

**RHEMA RECOVERY PROGRAMME
APPLICATION FORM**



SURNAME _____ **NAME** _____ **Date** _____

ID No _____ **Age** _____ **Referred by** _____

TEL _____ **CELL** _____ **Other** _____

Residential Address

Marital Status _____ **Spouse's Name** _____ **Cell** _____

Children's Name	Age	M/F	Who will look after the child while you are away?

Do you know anyone at HOC? YES _____ **NO** _____ **Names** _____

NEXT OF KIN AND EMERGENCY CONTACTS

Names	Relationship	Tel/Cell No

Church _____ **Pastor's Name** _____

Highest level of Education	Name of School/College/ University	Year Completed

Profession _____ **Hobbies/Interests** _____

EMPLOYMENT

From	To	Company Name	Reason for Leaving

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CRIMINAL RECORD

Have you ever been arrested? YES _____ NO _____

When	Reason	Conviction	Sentence

Current/Outstanding Cases (Either as Accused or Complainant)

Description	Details

Are you on parole? YES _____ NO _____ Details: _____

DETAILS OF SUBSTANCES USED

Substance	Amounts	Daily/Weekly/ Monthly	DATE Used from	DATE Used until
Alcohol				
Dagga				
Mandrax				
Heroine/Nyaope				
Crack				
Cocaine				
Ecstasy				
LSD/Acid				
CAT				
Tic				
Prescription Drugs				
Other				

PREVIOUS SUBSTANCE ABUSE TREATMENT

Place/Doctor	Medication	Date: From	Date: To	Completed

Have you been to HOC's RRP before? _____ When? _____

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MEDICAL INFORMATION

It is very important that you are honest regarding your health and medical information provided.

General Medical	DATE: From	DATE: To	Prescribed Medication / Details
Asthma			
Back			
Epilepsy			
Diabetes			
Dental			
Injuries			
Insomnia			
Allergies			
Chronic			
Mental Health	DATE: From	DATE: To	Prescribed Medication / Details
ADD/ADHD			
Anxiety			
Autism			
Bipolar			
Depression			
Eating Disorders			
PTSD			
Schizophrenia			
Other			

Please sign to confirm that you are able to do a full day's work _____
Signature

Do you smoke? _____ How many per day _____ Are you ready to quit? _____

Where will you go when you finish your programme? _____

Who will collect you from HOC? _____

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DECLARATION BY APPLICANT

Y N

1	Are you in contact with your spouse and children?		
2	Are you in contact with your family?		
3	Have you read and understood this application and have you answered truthfully		
4	Have you read HOC's rules and are you prepared to abide by them?		
5	You may not bring money, cell phones, tablets, computers nor cigarettes. Are you ready to start your recovery according to HOC's rules?		
6	HOC offers a working programme. Are you prepared to do a full day's work as well as any type of work that is required?		
7	Are you prepared to change your lifestyle and habits?		
8	You may not smoke at HOC. Are you still willing to join HOC's Recovery Programme?		
9	A drug test may be done upon arrival. Should you test positive you may not begin your Recovery Programme at HOC. Do you understand that you will be asked to leave immediately?		
10	A drug test may be done at any stage of your stay at HOC. Do you agree to this?		

PLEASE NOTE

1. HOC does not have medical facilities on the premises. In case of emergency, residents will be taken to Yusuf Dadoo or Leratong Government Hospitals only.
2. HOC is not able to cater for any special dietary needs.
3. HOC does not provide any medical assistance to residents with regards to any previous injuries, sicknesses, dentistry or any other pre-existing medical, psychological and/or health problems whatsoever. Any pre-existing conditions must be dealt with before you move in.
4. Should any of the information provided in the application prove to be false, the resident may be asked to leave Hands of Compassion within 24 hours.
5. The fact that you have been interviewed does not mean that your application will be successful.
6. Should your application be successful, you will be contacted and advised of your date of admission to the programme. Resident intakes take place on WEDNESDAYS at 10am. No intakes will be allowed for applicants who arrive late.
7. HOC reserves the right to ask any resident to leave the programme and HOC's premises with immediate effect for any reason at the sole discretion of HOC. Once the resident has left HOC's premises they may not return and HOC will no longer be responsible for the resident.
8. Once you have completed this application, please email it to recovery@hocsa.org

Acknowledgement by Applicant

I hereby acknowledge that the information I have provided in this application is accurate and truthful. I further agree to abide by the rules of Hands of Compassion.

Applicant's Signature

Date

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FOR OFFICE USE

Interviewed by _____

Date _____

Checklist

✓

1	ID / Birth Certificate/ Passport	
2	Referral letter from rehab, doctor or social worker	
3	Does the applicant abuse heroine, nyaope or alcohol?	
	- If YES has the applicant completed a detox programme?	
	- Proof of detox attached * If detox not completed, the application must be declined	
4	Does the applicant require any prescribed medication?	
	- If YES is doctor's prescription attached?	
	- Who will bring the applicant their medication?	

Interview notes

Follow up notes

Recommendation by RRP Leader

PANEL DATE

Successful Room No. Arrival date

Unsuccessful Reason

Signature _____

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EXIT PROCESS

REASON FOR DEPARTURE

Reason	√	Date	Approx. Time	Method of departure: Collected by family/friend. Public transport. Other.
1. Completed				
2. Chose to leave				
3. Asked to leave				

I hereby confirm that the departure details are correct.

Resident's signature

Departure Notes

RRP Leader

COO

Date