ADMISSIONS & FINANCIAL REQUIREMENTS

Our Admission Procedures

The most important consideration for admittance into the Waypoint Ministry Regeneration Program is a sincere desire to change with a grateful attitude. Each applicant is interviewed to see if there is a willingness to seek spiritual help. A previous spiritual relationship with God is not a pre-requisite for acceptance.

Admissions Process:

• Potential applicants must call our Ministry and discuss why he desires to enter our program and fully disclose his current situation.

• Applicant will then be required to send a letter, postal service, fax, or e-mail, to include the following information:
  1. Current Situation
  2. Reason for wanting to enter Waypoint Ministry Regeneration Program
  3. What he is searching for
  4. Why he feels Waypoint is the best place for his recovery

• Once a letter is received and approved an appointment will be scheduled to meet with our staff on Waypoint property during normal working hours. Weekend appointments will require special permission at the discretion of our Director.

• A personal interview should in no way be interpreted as automatic acceptance into our program. The purpose of the personal interview is to discern if an applicant is truly ready and willing to receive help and how Waypoint can help meet his needs.

• Waypoint will not accept anyone into our program who is intoxicated or under the influence of any narcotic. If detox is required, it must be completed at a medical facility and released before an applicant can be considered for our program.

• Applicants requiring prescriptions for medical reasons or with medical conditions will be considered for acceptance on an individual basis.

• No tobacco products of any nature are allowed. Waypoint goals are to minister to all forms of self-destructive behavior including addictions to tobacco.
WHAT TO BRING:
Waypoint accepts men from all walks of life and does not discriminate in any way. If an applicant is unable to provide the basics for living on our campus, we will ensure each man has what he needs during his recovery. Each man will have a wardrobe for his belongings. (All items must be approved by Program Director at time of intake)

Approved items to bring:

1. Social Security card and picture ID.
2. Toiletry items
3. (2) Towels, (3) washcloths
4. (1) Set of twin sheets with (1) blanket and (2) pillows
5. Seasonal casual and work clothes (No more than 2 weeks’ worth of clothing) – Clothing items must be approved at intake
6. Tennis shoes and work boots (No more than 5 pairs)
7. (1) Laundry basket and (1) laundry detergent
8. (1) 2” Notebook, notebook paper (college rule only)
9. Envelopes / stamps
10. Highlighters and only pencils
11. Bible
12. Book bag
13. A cup with a lid or water bottle
14. Wristwatch, hats / toboggans
15. Alarm clock with no radio
16. Pictures of immediate family members only (5 max, no girlfriends / fiancés) – Pictures must be approved by Program Director

Unapproved items: (DO NOT BRING) – if any of these are brought, you may be subject to denial into Waypoint Ministry Regeneration Program

1. No electronic devices (No cell phones, CD players, iPod/iPad/Apple Watch, Laptops, no music playing devices, no devices that connect to internet)
2. No magazines, books, pornography
3. No drugs, alcohol, or nicotine
4. No money
5. No food, candy, snacks, or drinks
6. No weapons of any kind (pocketknives, tools, etc.)
7. No lighters and/or matches
8. No hand sanitizer, cologne, or mouthwash
9. No musical instruments
Financial Arrangements

The cost for our 12-month Regeneration Program is $12,000. There is an additional non-refundable $500 application fee due at the time of the intake interview. This is the equivalent of $1000 per month - $600 is for room and board, and $400 for the individuals other services including ministry/counseling, evaluations, group sessions, etc. Various forms of payment are accepted and can be discussed at time of acceptance into the program.
REGENERATION PROGRAM APPLICATION

INTERVIEWED BY: _________________________ DATE: __________

PERSONAL INFORMATION:

Name: ____________________________________________
(last)                        (first)                      (middle)                                (name called)
Permanent Address: ______________________________________________
(PO box/street)                       (City)                 (State)                (zip)
Mailing Address: ______________________________________________
(PO box/street)                       (City)                 (State)               (zip)
Date of birth: ________________, Age: __________, Place of birth: ____________________________
Number of brothers _____, Sisters _____, Your position in family (1st, 2nd, etc.) ______________
Names/Ages of siblings:_________________________________________
____________________________________________________________________________
____________________________________________________________________________
SOCIAL SEC. #: ____________________________ TEL #: ______________
Are you currently under a doctor’s care? ______ Doctor’s name: ________________________________
County: _______________________________ Phone # __________________ Date of last visit? ___________
if so, for what ________________________________________________________________
Emergency contact: ___________________________ Relationship: _____________________________
Home: ___________________________ Work: ___________________ Cell: _______________________
E-Mail Address: _________________________________
Parents’ Name (if living): ____________________________
Parent’s phone #’s Home: ______________ Work: ______________ Cell: _______________________

