

# *South Georgia House of Hope*

*A long-term residential program for women overcoming drug addiction, alcoholism, and abuse.  
P.O. Box 489, Lake Park, GA 31636  
(229)241-2707*

[www.southgeorgiahouseofhopegeorgia.org](http://www.southgeorgiahouseofhopegeorgia.org)

Dear Friend,

Thank you for your interest in the program. The South Georgia House of Hope is a long-term Christian home for women with life-controlling problems due to alcoholism, drug addiction, or abuse. We know that there is an answer to your problem and we believe that the love of Jesus Christ is the only thing that can truly set you free from your addiction. We are committed to working alongside you as you become restored in: your relationship with God, your physical, emotional and spiritual well-being, and in your relationships with others. Ladies who enter the program are with us for a minimum of one year. We provide a loving home environment where you are invited to let go, really come to know God, and discover the plans He has for your life. This is a time to be set apart, to look at the root causes of your self-destructive behavior, and to be healed.

We have a very full schedule. Most days, wake up is at 6:30am followed by quiet time, breakfast, and exercise. The mornings are usually spent outside, gardening or doing light yard work. Afternoons and evenings are reserved for group classes and personal studies. In addition to your classes, you will receive personal prayer and counseling to help you find freedom in Christ from your pain and addictions. It is our hope that you will come to know Jesus Christ personally as your best friend. Being a Christian program, we teach Christian principles for living, overcoming problems, becoming whole, and being healed. Each lady's curriculum is custom-tailored to meet her specific needs, but some of the studies and classes we offer include: Anger Management, Loving and Accepting Myself, The Importance of Forgiveness, Overcoming Codependency, Personal Relationships with Others, Speaking the Truth in Love, Marriage and Family, Boundaries, and Self-Image/Identity in Christ. We also attend church services and functions on a regular basis.

We have a controlled environment, but this is not a lock-down facility. At any time, you may choose to leave. For the first 30 days, you will not be allowed contact with your loved ones. This is to give you time to detach and become situated within the house. After that, only a limited number of people will be on your contact list (no casual friends or single males). After the orientation period is over, you will be allowed to make one phone call per week and are eligible to receive one 8-hour pass per month. Overnight passes will be given as you progress through the program. We also have family visitation on Sundays and family recovery classes monthly so that you will be able to mend and restore broken relationships.

We are a non-smoking facility and allow no mind-altering medications (anti-depressants, anti-anxiety or mood-stabilizers) to be taken while you are in the program. Other medications will be allowed at the discretion of the staff. You must be detoxed before coming to the House of Hope, as this is not a medical facility. You will be required to obtain a physical exam before entering the program. Please be sure that all your medical and dental needs are taken care of prior to entering the program.

If you have legal problems, they must be resolved prior to entering the program. We CAN accept you if you are on probation and are willing to work with your probation officer so

that you can meet the requirements of your probation while you are at the house. The only way we can accept someone from jail is to be court-ordered to **the successful completion of the program**, which is a minimum of one year. If you are disobedient, uncooperative, or chose to leave, you will most likely go right back to jail. We are looking for ladies who sincerely want to change their lives, not just appease the court.

The South Georgia House of Hope is a non-profit organization funded through the financial gifts and love of churches, individuals, foundations, and corporations. Therefore, we request that students entering the program give a one-time, non-refundable entrance fee of \$750. We also ask for a minimum sponsorship of \$750 monthly. Note that the cost of secular drug rehabilitation programs exceed \$20,000 monthly, whereas the cost per month here is \$1,500. The other half of your tuition is raised while you are in the program through ministry events, functions, and fundraisers that you will take part in. It is our heart's desire never to turn someone away because of finances. Occasionally, we have people in the community who are willing to help with a lady's tuition. After you have explored all avenues of support (family, friends, or churches that may be willing to help you), feel free to contact me personally about making special arrangements.

If you are interested in entering the program, the first step is to fill out an application. We also ask that you would write a five-page life history letter detailing what your life has been like. Include your childhood and any traumas or factors that may have contributed to your addiction, how you began in your addiction, and where it led you. Explain in detail how you and your loved ones have suffered loss as a result, and any medical or legal problems that have occurred because of your addiction. Also include your relationship with God (if you have one) and why you feel that you need help at this point in your life. Please be as thorough as possible. Once we receive your application, we will call you to set up a phone interview. Typically, this process takes 3-5 days, but can be expedited due to extreme circumstances. Feel free to call us with any questions or concerns that you may have as you go through the application process. Thank you and may the Lord keep you safe and lead you as you make these life-changing decisions

With love and prayers,

Sharon Wagner  
Founder and Executive Director.



