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# NEW LIFE RECOVERY HOMES FOR MEN

1504A TURNER COURT  
DUBLIN, GA 31021  
912-245-7559 Office \* 478-304-0243 Fax  
[Christy.newlife@outlook.com](mailto:Christy.newlife@outlook.com)

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Legal Name: \_\_\_\_\_ Prefer to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone #s: \_\_\_\_\_

Current address (street) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Marital Status: ( ) Single ( ) Married ( ) Separated ( ) Divorced

Name of Significant Other, if applicable: \_\_\_\_\_

Children: \_\_\_\_\_

Emergency Contact (numbers & relationship to you) Doctor if Possible:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SCREENING:

1. Do you have a history of substance use issues?

- If so, what has your recovery journey been like (history of use, treatment, recovery)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If so, what recovery goals do you want to achieve while living in the recovery residence?

\_\_\_\_\_  
\_\_\_\_\_

- Please complete the attached RECOVERY CAPITAL SCALE (pages 4-6)
- To verify your abstinence from alcohol and illicit drugs, you will be required to submit urine samples and disclose what medications you are prescribed in order to rule out "false positives". Are you willing to do this?

2. Are you able to provide a copy of a Government / State Issued ID verifying your name and age?

3. Are you willing to adhere to and hold others accountable to the "House Rules"?

4. Are you willing to participate in the REQUIRED recovery activities?



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5. Are you able to manage basic activities of daily living (ADL) on your own, such as bathing, dressing, continence, eating, and evacuating the home during emergencies?
6. Are you able to manage instrumental activities of daily living (IADL) on your own, such as finances, cooking, shopping, house cleaning, laundry, transportation (ONLY APPLIES IN PHASES III and IV), and self-managing medications (ONLY APPLIES IN PHASES III & IV)?
7. What is your criminal justice involvement history including felony convictions or supervision status?  
\_\_\_\_\_
8. How will you pay for recovery residence fees and living expenses?
  - NON-REFUNDABLE DEPOSIT ON BED/INTAKE FEE: \$350
  - WEEKLY FEES \$200 OR MONTHLY \$800

**specify by completing the following information:**

**IMPORTANT:** THE FOLLOWING FINANCIAL AND EMPLOYMENT INFORMATION IS CONFIDENTIAL AND WILL NOT BE RELEASED. WE MUST KNOW IT TO EVALUATE WHETHER YOU CAN PAY FEES. ACCEPTANCE TO OUR PROGRAM DOES NOT HINDER ON YOUR FINANCIAL STATUS. PLEASE BE AWARE THAT YOU ARE EXPECTED TO OBTAIN AND MAINTAIN EMPLOYMENT DURING YOUR STAY, IF YOU'RE MENTALLY AND PHYSICALLY ABLE. IF YOU HAVE FINANCIAL SUPPORT FOR YOUR ENTIRE STAY, YOU WILL BE EXPECTED TO VOLUNTEER WITHIN THE COMMUNITY IF PHYSICALLY AND MENTALLY ABLE.

Are you currently employed? ( ) Yes ( ) No

If so, please provide the following:

Employer Name: \_\_\_\_\_

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

Supervisor/Contact: \_\_\_\_\_

If unemployed do you plan on obtaining employment?

If not explain: \_\_\_\_\_

Do you receive disability or SSI? Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_

Do you receive any other regular income? Yes \_\_\_ No \_\_\_ Source: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

What financial resources do you have? \_\_\_\_\_

Do you currently receive Food Stamps or SNAP Benefit? ( ) Yes ( ) No Amt: \$ \_\_\_\_\_

Please use space below for any other additional information:



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I HAVE READ AND UNDERSTOOD THE INFORMATION ABOVE BY MY SIGNATURE ON THIS APPLICATION I UNDERSTAND THAT IF I AM ACCEPTED INTO THE PROGRAM, I WILL AGREE TO ALL TERMS AND CONDITIONS OF THE PROGRAM. I ALSO UNDERSTAND THAT MY BED DEPOSIT/INTAKE FEE IS NON-REFUNDABLE. I UNDERSTAND THAT ANY WEEKLY FEES PAID IN ADVANCE MAY BE REFUNDABLE IF TWO WEEKS PRIOR NOTICE, IN WRITING, IS SUBMITTED TO OFFICE PERSONNEL. THE FACILITY MAY DEDUCT ANY EXPENSES WHICH I MAY HAVE INCURRED.

