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# THE WAY HOME

Information Package and Application

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# 1 WELCOME TO APPLICANTS

The Way Home  
5250 Bardstown Road  
Springfield, Kentucky 40069  
502-333-0253

Dear Applicant,

Thank you for your interest in The Way Home ministries as a place where you can continue to live as a recovered addict or alcoholic. At The Way Home we believe in the power of faith in Christ Jesus to enable us to live a transformational life according to Romans 12:2. The ministry exists to help others live in this way as well. This is achieved by helping the residents at The Way Home in all aspects of their life spiritually, emotionally, physically, and mentally applying life principles from scripture. This is a Christ centered ministry focused on the teachings of scripture to enable us to live the fullest and most satisfying life in salvation with a restored relationship with God.

The Way Home is staffed with volunteers that will come along side you in a structured independent living home where you will be able to work, support yourself, and continue to grow spiritually. The Way Home is not a professional medical treatment program. At The Way Home we recognize that there is a physical component to addiction with a possible neuro-chemical component. We are **not** qualified to address mental illness or the neuro-chemical components of addiction therefore it is expected that you will have completed a long-term program in a residential facility. The Way Home is focused on after care and continuing care where we can create an environment of spiritual nurturing in a structured home with boundaries and goals that are expected of each resident.

If you are ready to apply for residence at The Way Home, you will need to complete the following process.

- Complete the application package.
- Submit with the application two letters of recommendation from a chaplain, pastor, counselor, sponsor, teacher, or someone who can testify to your desire for transformation.
- Complete an Interview with the ministry team.
- Agree to background checks and an initial drug screening.
- Agree to sign the residence agreement and all the terms and conditions of residence.
- Agree to all the terms of the disclosure statement and abide by the statement of faith.

If you are ready to begin then you may download the application package from (need link) and submit the completed package to (need address).

Sincerely in Christ,

The Way Home Team



## 2 THE WAY HOME APPLICATION

### 2.1 Personal Information

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Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: (MM) \_\_\_\_\_ (DD) \_\_\_\_\_ (YYYY) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

If applicable: Driver license number: \_\_\_\_\_

Last Home Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Referred to The Way Home By : \_\_\_\_\_

Relationship (Friend, relative, etc.): \_\_\_\_\_

Family contacts: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Information:

Current or former spouse \_\_\_\_\_

Children Beside each name indicate parental rights, SHARED, VISITATION or NONE

Name: \_\_\_\_\_ Age: \_\_\_\_\_



Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Are you currently responsible for child support for any of your children? YES or NO

Emergency Contacts: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## 2.2 Medical Information

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### General Medical

Check all that apply and provide additional information as needed.

- |   |   |
|---|---|
| <input type="checkbox"/> Heart or Blood Pressure      | <input type="checkbox"/> Head Trauma                            |
| <input type="checkbox"/> Seizures or Stroke           | <input type="checkbox"/> Cancer                                 |
| <input type="checkbox"/> Stomach, ulcers, acid reflux | <input type="checkbox"/> Kidney or liver disorders              |
| <input type="checkbox"/> Hypertension                 | <input type="checkbox"/> Hearing or sight issues                |
| <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Chronic conditions, pain, or disorders |
| <input type="checkbox"/> Surgeries                    | <input type="checkbox"/> Hepatitis                              |
| <input type="checkbox"/> HIV, or AIDS                 |   |

Please provide additional information for all conditions that were checked including date diagnosed and status.

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## Behavioral Conditions

List all behavioral health medical diagnosis (e.g. Depression, bipolar, ADHD, Anxiety...)

Condition diagnosed	Date of diagnosis	Medications Taken

## Medical Insurance Information

Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

## Medications

List all medications currently prescribed, the physician prescribing the medication and the reason for the prescription

Prescription	Physician	Medical condition

Prescription	Physician	Medical condition

Do you have a living will? YES NO

If you have a current primary care physician please provide their information.

Name

Address

Phone

Date of your last medical checkup? \_\_\_\_\_





## Addiction History

How did you start in addiction start? Specific events, accidents, or traumas that contributed to using drugs.

