RECOVERY FORGE

A division of

THOMAS COUNTY CARES

P.O. BOX 2182

Thomasville, Ga 31799

(229) 564-7516

Application for Residency

The Recovery Forge – Program Overview

The Recovery Forge, a division of Thomas County CARES, is a non-clinical faith-based men's recovery program designed to provide structure, accountability, and a stable environment for individuals committed to rebuilding their lives. Our program integrates both 12-step recovery principles and clinical support, and applicants must be willing to engage in the recovery path that best aligns with their needs and goals.

Program Purpose

The Recovery Forge offers men the opportunity to **reclaim their lives** and pursue long-term stability. Through structured living, accountability, mentoring, life-skills development, and access to essential resources, residents are equipped to grow into responsible, functioning individuals who can thrive within their families and the broader community.

Our program is intentionally structured. Expectations are clear, and accountability is central. We believe that lasting change requires discipline, consistency, and a willingness to embrace new ways of living.

Accountability & Expectations

Residents are expected to develop and demonstrate **respect, integrity, humility, and responsibility** as they follow all program structures, including:

- The Progressive Program
- Daily Schedule
- House Rules
- Disciplinary Procedures
- Discharge Policies
- All staff directives

These guidelines may feel restrictive at first. However, it is important to acknowledge that past patterns have not led to stability or success. The Recovery Forge provides a new path — one that requires commitment, honesty, and a willingness to change.

As residents progress and demonstrate readiness, certain restrictions will gradually ease, allowing them to transition back into independent living with confidence and support.

Recovery Forge – Applicant Guidelines

Program Expectations for Admission & Continued Residency

A. Residents must honor all House Rules and staff directives with diligence and respect. (See full Program Handbook for details.)

B. Applicants must complete a minimum of **30 days of inpatient treatment** for substance misuse prior to entry.

C. Applicants must **pass all drug and alcohol screenings** required for admission.

D. Applicants must possess a **valid Georgia State ID** and **Social Security card**.

E. Residents must have the **ability and willingness to maintain full-time employment**, unless receiving SSI or SSDI and formally approved by management.

F. Residents in Levels 1 and 2 must agree to use a **bicycle as their primary mode of transportation**, unless otherwise approved by management due to extenuating circumstances.

G. Residents must commit to a **break from dysfunctional people, places, and influences** that jeopardize sobriety, stability, or progress.

H. Residents agree to a **search of their person and possessions** upon arrival and at any time thereafter while living at The Recovery Forge.

I. Residents agree to **random drug and alcohol testing** at the request of Forge staff.

J. All incoming postal mail is **subject to search** by Recovery Forge staff for safety and compliance.

K. The Recovery Forge reserves the right to **discharge any resident at any time** for failure to comply with the Code of Conduct, Program Description, or House Rules. If discharged, residents agree to leave the property peacefully and without disruption to staff or other residents.

L. A **$250.00 entry fee** is required at the time of admission. A partial payment may be accepted upon entry, with the remaining balance due upon receipt of the resident's first paycheck.

Applicant Commitment Statement

If you share the values and expectations upheld by **The Recovery Forge**, and you are **serious about your recovery** and **ready to begin the work required to restore your life**, you may proceed with the official application for residency by signing below.

Your signature confirms that you have **voluntarily**, and without any coercion, **read, understand, and agree** to all guidelines, expectations, and requirements of The Recovery Forge as outlined in this document. Your signature also authorizes The Recovery Forge to obtain necessary information from the **Georgia Department of Corrections** or other relevant institutions to determine eligibility for admission.

Please review the **Medical Information Release Form** located in **Appendix A** at the end of this packet. Once your completed application has been submitted and bed availability has been assessed, you will be notified regarding your acceptance status.

The Recovery Forge is committed to providing a structured, accountable, and supportive environment for men who are ready to rebuild their lives. Your willingness to comply with program expectations is essential to your success and to the integrity of our mission.

