



**Safe Harbor**  
*Anchoring Lives Through Christ*

## **Safe Harbor Whole Woman Application**

Our mission at Safe Harbor is to provide a Christ-centered community for rebuilding, renewing and recovery.

Our vision is to inspire everyone we encounter to a purposeful and thriving life in Christ.

Safe Harbor's Whole Woman Program (Launched in 2009) is a one-year residential, evidence-based, Christ-centered recovery program for women desiring to renew and rebuild their lives through long-term recovery. This holistic program seeks to get to the core issue of each woman's addiction. Most often it involves uncovering traumatic events incurred in their young lives and helping them find healing through counseling and learning of God's unconditional love for them.

As a Christ-centered community for rebuilding, renewing and recovery, the sole basis of our beliefs is the Bible. What we believe is core to everything we do at Safe Harbor to inspire everyone we encounter to a thriving and purposeful life in Christ.

### **Whole Woman Residential Program Criteria**

- Actively pursuing recovery from addictive behavior and indicating a clear desire for assistance with managing moderate mental health issues (if applicable).
- Applicants between the ages of 25-50 take priority; applicants 18 and up will be considered on a case by case basis and/or referred accordingly.
- Willingness to comply with all components of the Whole Woman Residential Program.
- Non-smoker or willing to quit smoking upon entering the program.
- Must have 15 days sobriety and/or completed detox and able to pass a drug and alcohol test upon arrival.
- Not on any medications that contain benzodiazepines, barbiturates, alcohol, narcotics, or antipsychotic medications.
- Willing to refrain from romantic relationships and to remain abstinent throughout all tracks of the program.
- Willing to comply with the components of Empower 2 Employ work training.
- Willing to submit a comprehensive clinical assessment (CCA) to Safe Harbor.
- Catawba County residents will be given first priority; however, we will accept women from other counties.
- Applicants with active warrants in any county, or outstanding court cases in counties beyond Catawba, Caldwell, Burke, or Alexander are considered on a case-by-case basis.
- Willing to acknowledge that Safe Harbor is a Christ-centered organization and will cooperate with the biblical components that are at the foundation of what we do.
- Applicants should know that there is a zero-tolerance for drug/alcohol use, smoking, stealing, or physical/verbal threats of any kind. Women who choose these behaviors are choosing to exit our program immediately.

### **Application Process (Please allow up to 24-48 hours for application processing):**

1. Referring agencies, organizations, and individuals are to first complete the entire application packet and submit it to Safe Harbor.
2. **A comprehensive clinical assessment (CCA) is required to fully process the application.** This assessment must be dated within one year of the application.
3. A staff member will contact the applicant within 24-48 hours of receipt of application.
4. Safe Harbor is not a medical facility; therefore, we are unable to accommodate residents who have a diagnosis of Psychotic Disorder, Antisocial Personality Disorder, Schizophrenia, Schizoaffective Disorder, or Borderline Personality Disorder.
5. An initial phone call will be conducted to determine level of commitment to recovery.
6. After the phone interview, the applicant will either receive resources to a more appropriate fit of a recovery program, or their application and CCA will be reviewed by both case managers and program manager, and a face-to-face or Zoom interview will be scheduled within 24-48 hours.
7. All face-to-face and Zoom interviews will be prayerfully considered and decided upon within 24-48 hours.

Safe Harbor's one-year program per resident is approximately \$33,000. Safe Harbor donors and the success of our social enterprise, ReSource Warehouse, make it possible to offer this program at no financial cost to the resident at this time.

**Personal Information**

*We are an equal opportunity housing program. Federal laws prohibit discrimination based on the voluntary questions stated below. We would appreciate your voluntary answers to the following questions.*

<b>Name (First, Middle, Last):</b>		<b>Age:</b>	
<b>Date of Application:</b>		<b>Date of Birth:</b>	
<b>Address (Street):</b>		<b>City:</b>	<b>State: Zip:</b>
<b>Social Security #:</b>		<b>Driver's License #:</b>	<b>State:</b>
<b>Phone #:</b>		<b>Alternate Phone #:</b>	
<b>Referred by:</b>		<b>Relationship:</b>	
<b>Address:</b>		<b>Phone #:</b>	

