



Victory Home - Helping Hand, Inc.

P.O. Box 7 ° Tallulah Falls, Georgia 30573-0007 ° (706) 754-6030
Charitable Organization Registration Number: CH 4059

Dear Applicant:

Please carefully read these items before completing the application, because you may find that you are ineligible for our program! We provide a Christian Retreat for men with chemical dependencies. Our resident-care lasts twenty-five weeks, during which time you will not be permitted to leave campus for personal matters, doctor's appointments, court dates, or for any other reasons. These matters must be resolved before coming to Victory Home. Should you be required to leave campus for any of the above reasons, you will be dismissed from Victory Home, and must then reapply to reenter again, without interruption, for the entire twenty-five-week program. ***You must be at least 21 years old and capable of reading and writing prior to coming to Victory Home! We do not minister to the mentally and/or physically handicapped.***

Note that we are not a medical facility, nor a detox facility. Victory Home does not subscribe to the concept of addressing chemical dependence with psychotropic medications. Psychotropic drug regimens will not be allowed. However, we will consider prescribed medications that are non-psychotropic, provided we receive a letter from the prescribing physician stating the diagnosis, reason for the medication, date the applicant began the medication, expected results, whether the medication is considered long-term or short-term, and when the next scheduled evaluation needs to take place.

You must complete the application in full, in your own handwriting, and return mail it to us with a non-refundable \$75 application fee. We will not accept faxed applications. Part of your application fee will cover the cost of our ordering your Criminal Background Investigative Report. You may call us 5-7 days after you've mailed the application and application fee to determine if you are eligible, pending acceptance of your lab-work. If we believe you to be eligible, we will assign you a tentative intake date and instruct you to have your lab work done.

Your lab work (**TB skin test, HIV, Hepatitis A, B, and C**) must be completed at a lab of your choice within 45 days of your proposed entry date. **The lab must mail the original results of your lab work directly to us, before your scheduled entry date.** If you test 'positive' to any of these diseases, you may not be admitted to Victory Home. In some cases, additional lab work may be required to prove that you are not contagious, and still eligible for admittance.

You will not be accepted until the application, application fee, , and lab work have been received and approved by us. When approved, you will be assigned an intake date and time, and required to send us a non-refundable \$500 payment to hold your reservation. Upon admittance that fee will be posted towards your weekly fees. You must be on time for your intake interview, and prepared to stay. If you fail to show up for the interview or have used drugs/alcohol within the last 72 hours prior to the intake interview, you will forfeit your intake opportunity and the room reservation fee (\$500).

The cost of your twenty-five week program is \$300 per week. Limited scholarship assistance is available. On the day of your intake you must be prepared to pay a \$150 Medical Deposit, a \$250 Security/Damage Deposit, and a \$100 Curriculum Fee (total of \$500). See the application for additional terms and conditions.

If you are not seriously committed to turning your life around, Victory Home is not the place for you. Christ is the answer. We pray that you will make a commitment to twenty-five weeks of Christ-centered spiritual growth and healing.

Sincerely,

Rev. Richard A. Pletsch, M.Div., M.A.C.M.
Executive Director

Victory Home - Helping Hand Inc.

P.O. Box 7 * Tallulah Falls, GA 30573

(706) 754-6030

www.victoryhome.org

victoryhome@windstream.net



Student Application

All items on this application except the Pastoral Letter must be filled by the applicant.

Personal Information

Full Name _____

Street Address _____

City _____ State _____ Zip _____ Telephone (____) _____

Birthday _____ Age _____ Email Address _____

Race (Providing this information is optional and will not be used for discriminatory purposes)

- Caucasian African American Latino or Hispanic Native American or Alaskan Native
 Native Hawaiian or Pacific Islander Asian Other _____

Social Security Number _____ - _____ - _____

Have you been here before? Yes No When _____

If yes, did you graduate from Victory Home? Yes No

Who recommended Victory Home to you? _____

High School (Highest grade completed)

9th 10th 11th 12th H.S. Diploma GED

College (Highest grade completed)

