



Program Admission Application

(This application & forms may be submitted by mail to P. O. Box 3181 ~ Omaha, NE 68103)

Name _____

Phone Number _____

Email Address _____

Current Age _____

Date of Birth _____

Social Security Number _____

Marital Status: Divorced ___ Engaged ___ Living Together ___ Married ___ Never
Married ___ Remarried ___ Seperated ___ Single ___ Widowed

Ethnicity: Unkown ___ African ___ African American ___ Alaska ___
Native ___ Arab ___ Asian ___ Caribbean ___ East Indian ___ Haitian ___ Hispanic ___
Jewish ___ Middle east ___ Multi-Racial ___ Native American ___ Native Hawaiian/other
Pacific Islander ___ White ___

Do you currently have a job? YES/NO *If yes, where and #* _____

Do you receive monthly financial support such as SSI or any type of assistance?

- YES
- NO

If so what type of assistance and what is the monthly amount?

Are you disabled? YES/NO *If yes, do you work or are you able to work?* _____

Are you able to pay a programming contribution upon arrival? YES/NO Amount \$ _____

Do you have a Doctor? YES/NO Dr. Name & Phone _____

Medical Insurance Coverage _____

Do you suffer from any Medical/mental health concerns or conditions? YES/NO

If so what medical/mental conditions. Also list all medications, it's purpose and who the prescribing doctor is:

Have you ever or currently seen a counselor, therapist or psychiatrist? Yes/No If yes please list name: _____

Do you have any allergies? YES/NO If yes, please explain _____

Do you have any children? If yes, list names and ages:

Do you have any visitation guidelines or restrictions between you, your children or ANY children? YES/NO If yes, please explain restrictions:

Do you have a custody support order or order to pay child support? YES/NO

If yes, are you current on child support? YES/NO If no, amount in arrears \$ _____

Do you have any protection orders? YES/NO If yes, list name of person

Were you ever incarcerated? YES/NO List charges/dates: _____

Do you have any pending criminal charges? YES/NO If yes, list: _____

Are you currently incarcerated? YES/NO Do you have a parole hearing? YES/NO
What is the full name & phone # of your case manager? _____

Housing unit at Correctional Facility _____

Are you currently on parole or probation? YES/NO
If so, name/phone number of parole or probation officer _____

What is/are your drug(s)of choice? (and yes, alcohol IS a drug!)

Do you have a history of violence or have you ever been classified as “violent”? If yes, explain

Can you recognize any/some of your triggers? If yes, list:

What are your personal goals?

What do you expect to receive from the 2nd Mile?

What do you consider your biggest challenge? (for example: relapsing, being in a healthy relationship, etc.)

What do you think is the largest asset you bring to 2nd Mile?

Is there any additional information you would like to share?

By signing this form, I am stating that I have filled out all pages truthfully:

Applicant Signature

Acknowledgement /Acceptance of 2nd Mile Rules and Regulations

I, _____, understand that if I am accepted, I am willingly entering a transitional housing facility and agree to adhere to all of the rules and regulations. I fully understand I am responsible for programming contributions incurred during the time of my stay. I further understand that I am responsible for any damage to the facility, furnishings and equipment that I cause.

I agree to actively pursue recovery and God's will for my life. I also agree to vacate the 2ND MILE at any time deemed necessary and if directed to do so. I sign this acknowledgement/acceptance of my own free will. I have read and received a complete copy of the 2nd Mile Rules and Regulations.

Signature

Date

Witness

Date

Authorization for Release of Information

(Copy of this form is as valid as the original)

Full Legal Name _____
Last Name First Name Middle Name

Other Names/Nicknames/ Also Known As: _____

Date of Birth _____
Month Day Year

Do you have a current Driver's License? _____ Yes _____ No

Driver's License # _____ State _____

I hereby authorize the release of my medical, mental health, substance abuse, probation, parole, employment Records and other pertinent personal information to the 2nd Mile Program and/or its representatives. The purpose of this release and sharing of information is for coordination of my care, programming and compliance while residing at 2nd Mile. This release form covers written, digital and verbal communication and/or records. I understand this release of information expires upon my release/eviction from the 2nd Mile Program. I also understand I am entitled to a copy of this Authorization for Release of Information form.

Signature Date

Witness Date

In order to live at 2nd Mile, residents must be willing to . . .

- Follow recommendation of a program plan.
- Attend weekly recovery, house meetings and daily evening accountability.
- Get a sponsor or spiritual mentor and utilize them regularly, working the steps.
- Follow 2ND MILE rules and regulations.
- Get a job and be financially responsible, working toward independence.
- Support other house residents by encouraging them when needed, confronting when necessary and supporting them by taking them to meetings and programming.
- Be subject to random urinalysis and/or drug testing.

ARE YOU WILLING?

We want to help you grow, learn and reshape your life. In order to do that 2nd Mile residents must be willing to “do the work”! Inability to pay programming contributions within your first 45 days of residence may exclude you from acceptance into the 2ND MILE. We do not discriminate against anyone desiring to move positively forward in life or anyone willing to work on previous behaviors/habits in order to *CHANGE!*

We know God is able to do mighty things in anyone’s life, but only if you are willing to do your part. If you have reservations about following 2ND MILE rules, please consider alternate housing as 2ND MILE rules are not optional. Residents may be asked to leave any time their presence in the home is deemed disruptive, unhealthy, intimidating and intrusive or if the resident is not willing to work their program. However, IF you are truly willing to do the work, we are willing to work it out with you. Are you willing?

“... in all things we are more than conquerors through Him that loved us.” Romans 8:37

PROGRAM PLAN

All residents have a program plan; each program plan is determined after review of evaluations and/or discharge summaries made available to the 2ND MILE staff by applicant. If a resident is coming from treatment or prison, residents need to request a copy of their discharge summary prior to release. If a resident is on parole/probation, they can request a copy of their discharge summary or evaluation to be submitted to 2ND MILE by the parole/probation office.

WAIVER AND RELEASE OF LIABILITY

To the extent that statute or case law does not prohibit releases for negligence, I agree to indemnify and hold harmless **2nd Mile**, its agents, and employees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or anyone else acting on my behalf. If **2nd Mile** incurs any of these types of expenses, I agree to reimburse **2nd Mile**.

I acknowledge that **2nd Mile** and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of **2nd Mile**.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of me or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with my actions of neglect or recklessness.

This agreement was entered without duress or coercion, and is to be interpreted as an agreement between the two parties of equal bargaining strength.

Both the **Participant**, _____, and **2nd Mile** agree that this
(Participant name)

Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact

Contact Relationship

Contact Telephone

_____	_____	_____
_____	_____	_____
_____	_____	_____

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Participant's Name (print): _____

Participant's Signature: _____

Date: _____