Have you ever been separated? \_\_\_\_\_ Have you ever been divorced? \_\_\_\_\_

If widowed, cause and date of spouse's death: \_\_\_\_\_

Do you have children? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Name	Sex	Date of Birth & Age

If minors, where will each of your children be staying while you are at the South Georgia House of Hope? (Include contact persons name, address and telephone number).

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### **Medical Information**

Before coming to the South Georgia House of Hope you must first have a physical exam. Please see the enclosed form which must be completed by your physician before entry into the program.

Do you have Medicare, Medicaid, private or any other type of health insurance? \_\_\_\_\_

If yes, please list insurance carrier and group and policy number: \_\_\_\_\_

What is the state of your physical health? (Circle One)      Good      Fair      Poor      Other

If other, please explain: \_\_\_\_\_

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List any major illnesses, operations, or injuries that you have had with dates: \_\_\_\_\_

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Please check – Have you ever had or do you now have any of the following illnesses:

Hepatitis C		Convulsions		Tuberculosis	
Asthma		Pneumonia		Blood in the Urine	
Anemia		Allergies		VD/STD	
Headaches		Arthritis		High Blood Pressure	
Skin Problems		Kidney Problems		Broken Bones	
Diabetes		Stomach Problems		HIV/AIDS	
Surgery		Cancer		Emphysema	

List any known chronic illnesses or diseases that run in your family: \_\_\_\_\_

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Do you now have or have you had any injuries with long term effects?    Yes    No

If you circled Yes please explain: \_\_\_\_\_

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Do you now or have you ever taken any long term medication(s)? \_\_\_\_\_

Name, Date, Reason for all long term medication(s)? \_\_\_\_\_

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Are you handicapped in any way? If yes please explain in detail: \_\_\_\_\_

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When was the last time you saw a dentist? \_\_\_\_\_

When was the last time you had dental x-rays and had your teeth cleaned? \_\_\_\_\_

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We do not have resources available to provide dental care. If emergency dental work is needed , you will be required to meet the financial obligations at the time of service.

Who will be responsible financially for any medical or dental emergencies? \_\_\_\_\_

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<b>Medical Risk Assessment</b>	<b>Yes</b>	<b>No</b>
Have you ever had sores or lesions on the genitals (sex organs)?		
Have you ever shared paraphernalia, needles or had sex with someone you now know is HIV positive, has AIDS or Hepatitis C?		
Have you ever prostituted yourself for money or drugs		
Have you ever had sexual relations with men outside of marriage?		
Have you ever had a lesbian relationship (sex with another woman)?		
Have you ever had sex with males who have had male to male sex?		
Have you ever had sex with anyone who would answer "yes" to any of the above?		

### **Psychological History**

Have you ever suffered from depression or anxiety? \_\_\_\_\_ If yes describe and explain:

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Have you ever been treated for depression, anxiety or bi-polar disorder?      Yes              No

If yes, please describe treatment, location, length, etc: \_\_\_\_\_

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Have you ever been admitted to a psychiatric hospital? (Circle one)      Yes              No

If you circle yes, please describe location of hospital, dates, length of stay and treatment and diagnosis?

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Were you committed or checked in voluntarily? \_\_\_\_\_

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Please check if you or any immediate family member has ever been diagnosed with any of the following:

<b>Illness</b>	<b>Hospitalized</b>	<b>Self or Family Member</b>
Clinical Depression		
Bipolar (Manic-depressive)		
Suicide attempts		
Schizophrenia		
Compulsive Disorders		
Personality Disorders		
Seizure disorder/Epilepsy		
Learning disability		
Mental impairment/retardation		

Have you ever been prescribed medication for depression, anxiety or a bipolar disorder? \_\_\_\_\_

If you answered yes, please list all medications, when you took them and for how long: \_\_\_\_\_

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Have you ever had thoughts of injuring yourself or suicide? (Circle One)    Yes                      No

If you circled yes, please describe these incidents and when they took place: \_\_\_\_\_

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Have you ever had thoughts of injuring someone else? (Circle One)    Yes                      No

If you circles Yes, please describe these incidents and when they took place. \_\_\_\_\_

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### **Treatment History**

Have you ever been treated for your addiction? (Circle One)                      Yes                      No

Detox	Yes	No
Out Patient Treatment	Yes	No
In Patient Treatment	Yes	No

Please list all in-patient treatment facilities that you have participated in if any prior to coming to the House of Hope and their duration:

Name	Location	Date of Admission	Date of Discharge	Did you complete?