**Race/Ethnicity**

- |  |   |
|--|---|
| <input type="checkbox"/> Hispanic or Latino            | <input type="checkbox"/> Non-Hispanic or Latino                         |
| <input type="checkbox"/> Black or African American     | <input type="checkbox"/> Asian <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> American Indian/Alaska native | <input type="checkbox"/> Native American or Pacific Islander            |
| <input type="checkbox"/> Other                         |   |

**Support Contacts**

<b>Name:</b>	<b>Relationship:</b>	<b>Phone #:</b>
<b>Address:</b>	<b>City:</b>	<b>State/Zip:</b>
<b>Name:</b>	<b>Relationship:</b>	<b>Phone #:</b>
<b>Address:</b>	<b>City:</b>	<b>State/Zip:</b>

**Marital Status**

- Single   
  Married   
  Separated   
  Divorced   
  Widowed  
 Remarried   
  Never Married   
  Common Law Married

Spouse Name: \_\_\_\_\_ Spouse Occupation: \_\_\_\_\_

Spouse Address: \_\_\_\_\_ Spouse Phone #: \_\_\_\_\_

Describe Current Relationship: \_\_\_\_\_

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### Children

Name	Location	Date of Birth & Age	Father's Name

Do you have custody of your children? \_\_\_\_\_ If not, who does? \_\_\_\_\_

Who will keep your children while you are here? \_\_\_\_\_

Have child protective services ever been involved with your children? \_\_\_\_\_

Do you owe, or are you required to pay child support? If so, how much is owed or what is required?

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### Family

Mother's Name:	Occupation:	Address:	Phone #:
Father's Name:	Occupation:	Address:	Phone #:

Were you raised by someone other than your parents? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Describe your relationship with your parents:

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### Job History

Name of Employer	Employment Dates	Position Held	Reason for Leaving

### Education

Name of High School and/or College	Year(s) Attended	Graduate Yes or No	Degree Awarded

Do you have a High School Diploma \_\_\_\_\_ or GED? \_\_\_\_\_ Highest Level of education \_\_\_\_\_

### Social History

Hobbies/Interests:

### Medications

Medications	Purpose	Dosage

Medications are Prescribed By: \_\_\_\_\_ Phone \_\_\_\_\_

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

**Mental Health History [Please list past and present diagnoses]:**

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**List previous hospitalizations for brain health, detox, or drug or alcohol treatment/rehab programs.  
Please include approximate dates.**

<b>Name of Hospital or Treatment Program</b>	<b><u>Location</u></b>	<b><u>Dates</u></b>	<b><u>What were you there for?</u></b>	<b><u>If detox, or substance use treatment, did you complete it?</u></b>

**Substance Use History**

<b>Type of Drug Used</b>	<b>Check all that apply</b>	<b>Age of first use</b>	<b>Date of Last Use</b>	<b>Administered By: A – Oral; B – Nasal; C – Smoking; D – Non-IV Injection; E – IV Injection</b>
<b>Alcohol</b>				
<b>Barbiturates</b>				
<b>Cocaine</b>				
<b>Crack</b>				
<b>Ecstasy</b>				
<b>Hallucinogens</b>				

Type of Drug Used	Check all that apply	Age of first use	Date of Last Use	Administered By: A – Oral; B – Nasal; C – Smoking; D – Non-IV Injection; E – IV Injection
Heroin				
Inhalants				
LSD				
Marijuana				
Methadone, Suboxone, Subutex				
Methamphetamine				
Opium				
Other Opiates/Analgesics				
PCP				
Prescription Drugs				
Sedatives/Hypnotics/Tranquilizers				
Other				

Specify any of the following that have been an issue for you during the last 30 days: DT's, shakes, cravings, disturbing effects of use, or wanting to stop and being unable to, other: \_\_\_\_\_

How many times in your life have you been treated for substance use (including detox, halfway houses, in/outpatient counseling, and AA or NA): \_\_\_\_\_ How many of these were detox only? \_\_\_\_\_

How many days have you been treated as an outpatient for drugs and/or alcohol, in the past 30 days (including AA/NA)? \_\_\_\_\_

If applicable, how long has it been since you've used a drug and/or alcohol: \_\_\_\_\_

What is your longest period of going without drugs and/or alcohol? \_\_\_\_\_

Are there other additional coping behaviors involved (*check any that apply*)?