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Have you been clean for the past 30 days YES NO

## Drug and Alcohol Usage History

	Timeline of Usage		How often did you use during the period of your heaviest use indicate either:	Check your preferred drug.
Drug or substance	Month and Year of first use	Month and Year of last use	Occasional, Often, Weekly, or Daily	
Alcohol				
Barbiturates				
Amphetamines				
Methamphetamine				
Heroin				
Cocaine				
Hallucinogenic				
Opium				
Inhalants				
Tobacco				
Marijuana				
Synthetics				
Other (Specify)				



What is the longest time you have had clean from all substances? Date for this time?

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Do You consider yourself addicted now? Yes No

Explain : \_\_\_\_\_

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Which answers describes you best describes your use?

I depend(ed) on drugs to (check all that apply)

\_\_\_ escape reality and the problems of life.

\_\_\_ to cope with life and relieve stress

\_\_\_ purely for pleasure and state of euphoria

\_\_\_ to be accepted by my friends and not feel rejected.

\_\_\_ Other Explain \_\_\_\_\_

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## 2.3 Legal Status

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Please list all felony convictions

Conviction	Date	Time served

Are there any active warrants for your arrest? Yes No

Are you on parole or probation? Yes No

Describe the parole terms and conditions:

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Are any past charges related to sex offenses or violent offenses? Yes No

Explain: 

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Drivers License Status? 

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Restitution owed? \_\_\_\_\_

Child Support? \_\_\_\_\_

## 2.4 The Presenting Problem

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What is the main problem in your life, as you see it that triggers drug or alcohol use?

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What have you done about it? (i.e. meetings, programs, counseling, recovery)

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What are your greatest needs, in order of priority to address the presenting problems?

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## 2.5 Programs and Recovery History

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List all programs you have been in including those offered in jail or prison (i.e. SAP, MRT, REACH, or other)

Program Name	Date	City, State	Reason for Leaving

## 2.6 Spirituality

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Do you consider yourself a Christian YES NO

Are you of a faith other than Christianity YES NO

Do you belong to a particular church or a church you consider your home church?

Name, City, State \_\_\_\_\_

Last attended \_\_\_\_\_

How often have you attended a church? \_\_\_\_\_

What are you expecting (believing) God to do in your life while you are at The Way Home?

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Are you expecting God to do it all (“zap” you) or do you believe it will take commitment and sacrifice on your part? Describe what you’re willing to do, or what you think is required of you?

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## 2.7 Employment History and Job Skills

In order to help you find employment please provide some information about your skills and the type of employment you are seeking.

List education completed		
School	Year graduated or year completed	Degree or skill
High School		
GED		
Vocational		
College		

List Employment History		
Employer Name, Address	Employed	Jobs or skills
	Start	
	End	
Phone:		
	Start	
	End	

List Employment History		
Phone:		
	Start	
	End	
Phone:		
	Start	
	End	
Phone:		

List all other skills that you have that will enable us to locate employment for you.

Skill	How much experience

Have you ever completed a resume for job searches? Yes No

Do you have any certifications or licensing for employment? Yes No



Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any specific educational or employment goals you would like to achieve in your life?

Explain: \_\_\_\_\_  
\_\_\_\_\_

All information provided on this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signed (Applicant)

\_\_\_\_\_  
Date and Time

Thank you for completing the Application for Admission. Please submit this application to our ministry team:

By mailing to

The Way Home  
c/o Rockbridge Baptist Church  
460 Rockbridge Lane  
Willisburg, KY 40078

Or scanning, attaching, and emailing to  
[thewayhomeky@gmail.com](mailto:thewayhomeky@gmail.com)

**End of Application**





### 3 RESIDENTIAL PROGRAM AGREEMENT

#### 3.1 Cost

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The cost for the residential portion of the program is **\$95.00 per week**. Each resident is expected to pay the expenses weekly by the end of the day on Friday of each week. The expense covers

- Residence
- Utilities
- Phone service at the house
- Appliances
- Maintenance and repairs.
- Basic food items, cleaners, soaps, and paper items
- Internet service

This expense is set for 30 days and may adjust up or down as needed to cover the costs of housing.