While you were in the program did you follow all professional recommendations? Yes No

If answer is no, please explain: \_\_\_\_\_

\_\_\_\_\_

Would you be willing to sign a release of medical information for these facilities in order to facilitate your recovery? Yes No

**If you are coming directly from a Detox facility,  
please bring your discharge papers with you.**

### Addiction History

Please check if you have ever questioned yourself concerning possible addiction/compulsion to:

Drugs/Alcohol		Nicotine		Food/Eating	
Medication		Sex/Pornography		Relationships	
Gambling		Work		Shopping/Spending	

List any compulsive behaviors you feel you may have: \_\_\_\_\_

\_\_\_\_\_

Tell about any abuse of drugs or alcohol immediately (30 days) before coming to the South Georgia House of Hope, the substance and how much: \_\_\_\_\_

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What was the age and the circumstances of your first drinking and/or drugging experience?

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What was your response to it at that time? \_\_\_\_\_

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Were there any consequences of your introduction to drinking and/or drugging? \_\_\_\_\_

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Has your substance abuse pattern changed? (Describe) \_\_\_\_\_

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What have been the consequences of your drinking and/or drugging? \_\_\_\_\_

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Have you ever used substitutes for alcoholic beverages? Describe (Mouthwash, extracts, cough syrup, etc.) \_\_\_\_\_

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Have you ever tried to quit drinking or drugging? Describe \_\_\_\_\_

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Have you ever had a blackout, seizure, hallucination, D.T.'s, etc.? Describe \_\_\_\_\_

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Have you ever abused prescription drugs? (Circle One)      Yes                  No

Have you ever obtained prescription drugs illegally? (Circle One)                  Yes                  No

Please list all prescription drugs that would fit into the above categories that you have used or abused:

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Have you ever taken over-the-counter medication long term? (Circle One)      Yes                  No

Have you ever abused over-the-counter medication? (Circle One)                  Yes                  No

Have you ever stolen over-the-counter medication? (Circle One)                  Yes                  No

Please list all over-the-counter medication that you have abused: (Tylenol PM, Cold Medications, etc.) \_\_\_\_\_

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Have you ever abused chemicals such as glue, pain, aerosols, propellants, etc?      Yes                  No

If you answered yes to the above question, please list those chemicals: \_\_\_\_\_

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Please list all illegal drugs you have used and the manner in which you have used them.

Example: Pot – smoked, heroin – injected, etc. \_\_\_\_\_

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Have you ever been hospitalized for alcoholism or drug addiction? (Circle One)      Yes                  No

## Legal History

Do you object to our notifying the authorities that you are here? (Circle One)      Yes      No

Number of times arrested: \_\_\_\_\_ Longest time spent in jail/prison: \_\_\_\_\_

Reason for arrest/time spent in jail and/or prison: \_\_\_\_\_

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Are you currently on probation, parole or any kind of court supervision?    Yes                  No

For how long? \_\_\_\_\_ Felony or Misdemeanor: \_\_\_\_\_

If you circled yes, please give the terms of your probation or supervision and your P.O.'s name, address and phone number: Also, **please attach a copy of your court order to this application for our records:**

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Do you presently have a valid drivers' license? (Circle one)                  Yes                  No

Are you coming here to meet the terms of your probation/parole, or do you want to change the way that you are living in for a better way of life through Jesus Christ?