\_\_\_\_\_ Eating Disorder      \_\_\_\_\_ Workaholism      \_\_\_\_\_ Relationship/Sexual Addiction

\_\_\_\_\_ Escorting/Tricks/Prostitution      \_\_\_\_\_ Cutting      \_\_\_\_\_ Hoarding      \_\_\_\_\_ Stealing

\_\_\_\_\_ Other: \_\_\_\_\_

Do you smoke? \_\_\_\_\_ If yes, are you willing to quit to be considered for this program? \_\_\_\_\_

**Arrests & Convictions**

Charges	Dates	Conviction (Y or N)	Sentence	Drug/Alcohol Related (Yes or No)

Do you have any outstanding warrants? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Are you on probation? \_\_\_\_\_

Are you on parole? \_\_\_\_\_

Probation/Parole Officer's Name:	Telephone #:
Public Defender/Attorney's Name:	Telephone #:

Do you have any pending charges or upcoming court dates? If so, explain: \_\_\_\_\_

\_\_\_\_\_

Are you legally mandated to participate in a drug treatment program? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Financial Status**

Do you have any financial problems to resolve? (i.e., debts, money management, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No

Debt owed: \_\_\_\_\_

What amount do you receive:

\_\_\_\_\_

Do you receive an income? \_\_\_\_\_ Yes \_\_\_\_\_ No (i.e., SSI, SSD, Food Stamps, DHS, etc.)

**Spiritual**

What is your current relationship with God?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## Adverse Childhood Experience (ACE) Questionnaire

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

*Our relationships and experiences—even those in childhood—can affect our health and recovery.*

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often...  
Swear at you, insult you, put you down, or humiliate you?  
**or**  
Act in a way that made you afraid that you might be physically hurt?  
 Yes  No If Yes enter 1 \_\_\_\_\_
2. Did a parent or other adult in the household often...  
Push, grab, slap or throw something at you?  
**or**  
Ever hit you so hard that you had marks or were injured?  
 Yes  No If Yes enter 1 \_\_\_\_\_
3. Did an adult or person at least five years older than you ever...  
Touch or fondle you or have you touch their body in a sexual way?  
**or**  
Try to or have oral, anal, or vaginal sex with you?  
 Yes  No If Yes enter 1 \_\_\_\_\_
4. Did you often feel that...  
No one in your family loved you or thought you were important or special?  
**or**  
Your family didn't look out for each other, feel close to each other, or support each other?  
 Yes  No If Yes enter 1 \_\_\_\_\_
5. Did you often feel that...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
**or**  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
 Yes  No If Yes enter 1 \_\_\_\_\_
6. Were your parents ever separated or divorced?  
 Yes  No If Yes enter 1 \_\_\_\_\_
7. Was your mother or stepmother:  
Often pushed, grabbed, slapped, or had something thrown at her?  
**or**  
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?  
**or**  
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?  
 Yes  No If Yes enter 1 \_\_\_\_\_
8. Did you live with anyone who was a problem drinker, an alcoholic, or who used street drugs?  
 Yes  No If Yes enter 1 \_\_\_\_\_
9. Was a household member depressed or mentally ill?  
**or**  
Did a household member attempt suicide?  
 Yes  No If Yes enter 1 \_\_\_\_\_
10. Did a household member go to prison?  
 Yes  No If Yes enter 1 \_\_\_\_\_

**Consent Form**

**Patient Information:**

*I give permission to release the health information of:*

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Last 4 digits of SSN:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone: ( )** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

***By signing below, I acknowledge and give consent for my medical information to be released to:***

**Release Information From:**

**Release Information To:**

\_\_\_\_\_  
(List applicable Facility(ies) and/or Practice(s))

Safe Harbor

(Name of company)

\_\_\_\_\_  
(Street Address or PO Box, City, State, Zip)

210 2nd Street SE Hickory, NC 28602

(Street Address or PO Box, City, State, Zip)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Fax Number)

(828) 855-9055

(828) 322-4814

(Phone Number)

(Fax Number)

\_\_\_\_\_  
(Email)

\_\_\_\_\_  
(Email)