129 Center Point Drive Dahlonega, GA 30533
Phone: 706-864-7110 www.waypointministry.com Fax 706-864-0940
admin@waypointministry.com
Parents’ address: ________________________________________________________________
(PO box/street)                      (City)                   (State)                      (zip)

Are your parents separated? ______ Divorced? ______ Reason: __________________________

Is either parent deceased? ______ Mother? ______ Father? ______ When? __________________

Do you own a home? ______ Property? ______ Vehicle? ______ (model/yr) __________________

Are you receiving any other income? ______ If yes, how much? ___________________________

What type? (such as disabilities, retirement, civil suit, etc.) ____________________________

Do you have a valid driver’s license? ______ State: ______ Number: ______________ Type: ______

OTHER REHABILITATION CENTERS ATTENDED:

Where? ____________________________ When? __________________________ Did you complete? ______

Where? ____________________________ When? __________________________ Did you complete? ______

Where? ____________________________ When? __________________________ Did you complete? ______

Where? ____________________________ When? __________________________ Did you complete? ______

MARRITAL STATUS:


Wife’s name: __________________________________ Date of birth: ___________ Age: ________

If married, does your wife work? ______ If yes, where? _________________________________

Occupation? __________________________________ and income? ___________________________


Reason for separation/divorce: _______________________________________________________

If widowed, date wife died: __________ Cause of death _________________________________

____________________________________________________________________________________
Number of times married? _________  If more than once, complete below:


Are you subject to any alimony payments from any of the above marriages? ______________________
If so, then how much? ______________________ per week/month/other? ______________________

List the names and ages of all your children: ______________________

List number of children (if any) from each marriage and amount of child support (if any)

Marriage #1: _________  Child support: _________ per week/month/other: _________
Marriage #2: _________  Child support: _________ per week/month/other: _________
Marriage #3: _________  Child support: _________ per week/month/other: _________
Marriage #4: _________  Child support: _________ per week/month/other: _________

Where are your children? ______________________

Write a brief summary of where you think your marriage stands today:

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Write a brief summary of your relationship with your children?

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Write a brief summary of where you see your relationship with your parents?

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________
EDUCATION:

Highest grade completed: __________  Did you graduate High School? __________  GED? __________  
College: __________________________  College degree: __________  Major/minor: __________  
__________________________________  ________________________________________
Other specialty training: ______________________________________________________________

OCCUPATIONAL EXPERIENCE:

Usual Occupation: ___________________________________________  years in trade: __________
Are you currently employed? ______  Company name/location? ____________________________
How long on present job? ________  If unemployed, list the date and reason:____________________
Last steady job:
  (What) __________________________________  (Where) ____________________________  (How long)
  ______________________________________________________________________________
Have you ever been fired from a job because of your use of alcohol or drugs? ______  Have you ever quit because of
alcohol or drugs? ______  If so, explain ______________________________________________________________________________________
Number of jobs in the past 5 years: ______  Preferred type of work: __________________________

MILITARY EXPERIENCE:

Are you a veteran? ________  Branch of service: __________  Highest rank: __________  
How long in the service? ________  Date and type of discharge: ____________________________
Serial number: __________  If other than honorable discharge, explain below: ________________________________
Are you retired from the service? ________  Amount of retirement income: __________________________
Type of work performed in service: ________________________________________________________________
Have you ever been court marshaled? ________  Reason: ____________________________________________

________________________________________________________
MEDICAL INFORMATION:

What is the state of your health:

_____ excellent   _____ good   _____ fair   _____ poor   _____ declining

_____ height   _____ weight   _____ usual weight   _______ recent weight changes

Do you have health, dental, vision insurance: _______ Policy # _____________________________

Provider: ___________________________ Address: _____________________________

_________________________ Phone # ___________________________ Expires: ___________________

List all major illnesses or operations you have had:

____________________________________________________________________________________

____________________________________________________________________________________

Are you handicapped in any way? _____ Type of handicap: _________________________________

Do you now have a venereal disease? ______ Have you had a venereal disease in the past? _____ If so, what?

____________________________________________________________________________________

When cured: ___________ Other: ________________________________

Have you ever been tested for HIV? ______ When? _________________________

Do you smoke or use any tobacco products? ______ What? ________________________________

Are you willing to give it up to come into the program? _________________________________

List any food / drug allergies: _________________________________________________________

____________________________________________________________________________________

Have you ever been hospitalized for alcoholism or drug addiction? List all related illnesses:

Where? ___________________________ When? ___________ Condition? _________________________

Where? ___________________________ When? ___________ Condition? _________________________

Where? ___________________________ When? ___________ Condition? _________________________

Are you taking any medication, prescribed or over-the-counter? __________________

If yes, what? ___________________________ How long? _________________________________

If married, is wife taking any prescribed or over-the-counter medications? _________

If so, what? ___________________________ How long? _________________________________

Have you ever suffered from depression? ___________ Describe any treatment you have received:

______________________________________________________________
Have you ever thought of suicide? _______ When? _______________ Have you ever attempted suicide? __________ When? __________ Have you ever been treated for any psychiatric illness? __________ If yes, explain and describe treatment: __________________________________________________________

Are you willing to sign a release of information form so that we might obtain information concerning social, medical or psychiatric reports or records? __________________________

If yes, then list facility __________________ Doctor __________________ Phone ________________

I, ______________________________________, am willing to submit to any and all drug screenings as deemed necessary by the staff of WAYPOINT MINISTRY at any time of the day or night.

Signed: __________________________ ___________________________ Date: ____________

ALCOHOL/DRUG HISTORY

PAST USE: What was your use of alcohol/drugs prior to being intake?

Alcohol: __________________________ How much? ________________ How long? ________________

(Beer? Wine? Whiskey? All?)


(Pot? Crack? Cocaine? Speed? Other?)

How much did you spend each week during your addiction? __________________________

Has your drinking/drugging pattern changed? _______ In what way? __________________________

What is your drinking/drugging pattern now? ____________________________________________

Have you ever tried to control your drinking or drugging on your own? ________________________

What is your longest period of sobriety in the past two years? __________________________

How? _____________________________________________________________________________

Have you ever had a blackout? _______ Seizure? _______ Hallucinations? _______ DT's? _______

What is your drinking/drugging behavior? ____________________________________________


Have you ever misused or abused prescription drugs? _______ If so, what? ________________________

_____________________________________________________________________________________

Have you used or abused any other substances (not listed above) in the past to change your mood?
or to get high? _______ If yes, what? __________________________________________
How long? ________________

Any other information concerning your past alcohol/drug use that you would like to share with us:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CRIMINAL RECORD:
Number of times arrested: _______ What is the longest time spent in jail? ________________
What misdemeanor(s) and/or felony(s) have you spent time in jail for: ______________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Are you presently involved in any lawsuits? ____________________________
Has your driver’s license ever been suspended or revoked? _______ If so, when and why? _______
________________________________________________________________________
________________________________________________________________________
Have you ever been in prison? _______ When? ________________ Where? ________________
Why? _______________________________________________________________________
Any court dates pending? _______ If so, when? _________________________________
Are you currently on probation? _____________________________________________
If so, Where and who is the officer? __________________________________________
Do you object to us notifying the law that you are here? __________________________

RELIGIOUS BACKGROUND:
Are you a church member? _______ Have you ever been a church member? ___________________
If so, what denomination? _________________________ Where? _____________________________
____________________________________________________________________________
Pastor's name: ___________________________ How often did you attend? ______________________
____________________________________________________________________________
How often do you read the Bible? _______________ Have you ever been baptized? ________ When
did you last attend church on a regular basis? _______________ What church? _______________________
Do you ever pray? _______________ If so, when? _______________ How often? _______________________
Are you saved? _______________ If yes, when? _____________________________
Religious background of your wife: _____________________________
Other information or studies: _____________________________
____________________________________________________________________________
To whom it may concern,

I, _________________________ would like to confirm that I reside at:

129 Center Point Dr.
DAHLONEGA, GA 30533

I also confirm that I have no source of income at the present time.

Signed __________________________

Dated ___________________________
Medical Screening Agreement Form

I agree for Lumpkin County Health Department and any other Doctor, Nurse Practitioner, or medical facility to release the results of tests or exams to the Intake Coordinator, and/or Executive Director of Waypoint Ministry.

