



Redeemed Living, Inc.
P.O. Box 10183
Valdosta, GA 31604
www.redeemedliving.info

Application for Admission

Program Summary

Redeemed Living is a residential program for addicted males over the age of 18 years old lasting a minimum of 6 months. Residents may extend their residency as long as they are in good standing and Redeemed Living believes such a Resident is an on-going asset to the community. After the initial 6 months, Resident must give a minimum of 2 weeks' notice before discharging. Redeemed Living is designed in four phases. Residents progress at their own pace, earning their way to the next level by meeting certain goals. Close personal guidance is given each step of the way. At the core of our program is spiritual development through participation in Christian activities. Redeemed Living's program focuses on growing a man spiritually while addressing the specifics of addiction. We seek to grow a man in his relationship to God while gaining successful employment and working a recovery program. Our primary goal is for a man to grow spiritually, therefore freeing him from the grip of drugs and alcohol.

Resident Fees & Application Process

Funding for Redeemed Living comes from Resident fees, private donations, and corporate donations.

Resident fees are \$250.00 per week per person. Upon admission, \$750.00 is due. This covers your Admission Fee, first week's rent and last week's rent. This deposit is non-refundable and is due upon admission – your last week is covered by the Security Deposit. Fees are to be paid on Sunday of each week and cover Sunday – Saturday of the next week. IF you go on pass you will be required to pay rent on Friday before you leave to go on pass. Once any monies have been paid to Redeemed Living they become the property of such and will not be refunded for any reason.

Fees must be paid by check, cashier's check or ACH with your bank.

Redeemed Living will supply all needed household supplies. A maximum of \$50 of your weekly fee will be budgeted for food. Once weekly, the Resident leader and designee of Redeemed Living will buy all food needed to satisfy the set menu and all snack and lunch food for the week. The food budget is a household budget, not an individual budget. It is not each Resident's \$50 budget; it is a household budget based on the number of Residents in the house.

Weekly, random alcohol and drug screens are included.



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Redeemed Living reserves the right to change, amend, or waive a fee or regulation if the leaders of Redeemed Living deem it necessary.

A signed Application for Admission Packet and a Background check must be provided for evaluation for Resident's admission. If a Resident is admitted into the program, the \$750.00 admission fee along with the Intake Packet will be required at move-in.



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I understand that Redeemed Living is Faith (Christian) Based, family oriented, residential program utilizing Church attendance, Twelve Step Programs, Different styles of Bible Studies and group accountability. This is an ACCOUNTABILITY PROGRAM!

I understand that Redeemed Living is a non-medical facility and does not provide nursing care nor issue prescription medications. If any medical services become necessary Redeemed Living does not agree to provide these services nor is Redeemed Living responsible for providing such services.

Admission Criteria:

1. 18 years of age or older
2. Potential Residents must provide a background check prior to acceptance. Redeemed Living will then, in our sole judgement, evaluate acceptance.
3. Preferably have completed a 28-day minimum Inpatient program.
4. Must be physically and mentally capable of full-time employment.
5. Must be free of communicable disease(s).
6. Must be a Christian with a strong desire to grow spiritually and mentally.
7. Must be willing to follow all rules and regulations and cooperate with staff.

By signing below, I certify that I have read and fully understand the following rules and that I meet the criteria specified and fully understand the admissions and policy.

Resident Signature _____

Date _____

Staff Signature _____

Date _____



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Confidential Information

Name _____ DOB _____

Evaluator _____ Referred By _____ D/C Date _____

Emergency Contact Name, Phone, & Address _____

Drug(s) Used _____

Date Last Used / Drank _____

Other Addictions (sex, work, eating, cigarettes, etc.) _____

Married Divorced Separated Widowed Single Relationship Engaged

Details (if needed) _____

Physical Illnesses or Infections _____

Physical Problems or Limitations _____

Licensed Substance Abuse Counselor & Contact Information _____

Psychiatric / Psychological Disorders _____

Doctor Name & Contact Information _____

Date Diagnosed _____



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Current or Needed Prescriptions or Over the Counter Medications _____

Prescribing Doctor Name & Contact information _____

How will these medications be funded? _____

Highest Education Completed _____ Degree _____

Current Employer _____

Title _____ Pay \$ _____ per _____

Employment Experience (Type of Work) _____

Religious Preference _____

Attitude Towards Christian Growth _____

upcoming court dates outstanding warrants pending charges (if so, give details) _____

Attorney Name & Contact Information _____

Currently on Probation Parole until _____ Jurisdiction _____

Probation / Parole Officer Name & Contact Information _____



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Offenses _____

Attitude towards recovery Good Fair Poor

Why do you want to enter Redeemed Living? _____

ID Provided: State ID S.S. Card Passport US Citizen

Driver's License Number _____ SSN _____

Vehicle Make / Model _____

State Licensed _____ Company Insured _____

Amount agreed upon admission is \$750.00 for the Admission Fee, first 2 weeks and last week up front, then \$250.00 per week, due every Sunday by 7:00 pm for the following week's fees in advance. Redeemed Living does not offer refunds under any circumstances. If you leave voluntarily or you are discharged for any reason, all monies paid to Redeemed Living are not offered back to the client. By signing this I certify that I have provided the above information as accurately and honestly as possible.

Resident Signature _____ Date _____

Staff Signature _____ Date _____



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Client's Needs Assessment

Legal needs:

Medical:

Behavioral Health:

Dental:

Financial:

Other:



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Client's Recovery Plan

My goals during my residency at Redeemed Living:

Action Plan to accomplish these goals:
