



Pre-Admission Questionnaire & Application

No Longer Bound offers a 12-month long, residential, regeneration process to rescue addicts, regenerate men, and reconcile families. We believe addiction to be a symptom of a life fragmented by relational wounds, broken beliefs, and the resulting disintegration of meaningful intimate relationships. The regeneration process at No Longer Bound focuses on resolving relational wounds of the past, repairing broken belief systems, and restoring relational health through lasting intimacy with God, Self and Others. We believe this process of regeneration is the prescription for beginning a new life with lasting freedom from addiction.

Whoever tries to preserve their life will lose it, but whoever surrenders their life for mine will find true life. ~ Matthew 16:25

The Application Process:

STEP 1: Complete & Submit the **Pre-Admission Questionnaire/Application**. *(this document)*

STEP 2: We will contact you and **Complete a Pre-Admission Assessment**. *(60 mins)*

STEP 3: We **Review Your Information** (including any 3rd party documents needed) then notify you of our **Acceptance Decision**.

After the Decision:

- **An Admission Date is Scheduled** (if NLB Accepts the Applicant into the Program)
- **Alternative Resources are Provided** (if the Applicant is NOT Accepted into the Program)

Important Note: *Our goal is to complete Step 3 within 48 hours. However, some applications require more review time than others which can delay our decision. Note also that the consideration process can terminate at any point based on NLB policies, and/or at the request of the candidate.*

This application should be completed directly by the applicant. If the applicant receives assistance with completion, he should at minimum review and sign the form as his official submission. Please fill out each section truthfully and without leaving any blanks.

Contact Information

First Name : _____ Last Name: _____

Middle Name: _____ Preferred Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): #1 _____ #2 _____

Email Address: _____

Birth Date: _____ Age: _____ Gender: _____

Driver's License Number: _____ State Issued: _____ Type: _____

Expiration Date: _____ Status: Valid Suspended Expired Revoked

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Brief Questionnaire

1. How Did You Learn About No Longer Bound?: *(please select one)*

- NLB Website/Internet Search Word of Mouth Media Unknown
 Organization/Person Family/Friends Other: *(please explain)*

2. Do you have any Pending Legal concerns?: Yes No

If yes, please explain:

3. Do you have Healthcare Insurance or Medicaid/Medicare?: Yes No

If yes, please explain:

4. Can you conduct the following Activities of Daily Living without assistance?

- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| a. Stand?: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Walk and Carry 25-50 pounds?: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Walk up to 1 mile?: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Feed Yourself?: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Use the toilet and bathe/shower?: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Manage Any Prescribed Medication?: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. Are you currently prescribed, are you currently taking, or do you need High Blood Pressure or Seizure medication? Yes No

If Yes, please describe. Name & Dosage, etc.:

6. Are you currently prescribed, are you currently taking, or do you need Psychotropic, mood stabilizer, anti-anxiety, and/or anti-depression medication?

Yes No *If Yes, describe. Name & Dosage, etc:*

7. Have you been under the care of a Medical Doctor (including a Psychiatrist), or a Therapist within the last Six (6) months? Yes No *If Yes, please describe:*

8. Have you spent time in a controlled environment in the past 30 days?

(i.e.: jail, prison, hospital, detox center, mental health facility, etc.) Yes No

If Yes, please describe:

9. Will you allow us to contact your previous treatment professionals by signing a Release of Information form (ROI)? Yes No N/A

Program Information

Please **initial each blank below** to indicate that you understand that aspect of the No Longer Bound Program:

_____ No Longer Bound is a 12-month Residential, Regeneration Program for adult men.

_____ If accepted into the program, Residents must live on the No Longer Bound campus.

_____ Two (2) physical forms of identification must be presented to No Longer Bound at the time of admission.

_____ Residents must abstain from use of Tobacco, Alcohol, and Drugs while in the NLB Program. Nicotine patches must be approved by the NLB Medical Director *(after admission)*, and purchased at the expense of the Resident, his family, or friends.

_____ If you use an EpiPen, you must arrive with one at admission and it must be purchased at your or your family's/friend's expense. *(if applicable)*

- _____ No Longer Bound is a faith-based and clinically based program.
- _____ All Residents are assigned a Recovery Counselor and an Individual Therapist.
- _____ During Resident’s first 60 days in this program, they are not allowed to contact or communicate with “outside sources”. *(i.e.: family, friends, children over age 12)*
- _____ After 60 days in the No Longer Bound Program, only individuals deemed to be a part of the recovery process by the care team are allowed visitation.
- _____ Residents are required to participate in the weekly Church service.
- _____ As assigned by the program, all Residents must serve in one of No Longer Bound’s Vocational Industries while in most stages of the program. *Industry types vary.*
- _____ Working off Campus is not allowed during the initial phases of the program.
- _____ All Residents must participate in groups, classes, clinical sessions, and other activities as assigned in the daily schedule.
- _____ All Residents must be mentally and socially capable of participating *well* in classroom and group environments.

Presenting Factors for Treatment

1. What type of addiction are you struggling with and for how long? *(Please respond with 3 to 4 sentences minimum and use the back of this page if you need more space)*

Presenting Medical / Behavioral Factors

1. Do you have any Medical, Behavioral, or Emotional issues that require special attention? *(Please respond with 3 to 4 sentences minimum and use the back of this page if you need more space)*

Why No Longer Bound?

1. What specific event prompted your decision to apply for the Regeneration Program at No Longer Bound? *(Please respond with 3 to 4 sentences minimum and use the back of this page if you need more space)*

2. How would you overcome any temptation that you might have to leave this 12-month program before you have completed it? *(Please respond with 3 to 4 sentences minimum and use the back of this page if you need more space)*

Review, Certify, and Submit

Please review your responses to be sure that you have answered each question completely. I certify that by signing below (digital or handwritten) that the statements and information in this form are true and correct to the best of my knowledge and belief. I hereby authorize the staff of No Longer Bound to investigate all statements or other information contained in this form and any attachments submitted with it. I am sober and of sound mind as I record the information contained in this form, and provide my signature voluntarily, having fully understood the conditions and consequences outlined in this agreement.

Applicant Signature: _____ Date: _____

Printed Name: _____

NLB Staff Printed Name: _____ Date: _____

Email, Mail, or Fax this completed document to: Attn: Admission Office

Email: Intake@nolongerbound.com

Mail / Fax: 2725 Pine Grove Road, Cumming GA 30041

Phone: 770-886-7873, Opt. 3 / **Fax:** 770-205-4285

Applicant Reference Questionnaire

This optional reference form can be completed by anyone in support of an applicant to the No Longer Bound (NLB) Program! The information that you provide here can help improve our understanding of the applicant's unique challenges. *Individuals who are seeking admission into NLB should not be the completer of this form.*
Please provide your completed reference to the applicant so he can include it with his program application.

Your Name First: _____ Last: _____

Name of Person This Reference is for: *(first & last)* _____

1. Describe your relationship with the applicant:

a. How do you know the applicant, and how long have you known the applicant?

2. From your perspective, describe the life dominating issue that the applicant is struggling with: *a. How did you become aware of the problem?*

b. What interventions have been tried to resolve the issue and were they successful for any amount of time?

c. How have you seen the applicant's struggle impact his life?

d. How has the applicant's struggles impacted your life?

3. Do you have any specific concerns that you would like to share?

4. If accepted into the program, how can NLB best help the applicant achieve his goals?

5. Are you aware of any barriers to healing / recovery?