I also agree to any medical and drug screening test as deemed necessary by the Intake Coordinator, and/or Executive Director of Waypoint Ministry at any time of day or night.

Print Name: ________________________________ Date: ______________

Signature: ____________________________________________
Public Relations Release

For good and valuable consideration presented by the Waypoint Ministry, the receipt of which I hereby acknowledge. I consent to the photographing of myself, along with any names written on this program application, and/or the recording of my voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs/internet images/recordings which may also include use in brochures, internet, magazines, or television for advertising, publicity, commercial or other business purposes. I understand that the term “photograph” as used herein encompasses still photographs, motion picture footage, and internet images.

I further consent to the reproduction and/or authorization by Waypoint Ministry to reproduce and use said photographs, images, and recordings, for use in all domestic and foreign markets. Further, I understand that others, with or without the consent of Waypoint Ministry may use and/or reproduce such photographs, images and recordings.

I hereby release Waypoint Ministry and any of its associated or affiliated companies, their directors, officers, agents, employees, customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

Print Name:___________________ Date:________

Signature:_________________________________________
Emergency Release

I do hereby authorize treatment of any medical needs on my behalf by any hospital, emergency technician, doctor, or other such licensed person or place in the event I am physically or mentally unable to authorize such at that time of needed treatment. I furthermore do appoint__________________________ as my true and lawful attorney to make decisions on my behalf in the event I am unable to do for myself. I furthermore authorize any of the staff of Waypoint Ministry and constitute, make and appoint them to do all acts necessary for my treatment.

Print Name:______________________________________ Date:____________

Signature____________________________________________
Disciplinary Agreement Form

If a student is found to be in violation of Waypoint Ministry rules, disciplinary action will be taken.

Please read the following and sign below:

I understand that I may be subject to disciplinary measures while I participate in the Waypoint Ministry program.

I agree to release Waypoint Ministry and its staff and or leaders from any claim that I may have regarding the implementing of disciplinary measures against me while I participate in the Waypoint Ministry program.

I acknowledge and agree that I am acting under my own free will, that I am not under any duress or coercion of any kind, and that I am lucid and understand the meaning of this agreement and the consequences of signing it.

Print Name:_________________________________________ Date:______________

Signature:__________________________________________
Confidentiality Agreement Form

Confidentiality is a means of providing students with safety and privacy. Due to the sensitivity and personal nature of information shared by students, it is essential that no information be given out to anyone outside the ministry in regards to a student and his status. All information is considered confidential and should not be communicated to other agencies or people without that person’s consent.

Waypoint Ministry maintains a policy of strict compliance with State and Federal confidentiality laws. No protected health and service information will be released to or requested from other persons, organizations, agencies, or other third parties without student’s informed written consent, except in response to a court order or as otherwise required by law, and or to protect student and others from injury, abuse or neglect.

Information recorded on students should be stored securely with access restricted to staff.

Any student who is unhappy with the level of confidentiality is entitled to report the complaint to any staff member.

I hereby have read and understand the above information.

Print Name: ___________________________ Date: __________

Signature: ________________________________
FINANCIAL AGREEMENT

There is a non-refundable $500.00 application fee for all program applicants. This amount must be paid in full at the time of your intake interview. Once admitted, each program participant is responsible for paying $12,000.00 for your 12-month program, the full amount of which is due upon acceptance into the program. If you cannot pay the tuition amount in full, you may arrange a payment plan with the Executive Director at his discretion. If a participant is dismissed or leaves the program within the first 100 days, his financial responsibility will be prorated at $550.00 per week and any amount paid in excess of the calculated amount will be refunded 30 days from date of dismissal. If a participant is dismissed or leaves the program any time during the first seven days, he will be charged for a full week at $550.00, plus the application fee. The prorated amount of $550.00 per week is based on the actual cost of the program and not the discounted tuition amount. Therefore, after 100 days the full $12,000.00 obligation is due and no payments will be refunded.

Under no circumstances, does this agreement establish a landlord/tenant relationship between the participants and Waypoint Center, Inc. Living on campus at Waypoint is a requirement of the program and a condition of the program the participant is voluntarily entering.