To contact Recovery Forge, this can be accomplished by calling Thomas County CARES call: (229) 564-7516

email: tammiemurphy@thomascountycares.org

or mail to: Thomas County CARES/ Admissions Recovery Forge

P.O. Box 2182, Thomasville, GA 31799

Applicant's Name
(PRINT):_____

Applicant's Signature:
_____

Current program/facility you are enrolled
in_____

Current Facility and Address
_____
_____

Expected Release Date:_____

No. of days clean and sober:_____ sobriety date: _____

IDENTIFICATION INFORMATION

Full Legal
Name:_____

State of residency: _____ county of residency:_____
SSN#:_____ Citizenship: Yes ___ No ___

Phone Number: _____

Email: _____

Age:_____ D.O.B: _____
Race:_____

Marital Status:_____ Spouse Name: _____
Address:_____

No. of Children:_____ do you have parental rights:_____

are you current on child support:_____

Are you a veteran? _____

have you received veteran benefits:_____

Level of Education:_____

any special trades training or
certifications:_____
_____
_____

Do you have an I.D.: Yes No drivers license: Yes NO State Issued: _____

Birth Certificate: Yes No Social Security Card: Yes No

What languages do you speak? _____

Give one word description of your life now:_____

FINANCIAL ASSISTANCE

Are you currently receiving assistance through the programs listed below, if so, provide the amount per month. (check all that apply)

SSI $_____ Cash Assistance $_____ SSDI (Disability) $_____ Veteran Benefits $_____ Food Stamps $_____ WIC $_____ HUD $_____
other:_____

EMERGENCY CONTACT INFORMATION: Emergency contact information is solely for medical emergencies. Individuals listed will not be contacted for any other reason.

Emergency Contact 1

Name: _____

Address:

_____

Phone: _____

Email: _____

Relationship: _____

Emergency Contact 2

Name: _____

Address: _____

Phone: _____
Email:_____

Relationship: _____

Criminal Background Disclosure Requirements

All applicants must provide full and accurate criminal-justice information. Failure to disclose any past or present legal matters will result in denial of admission or immediate discharge.

Applicants must disclose the following:

1. Past Criminal History

- All **prior arrests**, regardless of outcome_____
  _____
  _____
- All **prior convictions**, including misdemeanors and felonies_____
  _____
  _____
  _____
- All **charges that were dismissed, reduced, or pled down**
  _____
  _____
  _____
  _____
  _____
- Any **juvenile adjudications** relevant to current behavior or risk
  _____
  _____
  _____
  _____
- Any **incarceration history**, including dates and facilities
  _____
  _____
  _____
  _____
  _____
  _____
  _____
- Any **time served in county, state, or federal custody**_____
  _____
  _____
  _____

2. Current Legal Status

- Any **current charges**, pending court cases, or unresolved legal matters
  _____
  _____
  _____
  _____
- Any **active warrants**, including bench warrants
  _____
  _____
  _____
  _____
- Any **current probation** (county, state, or federal)
  _____
  _____
  _____
  _____
- Have you requested probation be moved to Thomas County: _____
- Any **current parole**
  _____
  _____
  _____
- Any **pre-trial diversion or accountability court participation**
  _____
  _____
  _____
- Any **court-ordered classes**, fines, restitution, or requirements
  _____
  _____
  _____
  _____
- Any **no-contact orders**, restraining orders, or protective orders
  _____
  _____
  _____
  _____
- Any **open investigations** involving law enforcement or DFCS
  _____
  _____
  _____
  _____

3. Probation & Parole Details

Applicants must list:

- Supervising **probation/parole officer's name**
  _____
- Officer's **phone number** _____

and **office location**
_____

- **County and state** of supervision
_____
- **Terms and conditions** of probation/parole
_____
_____
_____
- Any **special conditions** (check all that apply) including:
    - Curfews _____
    - Electronic monitoring _____
    - Mandatory classes
    _____
    - Required treatment
    _____
    - Travel restrictions
    _____
    - Reporting requirements
    _____
    _____
- Any **violations**, past or present, including technical violations
_____
_____

4. Court-Ordered Requirements

Applicants must disclose all court-mandated obligations check all that apply and then identify where you are at in the process, including:

- _____DUI School _____
- _____Anger Management_____
- _____Domestic Violence classes_____
- _____DRC requirements _____
- _____Accountability Court _____
- _____Drug Court_____
- _____Mental health court requirements
_____
_____
- _____Community service hours _____hrs _____hours have been completed
- _____Fines, fees, or restitution owed $_____ paid $_____
- Any **upcoming court dates** (must list date, time, and location)_____
_____
_____
_____

5. Sex Offender Status

Applicants must disclose:

- Whether they are a **registered sex offender YES NO**
- Registration **tier level** _____
- Registration **county and state**
  _____
- Any **restrictions** related to residency, employment, or proximity to minors
  _____
  _____
- Any **pending or past sexual-offense-related charges**
  _____
  _____

6. Institutional History

Applicants must disclose:

- Any time spent in **rehabilitation centers**_____

  halfway houses_____

  transitional housing_____

  S**ober living programs**
  _____
  _____
  _____

- Any **disciplinary actions** or **program dismissals**
  _____
  _____
- Any **parole revocations** or **probation revocations**_____
  _____
  _____