#### 3.2 Loss and damage

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The resident is expected to care for the property and to keep the property and furnishings clean and in good repair. Any damage willful or accidental will be charged to the resident.

#### 3.3 Terms

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This is not a rental agreement for housing. This is specifically the terms for residential after care program for addiction recovery. As such residential privileges will be terminated immediately for any violation of the ministry guidelines set forth in the resident's handbook, the disclosure statement (part of this package), or based on the recommendation of the ministry team or community group. The property and all items in the house are subject to search at any time.

I have read and agree to abide by the terms for residence status in The Way Home ministries and I agree to pay all program related costs for residence, drug testing, and groceries.

Start Date of residence \_\_\_\_\_ Length of Residence \_\_\_\_\_

Applicant Name Print \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Ministry Director \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



## 4 DISCLOSURE STATEMENT

### THE WAY HOME PROGRAM DISCLOSURES

This disclosure statement to be reviewed and discussed with the Way Home team during the interview. Please read and note any question you may have before that time.

I the undersigned acknowledge that I have read and agree to The Way Home mission and program that is a condition of my residence at 5250 Bardstown Rd, Springfield KY and my participation in the transformational living program.

Initial

- \_\_\_\_\_ 1. I understand that The Way Home is a two-story residence and that my accommodations may be located on the second floor requiring the use of stairs. There are no elevators or other access provided.
- \_\_\_\_\_ 2. The Way Home ministry is a mission of evangelical churches and the program is structured around Christ centered principles for living. As a resident I agree that I have read and will abide by the Statement of Faith, will participate in all Christ centered requirements of a discipleship program, and will attend weekly chapels, devotions, Bible studies and worship services. We accept people of all faith-based backgrounds but you must agree to live by the principles of Christ and the gospel found in scripture and summarized in the statement of faith.
- \_\_\_\_\_ 3. The Way Home is not a medical or psychiatric facility and does not dispense psychotropic, narcotic, or mood-altering medications, muscle relaxers or other sedative medications (including certain antihistamines). However, we do not recommend that an individual stop taking medications against medical advice. If a person must take these types of medications, our staff can refer him to another program.
- \_\_\_\_\_ 4. Due to staffing limitations and the narrow focus of The Way Home on transformational living after addiction recovery, individuals needing ongoing medical care (e.g. dialysis, etc) will be unable to participate in the program. If an individual requires this type of care, our staff can refer him to another program.
- \_\_\_\_\_ 5. I agree to abide by the rules of the house and the structure of the The Way Home ministry as defined by the ministry team, discipleship mentors, and the resident community. Any infraction at the discretion of the ministry team may result in termination of the person from the program and immediate removal from the home with transportation provided to either Louisville or Lexington rescue shelters.
- \_\_\_\_\_ 6. I agree to a background check before entering the residence and will provide the information needed to complete the background check.
- \_\_\_\_\_ 7. The Way Home does not provide detox services and students must be detoxed before they arrive. Drug tests are given during the intake process. Students found to be under



Initial

the influence of drugs or alcohol may be required to leave the facility and complete a detox program before continuing the intake process.

- \_\_\_\_\_ 8. I agree to actively seek, obtain, and maintain employment while living at the residence. I will pay all ministry fees due on time. I understand that any failure to pay can result in immediate termination of the resident agreement and I will be escorted off the premises and transported to a rescue shelter in Louisville or Lexington.
- \_\_\_\_\_ 9. I agree to the financial counseling and job counseling that will be made available through different agencies and volunteers in the area.
- \_\_\_\_\_ 10. The Way Home provides a minimum of 6 months of services and structure with a maximum stay of 12 months. If at any time it is deemed that I am not making progress in the living sober/clean and I am not living responsibly and taking care of my needs spiritually, physically, and mentally then my residence will be terminated.
- \_\_\_\_\_ 11. I agree to live clean and sober while at The Way Home residence. I understand that this is a condition of my residence at 5250 Bardstown Rd, Springfield KY.