13th 14th 15th 16th Diploma Other _____

Trade School: _____

Trade/Career: _____

Your Skills and Abilities (List all skills you have)

Last Place of Employment: _____

Job Title: _____

Job Description: _____

Social Status

Marital Status: Single Married Separated Divorced: Date of divorce _____

How long have you been married? _____ Number of children _____

Spouses/ Ex-Spouses Name _____

Parents (if living)

Father's Name _____ Telephone No. _____

Address _____

City _____ State _____

Zip _____

Mother's Name _____ Telephone No. _____

Address (If different) _____

Religious Information

Church Affiliation _____ Member? Yes No

Name of Your Church: _____

Address of Church: _____ City: _____ State: _____ Zip: _____

Pastor's Name _____ Telephone (____) _____

****You must have a pastoral reference letter to enter Victory Home.****

Driving Record

Is your License Valid? Yes No

License # _____ State _____

Have you had any traffic tickets/DUI/DWI within the last 3 years? Yes No

If so, which state(s) _____

Personal Medical History

Completely list all illegal drugs/alcohol you have been or had been using and how long you have been using them. (If there are more, list them on a separate sheet of paper)

Name of Drug	Length of Time

Is there a history of substance abuse in your family? Yes No

Rate yourself in the following conditions.

Physical: Excellent Good Fair Poor

Mental: Excellent Good Fair Poor

Emotional: Excellent Good Fair Poor

Spiritual: Excellent Good Fair Poor

Have you ever been verbally, sexually, or physically abused? Yes No

Have you ever verbally, sexually, or physically abused anyone? Yes No

Do you have any back problems? Yes No

If yes, will your back problem hinder you from working here? Yes No

List any long-term medical problems? (heart disease, diabetes, epilepsy, others)

Ever had convulsions, seizures, or blackouts? Yes No

Please list anything you are allergic to (especially if you are allergic to bee stings)

Have you recently been to a home, state, or private hospital within the last 2 years? Yes No

If so, where, when, and for what reason? _____

Personal Medical History (cont'd)

Current Medications

Please list **ALL** current medications you are currently taking, the reason, the dosage, and the prescribing doctor who prescribed this to you.

Name of Med	Reason	Dosage	Prescribing Dr.

While you are here, will you have to be re-evaluated by a doctor for any reason? Yes No

If so, for what? _____

Doctor's name _____ Telephone #(____) _____

Address: _____

Medical Responsibility

We are not a medical facility and cannot give medical care. We need to know who will be responsible for medical expenses incurred while you are here.

Insurance Company _____ Policy Number _____

If you have no insurance, give the name of the responsible person, address, and telephone number:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Additional Information

Please list all other drug/alcohol facilities you have attended, the date, and if you completed the program.

Facility name	Date	Did you complete?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Were you ever in the military? Yes No

Dates of military service _____ Rank _____

Do you use tobacco products? Yes No

How long have you used tobacco products? _____

Do your parents regularly consume alcohol? Yes No

Do your parents use illegal drugs? Yes No

Legal Issues

Are you currently on:

Parole** Probation Under bond Court order to be here Incarcerated

** We do not meet the requirements of the Parole Board, so parolees will not be accepted.**

If so, how long and for what? _____

Do you have any pending charges? Yes No

Probation Officer Name: _____

Address _____

City: _____ State: _____ Zip: _____

Telephone (_____) _____ Fax: (_____) _____

Are you scheduled to be in court or attend any hearings within the next six months? Yes No

Where? _____ When? _____

Anyone with an upcoming court date will be required to have a written notice from the Probation Officer or Judge indicating that the applicant's court date will be postponed or continued. It is imperative that the notice be received along with the application to be considered for admittance into Victory Home. You will not be able to attend any court hearings while you are attending Victory Home.