7. Additional Relevant Information

- Any history of **violence**, including domestic violence or assault_____
- Any history of **weapons charges**
  _____
- Any history of **gang involvement**
  _____

- Any history of **drug trafficking or distribution**
  _____
- Any history of **fraud, theft, or financial crimes**
  _____
- Any history of **failure to appear** in court
  _____
- Any legal matters that may affect residency, employment, or safety
  _____
  _____
  _____

Required Applicant Certification

Applicants must certify that:

- All information provided is **true, complete, and accurate**
- No legal matters have been withheld
- They understand that **integrity is mandatory** at The Recovery Forge
- Any false or incomplete disclosure will result in **immediate termination** from the program
- SIGNATURE AT CONCLUSION OF APPLICATION CERTIFIES THE ABOVE.

EMPLOYMENT HISTORY

LIST YOUR THREE MOST RECENT JOBS:

EMPLOYER

_____

ADDRESS:_____

Position_____ Time Frame_____

Reason for leaving_____

EMPLOYER

_____

ADDRESS:_____

Position_____ Time Frame_____

Reason for leaving_____

EMPLOYER

_____

ADDRESS:_____

Position_____ Time Frame_____

Reason for leaving_____

What is your Attitude toward working:_____

What kind of work are you trained to do?_____

What kind of work are you interested in?

_____

HEALTH & MEDICAL INFORMATION

Applicants must complete this section fully and accurately. Failure to disclose medical or mental-health information may result in denial of admission or discharge.

1. Mental Health History

List all mental health diagnoses you have received in the past or currently have (examples: depression, bipolar disorder, schizophrenia, PTSD, anxiety disorders, personality disorders, etc.):

_____
_____
_____
_____
_____
_____

2. Current Mental Health Treatment

Are you currently receiving mental health treatment or counseling? If yes, list provider name, agency, and contact information:

_____
_____
_____
_____
_____
_____

3. Medication Information

a. Medications Currently Prescribed: (List all medications prescribed by a doctor, including dosage and frequency.)

_____
_____

_____
_____
_____

b. Medications Currently Taking: (List all medications you are actively taking, including over-the-counter medications.)

_____
_____
_____

c. Previous Medication History: (List any psychiatric or medical medications you have taken in the past.)

_____
_____

4. Allergies

List all allergies, including medication, food, environmental, or other:

_____
_____

5. Physical Health Conditions

List any current physical health problems, chronic illnesses, or medical diagnoses (examples: diabetes, hypertension, seizures, asthma, heart conditions, chronic pain, etc.):

_____
_____
_____

6. Communicable Illnesses

List any known communicable diseases or infections (examples: hepatitis, HIV, tuberculosis, MRSA, etc.):

_____
_____

7. Physical Limitations

List any physical limitations or restrictions that may affect your ability to work, bike, perform chores, or participate in program activities:

_____
_____
_____

8. Hospitalization History

List any hospitalizations within the past 5 years (medical, psychiatric, detox, or emergency):

- Date(s): _____
- Reason(s): _____
- Facility: _____

9. Substance Use–Related Medical Concerns

Check any that apply:

- ☐ Seizures related to withdrawal
- ☐ Blackouts
- ☐ Overdose history
- ☐ Detox complications
- ☐ Other: _____

If checked, please explain:
_____
_____
_____
_____

10. Primary Care Provider

Name: _____

Phone: _____ Last visit: _____

11. Insurance Information

Insurance provider: _____

Policy number: _____

Do you have prescription coverage? ☐ Yes ☐ No

SUBSTANCE USE & ADDICTION HISTORY

Applicants must answer fully and honestly. Failure to disclose may result in denial of admission or discharge.

1. Chemical/Substance Use

For each substance, indicate if you have ever used it (past or present), and complete frequency and duration.

Alcohol

- **Used (Past/Present):** ☐ Yes ☐ No
- **How often (frequency):** _____
- **How long (duration):** _____

Marijuana (THC)

- ☐ Yes ☐ No
- Frequency: _____
- Duration: _____

Hallucinogens (LSD, mushrooms, PCP, etc.)