***I acknowledge that I have read and understand all of the above disclosures.***

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

***The above items have been discussed with the applicant and there are no outstanding questions or issues***

\_\_\_\_\_  
The Way Home Ministry Team Member

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

## 5 STATEMENT OF FAITH

The sole basis of our beliefs is the Bible, God's infallible written Word, the 66 books of the Old and New Testaments. We believe that it was uniquely, verbally and fully inspired by the Holy Spirit and that it was written without error (inerrant) in the original manuscripts. It is the supreme and final authority in all matters on which it speaks.

We accept those areas of doctrinal teaching on which, historically, there has been general agreement among all true Christians. Because of the specialized calling of our movement, we desire to allow for freedom of conviction on other doctrinal matters, provided that any interpretation is based upon the Bible alone, and that no such interpretation shall become an issue which hinders the ministry to which God has called us.

1. There is one true God, eternally existing in three persons – Father, Son, and Holy Spirit – each of whom possesses equally all the attributes of Deity and the characteristics of personality.
2. Jesus Christ is God, the living Word, who became flesh through His miraculous conception by the Holy Spirit and His virgin birth. Hence, He is perfect Deity and true humanity united in one person forever.
3. He lived a sinless life and voluntarily atoned for the sins of men by dying on the cross as their substitute, thus satisfying divine justice and accomplishing salvation for all who trust in Him alone.
4. He rose from the dead in the same body, though glorified, in which He lived and died.
5. He ascended bodily into heaven and sat down at the right hand of God the Father, where He, the only mediator between God and man, continually makes intercession for His own.
6. Man was originally created in the image of God. He sinned by disobeying God; thus, he was alienated from his Creator. That historic fall brought all mankind under divine condemnation.
7. Man's nature is corrupted, and he is thus totally unable to please God. Every man is in need of regeneration and renewal by the Holy Spirit.
8. The salvation of man is wholly a work of God's free grace and is not the work, in whole or in part, of human works or goodness or religious ceremony. God imputes His righteousness to those who put their faith in Christ alone for their salvation, and thereby justified them in His sight.



9. It is the privilege of all who are born again of the Spirit to be assured of their salvation from the very moment in which they trust Christ as their Savior. This assurance is not based upon any kind of human merit, but is produced by the witness of the Holy Spirit, who confirms in the believer the testimony of God in His written word.
10. The Holy Spirit has come into the world to reveal and glorify Christ and to apply the saving work of Christ to men. He convicts and draws sinners to Christ, imparts new life to them, continually indwells them from the moment of spiritual birth and seals them until the day of redemption. His fullness, power and control are appropriated in the believer's life by faith.
11. Every believer is called to live so in the power of the indwelling Spirit that he will not fulfill the lust of the flesh but will bear fruit to the glory of God.
12. Jesus Christ is the Head of the Church, His Body, which is composed of all men, living and dead, who have been joined to Him through saving faith.
13. God admonishes His people to assemble together regularly for worship, for participation in ordinances, for edification through the Scriptures and for mutual encouragement.
14. At physical death the believer enters immediately into eternal, conscious fellowship with the Lord and awaits the resurrection of his body to everlasting glory and blessing.
15. At physical death the unbeliever enters immediately into eternal, conscious separation from the Lord and awaits the resurrection of his body to everlasting judgment and condemnation.
16. Jesus Christ will come again to the earth – personally, visibly and bodily – to consummate history and the eternal plan of God.
17. The Lord Jesus Christ commanded all believers to proclaim the Gospel throughout the world and to disciple men of every nation. The fulfillment of that Great Commission requires that all worldly and personal ambitions be subordinated to a total commitment to "Him who loved us and gave Himself for us."

Version		
1.1.5 2017-08-16	Updated the resident agreement adding verbiage for searches at any time Changed disclosure to read fees and not rents	
1.1.6 2017-10-30	Updates to formatting Added address and phone number to the cover letter. Corrected grammar on cover letter.	
1.1.7 2018-03-06	Changed medical section minor formatting, updated drug use history, Added Spirituality heading, Expanded legal history section. Minor grammatical	