Financial Responsibility

Description of Fees:

A \$75 application fee is due with the application prior to entry into Victory Home. Once the application is completed and approved, a non-refundable \$500 room reservation fee is required to secure an intake date and time. When admitted to Victory Home the room reservation fee will be applied towards weekly fees. If the applicant fails to show up for the intake interview, fails the interview for having used alcohol/drugs within 72 hours of intake, or lies on the application; he will forfeit his \$500 room reservation fee and the opportunity to be admitted to Victory Home.

Application Fee - A non-refundable fee for us to process your application.

Room Reservation Fee - a non-refundable fee applied toward your weekly fees when you are admitted to Victory Home. This fee is forfeited if you don't show up for your intake interview, or fail to maintain 72 hours sobriety before your intake date, or lie on your application.

Medical Deposit - to cover incidental minor medical expenses, urinalysis tests, and travel to/from doctors or dentists when necessary. It does not cover the cost of prescription refills or emergency room visits. The remaining balance of this deposit will be applied toward any outstanding balance or refunded if the account is paid up to date.

Security/Damage Deposit - to cover any additional expenses incurred as a direct result of the resident, e.g. damage to property. This deposit is forfeited if a resident leaves Victory Home before his scheduled graduation date. This deposit will be applied toward any outstanding balance or refunded if the account is paid up when the resident graduates.

Curriculum Fee - a non-refundable fee which pays for the books, workbooks, and printed material used in classroom studies.

Summary of Fees:

\$75 Application Fee (with the application)
\$500 Room Reservation Fee (prior to intake date)
\$150 Medical Deposit (on the intake date)
\$250 Security/Damage Deposit (on the intake date)
\$100 Curriculum Fee (on the intake date)
\$300 per week (less the \$500 Room Reservation Fee)

Total cost of twenty-five weeks: \$7,675 (assuming you qualify for full refund of the Medical Deposit and the Security/Damage Deposit).

Agreement/Release and Contract Form

Please indicate by your signature that you have read the following statements, understand the statements, and will abide by them. If you do not sign this release form or disagree with it, we cannot accept you into our program.

1. I understand I will be tested for TB, HIV, and Hepatitis A, B, and C and will have the results forwarded to the intake counselor at Victory Home. I understand that a reactive or positive result from the lab work may disqualify me from admission.
2. I understand that my application will not be reviewed by the application committee until Victory Home has received my completed application, lab work, and application fee. I will call Victory Home to confirm the status of my application 5 to 7 days after it has been mailed in.
3. I understand that the approval of my application is contingent upon all court dates and hearings either to be resolved or postponed until I leave Victory Home. I understand that if I have to go to court while at Victory Home, I will be dismissed from the program and must re-apply for re-admittance.
4. I understand that Victory Home does not subscribe to the concept of addressing chemical dependence problems with psychotropic medications. Victory Home is not a medical facility nor can it properly monitor a psychotropic regimen. Current prescribed medications that are non-psychotropic and non-narcotic will be considered and if I am accepted with my current medications, I will take them as prescribed. I understand that, although my medications will be secured in the office, Victory Home will not accept responsibility for dispensing my medications to me. I also understand that if I have been taking any narcotic medications, I must submit a letter from my physician indicating that I have been properly weaned from that medication prior to my anticipated intake date.
5. I understand that if my application is approved, I will submit a non-refundable \$500 room reservation payment to Victory Home in order to be assigned an intake date and intake interview time. I understand that this payment will go towards my weekly fees, but also forfeited if I do not show up for the assigned intake date and interview time.
6. I understand that I must be at least 21 years old and abstained from drugs/alcohol for at least 72 hours prior to my intake date. I also understand that during my intake interview, I will be screened to determine whether or not I have been sober for at least 72 hours. If I fail to meet this requirement, I will be refused admittance and forfeit the non-refundable \$500 room reservation fee submitted to Victory Home.
7. I understand that if I am approved and scheduled for an intake interview date, I will be on time and prepared to stay. I also understand that my two deposits and curriculum fee (\$150 medical, \$250 Security Deposit, \$100 Curriculum Fee) will be collected during the interview.
8. I understand that the cost of my stay at Victory Home is only \$300 per week, thanks to the generosity of private donations, church donations, charitable grants, and the Habersham County United Way. I am currently able to pay: (Please circle one)

\$300/ week

\$ _____ / week (please fill out the request for financial aid sheet)

This payment will be made while I am going through the program, and any remaining balance will be paid after I graduate and as soon as I am able to do so. If I am unable to pay the full weekly rate, I understand that other applicants who are able to pay the weekly rate may be given precedence over my application in order that Victory Home can responsibly pay its bills on time. I also understand that financial assistance is dependent on donated scholarship funds being available.