Applicants may be permitted to donate material goods to be applied toward the cost of the program. If a participant wishes to use this as a method of payment, he must discuss the terms with the interviewer at the time of application. It will be at the discretion of the Executive Director whether to accept an item for payment towards the program. If an in-kind donation is used as a method of payment, the applicant must complete and sign the Program Participant in Kind Donation Form. (For more details regarding the terms of an in-kind donation used for payment towards the program, please see the referenced form.) Once the applicant has given his consent to use the item for payment, Waypoint reserves the right to convert such item(s) to cash. Once such an irreversible transaction has been made, Waypoint will only offer a cash refund for any value credited in excess of the final prorated program cost should the participant leave prior to 100 days.

It is expected that payment for a program be made in accordance with the terms listed above; however, it is Waypoint’s policy not to deny any applicant entry into the program based on the applicant’s inability to pay. If a participant is not able to pay as described above, alternate payment arrangements should be made with the Executive Director.

AT MY INTERVIEW I AM PAYING THE APPLICATION FEE OF __________ AND THE AMOUNT I AM PAYING ON MY PROGRAM IS ____________.

PAYMENT ARRANGEMENTS (MUST BE APPROVED BY EXECUTIVE DIRECTOR):
DOWN PAYMENT ___________ AND MONTHLY PAYMENT OF __________
FOR ______ MONTHS BY CC OR CHK______________ Executive Director Approval

I, __________________________ attest that I have read and understand the above policy and I agree to be bound by the terms and conditions listed therein. Signed and agreed to this ________day of ________________, ________

_________________________________ Witness and/or Notary Signature

Signature

If I choose to leave the program early, I would like to donate any refund amount to Waypoint Center, Inc.

_________________________________ Witness and/or Notary Signature

Signature
Consent for Release of Client Information

Client Name: ___________________________ Date: ___________________________

Date of Consent Expiration: ___________ Duration of Treatment: Minimum of 1 year

The above-mentioned client authorizes Waypoint Ministry Inc., including all staff and Board members including, but not limited to: Chris Gillhouse, Rick Lovell, Michael Tucker, Miles Rapier, to disclose any, and all my client information as they deem necessary to be in my best interest as their client. I understand this information will include medical information including mental, physical, and emotional information, all legal information including drug testing and progress reports, and any other personal information that may have been shared through treatment including specific information regarding my substance use disorder. I understand that the information that will be shared will be limited to the information needed to carry out the specific purpose as deemed necessary by Waypoint Ministry Inc. I understand that I can request a list of all those that my information has been shared with. I also understand that this consent will expire as per the date listed above or I can revoke this consent at any time by submitting a written request to revoke to either the Executive Director or the Program Director.

FAMILY / FRIENDS

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# LEGAL / CRIMINAL JUSTICE

<table>
<thead>
<tr>
<th>NAME</th>
<th>ORGANIZATION</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# MEDICAL

<table>
<thead>
<tr>
<th>NAME</th>
<th>ORGANIZATION</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Helping Place Staff</td>
<td>C.H.P Medical Client</td>
<td>706-864-4455</td>
</tr>
<tr>
<td>Dawson Co. Health Dept. Staff</td>
<td>Dawson Co. Health Dept.</td>
<td>706-265-2611</td>
</tr>
<tr>
<td>Family Prime Care Staff</td>
<td>Family Prime Care Dahlonega</td>
<td>706-867-7666</td>
</tr>
</tbody>
</table>

# OTHER

<table>
<thead>
<tr>
<th>NAME</th>
<th>ORGANIZATION</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DFACS / Food stamp Office Staff</td>
<td>DFACS Lumpkin County</td>
<td>706-864-1980</td>
</tr>
</tbody>
</table>

I understand that I am authorizing Waypoint Ministry Inc. and all staff members to share my information with the above-mentioned people / organizations as they deem best for my treatment and as they deem in my best interest.

Client Signature: ___________________________   Date: ______________
Please Do Not Fill Out for Employees Only

Office Necessities

Emergency contact: ____________________________, Relationship: ________________

Home: __________________ Work: ___________ Cell: __________________

Parents’ Name (if living): _________________________________________________________

Parent’s phone # Home:________________ Work:________________ Cell:________________

E-Mail Address: ________________________________________________________________

Probation or legal issues to resolved

immediately: ____________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Blood Test? ____________________________________________________________________

COUNSELING NOTES:

129 Center Point Drive Dahlonega, GA 30533
Phone: 706-864-7110 www.waypointministry.com Fax 706-864-0940
admin@waypointministry.com