



Noah's House Inc.
P.O. Box 791
Chambersburg, PA 17201
Phone: 814-419-NOAH (6624)
Website: www.noahshouse.org



Entry Date:

Staff Completed:

Please complete the following form. Print all answers clearly. We look forward to talking with you about becoming a program participant

Name	<input type="text"/>			Date of Birth	Month	Day	Year	
Address	<input type="text"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>			
Home Phone	<input type="text"/>			<u>Marital Status-Please Circle</u>				
Work Phone	<input type="text"/>			Never Married Divorced				
Cell Phone	<input type="text"/>			Married Widowed				
				Separated				

Are you an alcoholic?	<input type="text"/>	Date of last drink	<input type="text"/>	What drugs did you use addictively?
Are you addicted to drugs?	<input type="text"/>	Date of last drug use	<input type="text"/>	
Do you want to stop drinking alcohol and using addictive drugs?	<input type="text"/>			

Are you employed?	<input type="text"/>	If yes, who is your employer?	<input type="text"/>
If you do not have a job, will you get one?	<input type="text"/>	If yes, how will you get one?	<input type="text"/>
Are you getting welfare or other non-job-related income?	<input type="text"/>	If yes, What is it?	<input type="text"/>
What is your income each month?	<input type="text"/>		
What do you expect your income to be next month?	<input type="text"/>		





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Anticipated Move In Date:

Why do you want to move in on this date?

Have you ever previously enrolled in Noah's House Inc.?

Do you have a medical doctor?

If yes, list the doctor's name and phone number

Have you ever been to a treatment facility for alcoholism and or drug addiction? If yes, list the treatment provider, phone number and primary counselor, if you have none.

Do you take prescription drugs? If yes, list the drugs and the reason the drug been prescribed.

Useful Telephone Numbers - Family, Friends, Doctor, etc.

Name	Address	Relationship	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number

Which State Issued the License?

Driver's License Number

Driver's License Exp. Date

Do you have anything else to tell us?





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Noah's House Inc. Recovery Program Agreement

Program participants of the Noah's House Inc. NH Recovery Program Residents are responsible for payment of the initial one-time processing fee of \$450 and \$270.00 for the first two weeks (\$135.00 per week). Program participants of GP Recovery Program Residents are responsible for payment of the initial one-time processing fee of \$450 and \$300.00 for the first two weeks (\$150.00 per week).

Noah's House Inc. Executive Director or Program Director may accept, deny or remove participants at any time at its sole discretion. Program participants do not have a lease or rental agreement and therefore do not have access to due process through standard landlord-tenant laws.

If a bed is held for you in lieu of completion of a rehabilitation program and you decide not to come, by signing below you understand that you are financially responsible for the initial one-time processing fee of \$450.00, as well as no bed(s) will be held over the 30 days without being prepaid financially in full.

The decision to remove participants at any time is the decision of the management and can be exercised at any time with no notice or recourse

PLEASE INITIAL EACH LINE BELOW AND THEN SIGN, WHEN FINISHED APPLICATION.

___ I agree to remain Clean and Sober from all mind altering or abusive substances or violate the law while being a participant in the Noah's House & Gracie's Place Recovery program.

___ I agree to attend the mandatory Noah's House Inc functions (Scheduled work approved by the Executive Director is the only accepted absence).

___ I agree to stay current with my program fees.

___ I agree to secure a sponsor/mentor.

___ I agree to attend a home Church.

___ I agree to participate in weekly House meeting and do assigned daily house chores

Client Name (Please Print)

Date

Client Signature

Date

Noah's House Inc. Staff Signature

Date





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Policy and Procedures Agreement

I have read, or have had read to me, the Policies and Procedures Handbook. I understand its content. I have had the opportunity to ask questions and request clarification on any items that were unclear to me.

I accept these requirements, expectations, services, and privileges. I agree to abide by the policies and procedures outlined in the handbook. I understand that my failure to comply, can result in discipline or discharge from Noah's House Inc. Recovery Homes.

Client Name (Please Print)

Date

Client Signature

Date

Noah's House Inc. Staff Signature

Date





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Authorization for Completion of Criminal Background Check

I _____ hereby authorize Noah's House Inc. to complete a criminal background check. In addition, I agree to complete and fulfill all legal obligations including but not limited to classes, fines, custody payments or any other issues that the background check may reveal. I also agree to reveal any pending charges, as well as any previous criminal history from any other state.

Please list the counties in Pennsylvania you have lived.

Please list other states you have resided in.

Client Name (Please Print)

Date

Client Signature

Date

Noah's House Inc. Staff Signature

Date