9. My signature indicates that I am coming of my own free will, seeking to overcome my addiction. I hereby agree to cooperate with Victory Home staff instructors and supervisors, and abide by all rules. I also submit to random drug/alcohol screening for determination that I am maintaining an alcohol/drug free lifestyle while associated with Victory Home. I also agree that the cost of any saliva/urine tests will be subtracted from my medical deposit.
10. I do assume risks that might be incidental to my stay; and I do hereby for heirs, executors, and my administrators, myself, or any representatives, release and relinquish forever, any and all claims of any nature whatsoever that may arise out of or in connection with my stay here. I also give Victory Home permission to release information/records as the occasion arises.
11. I hereby authorize any law enforcement agency and or government agency to furnish Victory Home - Helping Hand, Inc. or its workers, information related to my criminal history. I hereby release Victory Home Helping Hand, Inc. and all its agents and employees, the law enforcement agency, government agency, and all employees of said agencies furnishing information from all liability resulting from the furnishing of this information to Victory Home - Helping Hand Inc.

By printing and signing this form, I agree to all the terms above.

Printed Name: _____

Signed: _____ Date: _____

Request for Financial Aid

Fill this section if you need financial assistance for Victory Home. Please skip this page if you indicated you can pay the \$300 / week.

After reviewing my current situation, I am currently only able to pay _____ per week.

Personal Information

Current Address: _____ City: _____ State: _____ Zip: _____

How long have you resided at your current address: _____

Do you currently own the home listed above? Yes No

If no, please give the full name of owner: _____

Please list all properties you and your spouse own.

_____ City: _____ State: _____ Zip: _____

_____ City: _____ State: _____ Zip: _____

_____ City: _____ State: _____ Zip: _____

Please list the Banks you have accounts with: _____

Total amount in Checking and Savings: _____

Total Adjusted Gross Income from most current tax return: \$ _____ Year of tax return: _____

Total Adjusted Gross Income from your spouses previous tax return \$ _____ Year of tax return: _____

Please list all sources of income you currently receive

Source	Amount per month
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current or Latest Employer

Company Name: _____

Address: _____ City: _____ State: _____

Phone: (_____) _____ - _____ Hourly Wage or Salary: _____

Reason for leaving: _____

Spouse's Current or Latest Employer

Company Name: _____

Address: _____ City: _____ State: _____

Phone: (_____) _____ - _____ Hourly Wage or Salary: _____

Reason for leaving: _____

Please indicate the reasons why you are asking for financial aid: _____

Pastoral Reference

Pastors, your church's involvement in the life of this applicant and his family is very important. Please fill in this form to let us know that you are partnering with what God is doing in the life of this applicant.

To: Director
Victory Home – Helping Hand, Inc
P.O. Box 7
Tallulah Falls, Georgia 30573-0007
Fax: (706) 754-1498

Dear Sir

I am the pastor of _____ (applicant's name), or I have assumed a pastoral role in his life. I certify that I am not related to the applicant by bloodline or marriage. My church and I covenant to pray for him during his stay at Victory Home. I (or someone delegated by me) will make an effort to visit him at least once during his twenty-five week stay at Victory Home. I will contact the Director, Rev. Richard Pletsch, 706-754-6030, to discuss the best times and days for my visit.

Pastor's Name: _____

Church: _____

Street Address: _____

City, State, Zip: _____

Telephone (____) _____

Other Remarks:

Signature: _____ Date: _____