Treatment dates for records to be released: From: \_\_\_\_\_ To: \_\_\_\_\_

Facility Summary to include:

- Mental Health Assessment (MHA)
- Substance Use Treatment and Diagnosis
- History and Physical
- Diagnostic test results
- Medication List
- Clinical Summary

Delivery Method: By Fax or Email

**Patient's Rights**

I understand that:

- I can cancel this permission at any time. I must cancel in writing and send or deliver cancellation to the releasing facility or practice named above. Any cancellation will apply only to information not yet released to the facility or practice.
- Once my health information is released, the recipient may disclose or share my information with others and my information may no longer be protected by federal and state privacy protections.

**By signing below, I am giving permission for the release of my records to Safe Harbor.**

Signature: \_\_\_\_\_

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

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

## **BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM**

In the interest of maintaining the safety and security of our customers, employees and property, **Safe Harbor Rescue Mission** will order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes. The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal; public; educational; and, as appropriate, driving record checks; verification of prior employment; reference; licensing and certification checks; credit reports; drug testing results; and, if applicable, worker's compensation injuries. Workers compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that is not a credit report.), except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by PRIORITY BACKGROUND Solutions, Inc. or another outside organization.

### **STATE LAW NOTICES**

If you live or work for the Company in the states listed below, please note the following:

**CALIFORNIA:** You may view the file that PRIORITY BACKGROUND Solutions, Inc. has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by certified mail or mail. You may also ask for a file-summary by telephone. PRIORITY BACKGROUND Solutions, Inc. can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** If you ask us, you have the right to know the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for PRIORITY BACKGROUND Solutions, Inc. You will get this information within 5 business days of our receipt of your request. You have the right to ask PRIORITY BACKGROUND Solutions, Inc. for a free copy of the report.

**MARYLAND:** If the Company obtains credit history on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**MASSACHUSETTS/NEW JERSEY:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from PRIORITY BACKGROUND Solutions, Inc. You may inspect and order a free copy of the report by contacting PRIORITY BACKGROUND Solutions, Inc.

**MINNESOTA:** If you submit to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

**NEW YORK:** If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from PRIORITY BACKGROUND Solutions, Inc., and you will be provided with the name and address of PRIORITY BACKGROUND Solutions, Inc. You may inspect and order a free copy of the reports by contacting PRIORITY BACKGROUND Solutions, Inc. By signing below, you certify you have received a copy of Article 23A of the New York Correction Law is being provided with this form.

**OREGON:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**WASHINGTON STATE:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report ordered, if any. You also have the right to ask PRIORITY BACKGROUND Solutions, Inc. for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

### **AUTHORIZATION FOR BACKGROUND CHECKS**

**After carefully reading this Background Check Disclosure and Authorization form,** I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law. I also authorize the following agencies and entities to disclose to PRIORITY BACKGROUND Solutions, Inc. and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, workers' compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/ or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to PRIORITY BACKGROUND Solutions, Inc. and its agents include, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

The information provided is true to the best of my knowledge and belief. I understand that any misrepresentation of a false statement made by me in connection with the application or any related documents which are deemed material by the Company shall result in the Company not employing me, or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by the Company. I hereby authorize all individuals and organizations named or referred to in my application and any background reporting organization to give the Company all information relative to such verification and hereby release such individuals, organizations, and the Company from any and all liability for any claim or damage resulting there from. I hereby acknowledge that I have been informed by the Company that the Company make seek to obtain a consumer credit report and/or a investigative report that will include personal information regarding me, including, but not limited to, educational history, work references, driving record, drug testing, credit report, and criminal convictions or arrest records if allowed, in order to assist the Company in making certain decisions. I, my heirs, assigns and legal representatives, hereby release and fully discharge the Company, its parent and affiliated companies, background reporting companies, and the respective officers, directors, shareholders, employees, and all agents of each named above.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than PRIORITY BACKGROUND Solutions, Inc. without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

**Last Name** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Maiden/Other Names** \_\_\_\_\_ **Years Used** \_\_\_\_\_

**SS#** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Current Address** \_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**(Month/Day/Year)**

*If you live or work for the Company in California, Minnesota or Oklahoma: Check the space below if you would like a free copy of your background check:* \_\_\_\_\_