLE RELEASE:** In consideration of being accepted into the Tabitha Ministry residential program, I will not hold Tabitha Ministry responsible in the event of an accident, which could result in injury while in a non-ministerial vehicle. Non-ministerial vehicles are described as follows:

1. Staff vehicles
2. Approved volunteers' vehicles
3. Residents and/or their families' vehicles
4. Graduates and/or their families vehicles

## **ADMISSION AGREEMENT:**

I, \_\_\_\_\_, desire to enter the Tabitha Ministry program. I understand that it is a Christian discipleship training program consisting of Bible-based teaching and spiritual emphasis and will adhere to its policies. I understand that many of the people who enter the Tabitha Ministry program have histories including, but not necessarily limited to, drug and/or alcohol abuse, incarceration, and/or mental or emotional problems. I also understand that Tabitha Ministry is not licensed by the State of North Carolina as a Drug and Alcohol Treatment Program or as a Mental Health Facility. In consideration of being accepted into the residential program, I agree to all of the terms of this agreement.

\_\_\_\_\_ Date: \_\_\_\_\_  
Applicant Signature

*Please attach a list of all psychological and/or medical evaluations in the last 5 years. Send all psychological reports, either with this packet or directly from the Doctor.*

## **HIPAA Privacy Authorization Form**

1. I authorize \_\_\_\_\_ (healthcare provider) to disclose protected health information described below to Tabitha Ministry, PO Box 514, Summerfield, NC 27358; fax 336-370-6321; email tabithaministryncinfo@gmail.com.
2. This authorization for release of information covers the period of healthcare from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.
3. I authorize the release of my complete health record, including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse.
4. This authorization shall be in force and effect for one year.
5. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization.
6. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

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Signature of patient or personal representative

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Printed name of patient or personal representative

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Date

# Morning Routine

Wake up by 7:30.

Start your day with a glass of water before coffee or breakfast. This is so important to set your body in motion after going without for hours.

Everyone is to find a personal devotion book or plan.

Find a place where you can focus without distraction.

Spend the first 30 minutes of the day in prayer, meditation, and personal reading. This is not social time.

Gather in the living room no later than 8:00am for chapel.

This is NOT a time for drama, personal venting, praying for someone in the house to change, or self-righteous behavior. Praying out loud is not to be a forced behavior or shaming anyone for opting out. Make sure you are honoring Jesus especially during the time you are setting aside for Him.

Pray for your day to be pleasing to God.

Pray for Him to send someone your way to be encouraged.

Pray for the fruits of the Spirit to be shown through your life.

Pray that the words of your mouth and meditations of your heart be pleasing to Him.

Everyone should be ready for their day, beds made and dressed for work when the morning teacher arrives. After class, be sure you are not holding up the teacher from having you to work on time.

I, \_\_\_\_\_, agree to the expectations and terms of Tabitha Ministry Resident Program. I understand these are in place to protect me and the others I will be sharing my life with for this year. I will work harder on my recovery than I expect the ministry to work for me. At any point that I cannot live within these boundaries, I understand that dismissal will be necessary.

Signature\_\_\_\_\_

Date\_\_\_\_\_