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## Religious Background

Are you a church member?    Yes      No      Have you ever been a church member?    Yes      No

What church or denomination? \_\_\_\_\_

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Did you attend a Religious School? (Circle One)    Yes                  No

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

Did you attend church as a child? \_\_\_\_\_

What is the religious background of your parents? \_\_\_\_\_

Would you consider yourself to be a religious person? \_\_\_\_\_

Do you ever pray? When? \_\_\_\_\_

Do you know if you are saved or born again? \_\_\_\_\_

If you are not sure, would you like to hear about the plan of salvation that Jesus came to bring?

Have you had any negative experiences with the church? \_\_\_\_\_

Have you had any positive experiences with the church? \_\_\_\_\_

Check all that apply. Have you or a family member ever dabbled in or practiced any of the following:

Santeria		Voodoo		Fortune Telling	
Channeling		Satanism		Palm Reading	
Séances		Horoscopes		Tarot Cards	
Psychic Power		Astral Travel		Witchcraft	
Clairvoyance		Divination		Ouiji Boards	
New Age		Metaphysics		Cults/Spiritualism	

\_\_\_\_\_ Been socially and/or sexually involved with one who's been involved in one of the above practices.

\_\_\_\_\_ Inward perception of a separate being, name or voice prompting undesirable thoughts/ behaviors.

\_\_\_\_\_ Fearful, repetitive night visitations by an evil presence

\_\_\_\_\_ Separation of mind from body – spacing out, dizziness

\_\_\_\_\_ Inability to focus on and retain Biblical truth

\_\_\_\_\_ Difficulty participating in prayer: agitation, nausea, anger, rebellion, etc.

\_\_\_\_\_ Uncontrolled thoughts/impressions, i.e.: sexual perversion, cursing, violence

\_\_\_\_\_ Uncontrollable compulsive behaviors, i.e.: sexual sin, anger, chemical indulgence

\_\_\_\_\_ Preoccupation with thoughts of death, despair and hopelessness

\_\_\_\_\_ Uncontrollable, irrational, paralyzing fear

\_\_\_\_\_ Extreme emotional expressions inappropriate to the situation, i.e.: laughter, sadness, crying, anger

\_\_\_\_\_ Extreme nervousness or negative reactions at the mention of the name of Jesus

Describe significant fearful experiences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Occupational Experience**

Usual Occupation: \_\_\_\_\_ Years at Usual Occupation: \_\_\_\_\_

Now Working at Usual Occupation? (Circle One)      Yes      No

If No was circled, why not? \_\_\_\_\_

Other Types of Jobs Held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Skills: (Typing, Cooking, Sewing, Computers, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired from a job for drinking or drugging? (Circle One)      Yes      No

Give your work history for the past five years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Education**

Are you a High School Graduate? (Circle One)      Yes      No

If no circle, what was your highest grade level completed? \_\_\_\_\_

College History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trade School or Any Other Continued Education School History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Other Secondary Education? \_\_\_\_\_

\_\_\_\_\_

### **Military Service Experience**

Are you a Veteran? (Circle One)                      Yes                      No

If yes, Branch of Service: \_\_\_\_\_

Highest Rank Achieved: \_\_\_\_\_                      Years in Service: \_\_\_\_\_

Discharge Date: \_\_\_\_\_                      Type of Discharge: \_\_\_\_\_

If less than Honorable, Explain: \_\_\_\_\_

\_\_\_\_\_

Work Experience in Service: \_\_\_\_\_

\_\_\_\_\_

Were you ever Court Martialed? (Circle One)                      Yes                      No

If yes, when and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Student Entry Agreement

If I am accepted into the South Georgia House of Hope:

1. I agree not to drink alcohol, take drugs, smoke cigarettes or use tobacco while I am in the program.
2. I agree not to leave the property without permission of a staff member.
3. I agree not to swear, use street language or brag about my past life. This includes sharing details of my past with other students.
4. I agree to follow the posted dress policy, which includes modesty at all times.
5. I agree not to gossip, listen to rock music, or indulge in pornographic materials. I will not participate in or discuss with other students activities concerning the occult.
6. I agree to participate in all chapel, church services, classes and activities of this program.
7. I agree not to fight. I am aware that shoving, hitting, pushing, verbal threats and the like will result in my immediate dismissal from this program.
8. I agree to observe the phone, mail and visiting policies.
9. I agree that all mail sent and received will be subject to inspection at any and all times.
10. I agree to do the work assigned to me in the program and abide by the schedule.
11. I have no pressing medical, dental or court business.
12. I will not date while in the program. I will have no contact with men while in this program.
13. I agree that all my belongings will be checked when I enter or leave the program.
14. I agree that I will not be allowed to have visitors of the opposite sex other than my immediate family. I agree that I will not have contact with anyone who uses drugs or alcohol, whether they are a member of my family or not.
15. I agree to submit to all the rules and to display a teachable spirit while in the program.
16. I agree to conduct myself at all times according to the scriptural principles and Christian character as set forth in this program.
17. I realize that the South Georgia House of Hope, Inc. is a Christian program and this program is derived from biblical principles.