THE NATURE OF THIS PROGRAM REQUIRES THAT I ENTER INTO A PERSONAL CONTRACT AND PLEDGE WITH THE HOUSE THAT I WILL NOT DRINK OR USE DRUGS. BY SIGNING BELOW, I HEREBY PLEDGE THE FULL AMOUNT OF MY SOBRIETY SAVINGS THAT I WILL FAITHFULLY ABIDE BY THIS RULE. SHOULD I RELAPSE I MAY BE DISMISSED FROM THE HOUSE WITHOUT NOTICE AND FORFEIT ALL OF MY FEES AND MY SOBRIETY SAVINGS. I FURTHER PROMISE AND PLEDGE THAT I WILL LEAVE THE HOUSE IMMEDIATELY IF A MAJORITY VOTE OF THE HOUSE MEMBERSHIP DETERMINES THAT I HAVE BEEN USING EITHER ALCOHOL OR DRUGS. I ALSO UNDERSTAND THAT DISRUPTIVE BEHAVIOR, EXCESSIVE FINES OR NONPAYMENT OF FEES CAN LEAD TO MY IMMEDIATE DISMISSAL.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_



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## Recovery Capital Assessment, Plan and Scale (ReCAPS)

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

Place a number at the end of each statement reflecting your current situation according to:

**1** = Strongly Disagree; **2** = Disagree; **3** = Sometimes Agree; **4** = Agree; **5** = Strongly Agree

1. I have the financial resources to provide for myself and my family. .... \_\_\_\_\_
2. I have personal transportation or access to public transportation. .... \_\_\_\_\_
3. I live in a home and neighborhood that is safe and secure. .... \_\_\_\_\_
4. I live in an environment that is free from alcohol and other drugs. .... \_\_\_\_\_
5. I have an intimate partner who supports my recovery process. .... \_\_\_\_\_
6. I have family members who support my recovery process..... \_\_\_\_\_
7. I have friends who support my recovery process. .... \_\_\_\_\_
8. I have people close to me (partner, family members, or friends) who are also in recovery. .... \_\_\_\_\_
9. I have a stable job that I enjoy and that provides for my basic necessities. .... \_\_\_\_\_
10. I have an education or work environment that is conducive to my long-term recovery ..... \_\_\_\_\_
11. I participate in continuing care that is part of an addiction treatment program, (e.g., outpatient groups, alumni association meetings, etc.) ..... \_\_\_\_\_
12. I have a professional assistance program that monitors and supports my recovery process. .... \_\_\_\_\_
13. I have a primary care physician who attends to my health condition. .... \_\_\_\_\_
14. I am now in reasonably good health..... \_\_\_\_\_
15. I have an active plan to manage any lingering or potential health problems. .... \_\_\_\_\_
16. I am on prescribed medication(s) that minimizes my cravings. .... \_\_\_\_\_



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1 = Strongly Disagree; 2 = Disagree; 3 = Sometimes Agree; 4 = Agree; 5 = Strongly Agree

17. I have insurance that allows me to receive help for major health problems. .... \_\_\_\_
18. I have access to regular, nutritious meals. .... \_\_\_\_
19. I have clothes that are comfortable, clean and conducive to my recovery activities. .... \_\_\_\_
20. I have access to recovery support groups in my local community. .... \_\_\_\_
21. I have close and regular affiliations with members of local recovery support groups. .... \_\_\_\_
22. I have a sponsor or mentor related to my recovery. .... \_\_\_\_
23. I have access to online recovery support groups. .... \_\_\_\_
24. I have completed or am complying with all legal requirements related to my past ..... \_\_\_\_
25. Other people rely on me to support their recoveries..... \_\_\_\_
26. My immediate physical environment contains literature, tokens, posters or other symbols of my commitment to recovery. .... \_\_\_\_
27. I have recovery rituals that are now part of my daily life. .... \_\_\_\_
28. I had a profound experience that marked the beginning or deepening of my commitment to recovery ..... \_\_\_\_
29. I have a vision and associated goals and great hopes for my future. .... \_\_\_\_
30. I have new problem solving skills and resources. .... \_\_\_\_
31. I have meaningful, positive participation in my family and community. .... \_\_\_\_
32. Today I have a clear sense of who I am. .... \_\_\_\_
33. I know my life's purpose. .... \_\_\_\_
34. Service to others is an important part of my life. .... \_\_\_\_
35. My personal values and sense of right and wrong are clear and strong. .... \_\_\_\_



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Possible Score: 175 ..... My Total Score: \_\_\_\_\_

Item numbers on which I scored lowest: \_\_\_\_\_

Item numbers on which I scored highest: \_\_\_\_\_

RECOVERY CAPITAL SCALE Modified & distributed with the permission of William L. White to George S. Braucht, LPC & CPCS  
[www.brauchtworks.com](http://www.brauchtworks.com)