I have carefully read this agreement and fully understand all that it says. I agree to abide by the rules and procedures of South Georgia House of Hope, Inc. I understand that violations of the rules could result in dismissal. If dismissed I will voluntarily remove myself from the premises.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## **Application and Contract for Acceptance**

1. I hereby assume any risks that may be incident to my stay here and do hereby for my heirs, executors, administrator, myself or any personal representative release and relinquish forever and all claims of any nature whatsoever that might arise out of my stay at the South Georgia House of Hope, Inc.
2. I do hereby promise and agree that I will cooperate with the rules of the South Georgia House of Hope to the best of my ability and that I will carry out the work assigned to me in maintaining South Georgia House of Hope, Inc. as my physical condition permits and to the best of my ability.
3. I have read or have had read to me all the foregoing questions and/or statements and have made the answers thereto contained in this application and am fully aware of the meaning of same and I willingly and personally sign this application and contract fully knowing what I am doing.
4. I understand that I may be assigned to any job assignments that the leadership here determines. I agree to do all job assignments willingly and without complaint until the day I graduate. I understand that at any phase in the program I may be asked to serve in any work needed.
5. Any personal property left upon my departure from the South Georgia House of Hope, Inc. and not claimed within three days by me or my authorized representative shall become the property of the South Georgia House of Hope, Inc. to dispose of in the best interest of the South Georgia House of Hope, Inc.
6. No other person than the applicant is authorized to sign this application/contract.

APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

DATE \_\_\_\_\_

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## **ENTRANCE REQUIREMENTS**

1. Must be a woman 18 years of age or above.
2. Applicant must have a telephone interview with a staff member.
3. A non-refundable \$750 entry fee is required plus \$750 for your first month. A deposit for transportation upon leaving the program is also required from those students who are from outside of the Valdosta area.
4. A physical examination is required. The applicant must have the enclosed physical exam form completed by a physician and mailed or faxed to us before being placed officially on our waiting list.
5. Applicant must have her original Social Security Card and Driver's License/Picture ID.
6. If applicable, student must have the names addresses and telephone numbers of probation officers, parole officers, attorneys or public defenders. Student must also have a copy of their court order mandating them to treatment as well as information regarding any court appearances (date, time, place, etc.).
7. Applicant must adhere to the guidelines and rules of the South Georgia House of Hope. Rules outlined in the Admissions Agreement as well as those included in the Student Handbook.

I have read all of the above requirements and understand them fully

Student \_\_\_\_\_ Date \_\_\_\_\_

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## **ADMISSION AGREEMENT**

1. I understand that I should arrive at the South Georgia House of Hope at the agreed upon time and date. Failure to do so may deny me entrance. If for any reason I cannot arrive on the specified date I will call.
2. I understand that I should bring the following with me:
  - \$1500.00 total for your \$750 entry fee and \$750 monthly sponsorship fee.
  - Names, addresses and phone number of probations and parole officers, attorneys and public defenders.
  - Names and addresses of all members of my immediate family who might visit or write me while I am in the program.
  - Social Security Card and Drivers License/Picture I.D.
  - Copy of Marriage License if married.
  - Remainder of paper work from Entry packet.
3. I understand that I should bring the following items:
  - Casual clothes for work duties and free time.
  - Modest clothing for church.
  - 2 pairs of sneakers for work.
  - Clothing suitable for working in a nursery, i.e. jeans and T-shirts.
  - Shoes for casual wear and church.
  - Bible, school supplies (notebooks, paper, pens, envelopes, stamps, highlighters).
  - I am allowed no more than one large suitcase.
  - Modest Swimsuit
4. I understand that my belongings will be thoroughly searched upon my arrival. Any items mailed to me, brought to me by family member or purchased while on pass must also be cleared by staff before being they will be allowed in the facility.
5. I understand that I should NOT bring the following items.
  - Cigarettes, matches, lighters, unapproved medication.
  - Knives, guns, radio, TV, secular books, music or magazines, playing cards.
6. Due to limited space, you should limit the number of family pictures you bring. No male pictures allowed other than father and husbands.
7. I understand that:
  - This is not a detox center and I must be detoxed at least two weeks upon entering the program.

- I may be tested upon arrival and if the test is positive, I forfeit my bed.
8. Each new student will be on a one-week trial (probationary) period before being officially enrolled. In addition, each new student will be on a one-month Orientation period where there will be no outside communication or going outside of the home alone.
  9. I understand that I am committing to complete a minimum of one year at the South Georgia House of Hope.
  10. I understand that I will not be able to keep a vehicle at the South Georgia House of Hope.
  11. I understand that the staff may open and read any of my incoming mail and that all out-going mail should be presented to staff, unsealed.
  12. I understand that I cannot have contact with single men or non-Christian people, male or female, while in the program. This includes boyfriends and fiancées.
  13. There is no smoking or chewing tobacco allowed in this program.
  14. This program does not allow any psychological drugs. (We insist that you come off of any such medication under the care of a physician).
  15. Should a student choose to leave the program or be asked to leave for any reason, travel arrangements will be made for her with the money left on deposit for such circumstances. The unused portion is non-refundable. If there is no deposit, the student will be taken to the local shelter. Any sponsorship monies paid for that current month will be forfeited upon departure their departure.
  16. If a student leaves the program, she must take all her belongings with her. If she leaves anything, she is allowed one (1) week to collect the remaining items. If she leaves and does not notify a staff member, all of her belongings will be placed in “blessings” and given to those in need.
  17. I have read this rule sheet and I understand that I will be expected to obey all of the rules and regulations of the South Georgia House of Hope.

Please sign below to indicate your commitment:

Student \_\_\_\_\_

Date \_\_\_\_\_

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## PLEASE TAKE THIS FORM TO YOUR DOCTOR TO BE FILLED OUT COMPLETELY

\_\_\_\_\_ has applied for admission to the South Georgia House of Hope. The following information must be completed before she is accepted as a student:

### PHYSICAL EXAM

D.O.B. \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Temperature \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Dental \_\_\_\_\_

Eye, Ear, Nose & Throat \_\_\_\_\_

Contagious Skin Disorders \_\_\_\_\_

Head Lice \_\_\_\_\_

### LAB TEST RESULTS

HIV \_\_\_\_\_ TBT \_\_\_\_\_ VD/RL \_\_\_\_\_

Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Hepatitis C \_\_\_\_\_

Pregnant \_\_\_\_\_ Pap Smear \_\_\_\_\_

### DIAGNOSIS

Please state any limitation of physical activity, any known present illnesses, required medication, etc.

\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Location of Practice \_\_\_\_\_ Phone \_\_\_\_\_

**THIS FORM MUST BE RETURNED WITH THE RESULTS OF ALL TESTS LISTED  
IN ORDER TO BE CONSIDERED FOR ENTRY INTO THE  
SOUTH GEORGIA HOUSE OF HOPE**

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## **SOUTH GEORGIA HOUSE OF HOPE FINANCIAL COMMITMENT FORM**

The South Georgia House of Hope is a non-profit organization funded solely through the financial gifts of churches, individuals, foundations and corporations. **Therefore, we request that the students give a one-time non-refundable entry fee of \$750. We also ask for a minimum sponsorship of \$750 monthly.**

The cost for a secular drug rehabilitation program exceeds \$10,000 monthly whereas the cost per month at the South Georgia House of Hope is approximately \$1,500. At the time of in-take, a pledge of monthly support from you, your family, friends, and your church to help offset this cost is greatly needed and appreciated.

Accepting my Biblical responsibility, I commit to monthly support of \$ \_\_\_\_\_ while \_\_\_\_\_ is in the program.  
(Student's Name)

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Sponsor's Name

---

Address

---

City, State & Zip

Telephone Number

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Signature & Date

**The will be no refund of the \$750 entry fee or of monthly sponsorship monies to those who choose to leave the program early.**