- ☐ Yes ☐ No
- Frequency: _____
- Duration: _____

Barbiturates / Sedatives (downers, sleeping pills)

- ☐ Yes ☐ No
- Frequency: _____
- Duration: _____

Amphetamines (Adderall, Ritalin, etc. – non-prescribed use)

- ☐ Yes ☐ No
- Frequency: _____
- Duration: _____

Methamphetamine

- ☐ Yes ☐ No
- Frequency: _____
- Duration: _____

Heroin

- ☐ Yes ☐ No
- Frequency: _____
- Duration: _____

Methadone / Suboxone / Other MAT (misused)

- ☐ Yes ☐ No
- Frequency: _____
- Duration: _____

Cocaine (powder)

- ☐ Yes ☐ No
- Frequency: _____
- Duration: _____

Crack Cocaine

- ☐ Yes ☐ No
- Frequency: _____
- Duration: _____

Opiates / Opioids (pain pills, fentanyl, etc.)

- ☐ Yes ☐ No
- Frequency: _____
- Duration: _____

Synthetic Drugs (Flakka, Spice, K2, bath salts, etc.)

- ☐ Yes ☐ No
- Frequency: _____
- Duration: _____

Inhalants (whippets, aerosols, solvents, etc.)

- ☐ Yes ☐ No
- Frequency: _____
- Duration: _____

Benzodiazepines (Xanax, Klonopin, Valium, Ativan, etc. – non-prescribed use)

- ☐ Yes ☐ No
- Frequency: _____
- Duration: _____

Prescription Medications Misused (any other)

- ☐ Yes ☐ No
- Substance(s): _____
- Frequency: _____
- Duration: _____

Other Substances

- ☐ Yes ☐ No
- Substance(s): _____
- Frequency: _____
- Duration: _____

2. Nicotine & Vaping

Nicotine (cigarettes, cigars, smokeless tobacco)

- ☐ Yes ☐ No
- Frequency: _____
- Duration: _____

Vaping (nicotine or THC)

- ☐ Yes ☐ No
- Frequency: _____
- Duration: _____

Recovery Forge does not permit vaping. Are you willing to stop this practice?

- ☐ Yes ☐ No

3. Behavioral Addictions

Please indicate if you have struggled with any of the following:

Gambling

- ☐ Yes ☐ No
- Type (casino, online, sports betting, etc.): _____
- Frequency: _____
- Duration: _____

Pornography Use

- ☐ Yes ☐ No
- Frequency: _____
- Duration: _____

Sexual Addiction / Compulsive Sexual Behavior

- ☐ Yes ☐ No

- Frequency: _____
- Duration: _____

Internet / Gaming Addiction

- ☐ Yes ☐ No
- Frequency: _____
- Duration: _____

Food / Eating-Related Addiction (binge eating, compulsive overeating)

- ☐ Yes ☐ No
- Frequency: _____
- Duration: _____

Other Behavioral Addictions (shopping, work, etc.)

- ☐ Yes ☐ No
- Describe: _____
- Frequency: _____
- Duration: _____

4. Additional Substance Use Information

Age of first use (any substance): _____

Primary drug of choice: _____

Longest period of sobriety: _____

Date of last use (any substance): _____

If you would like to briefly describe your substance use history, please do so here:_____
_____
_____
_____
_____

PERSONAL INSIGHT & RECOVERY READINESS QUESTIONS

Applicants must answer all questions honestly and in full detail. These responses help determine readiness, suitability, and alignment with The Recovery Forge program.

A. Substance Use & Behavioral History

(Circle Yes or No)

1. Have alcohol or drugs ever been a problem for you? **YES / NO**
2. Have you ever been arrested while under the influence of alcohol or drugs? **YES / NO**
3. Have you ever needed more alcohol or drugs to achieve the same effect? **YES / NO**
4. Has anyone ever complained about your behavior while you were using? **YES / NO**
5. Were you young when you first noticed you had a problem? **YES / NO** If yes, how old were you? _____
6. Have you ever tried to cut down or stop using alcohol or drugs? **YES / NO** If yes, when and how?
7. Have you ever attended any 12-Step recovery meetings (AA, NA, Celebrate Recovery, etc.)? **YES / NO**
8. Are you willing to work with a sponsor? **YES / NO**

B. Motivation & Program Commitment

1. Why do you want to come to The Recovery Forge?

Explain in detail._____
_____
_____
_____
_____
_____

2. What are your long-term goals for your life, recovery, and future stability?

_____
_____
_____
_____

C. Faith & Spiritual Life

1. Do you believe in God?

_____
_____

2. Please describe your faith and your relationship with God.

_____
_____

3. How have you tried to live out your faith?_____
_____
_____

4. Can you identify ways in which you have struggled to live your faith?
_____
_____
_____

D. Personal Responsibility & Daily Living

1. Do you prefer taking initiative or being directed in what to do?

Explain your natural tendencies.
_____
_____

2. How do you typically spend your free time?
_____
_____

3. How do you respond to authority figures?
_____
_____

4. How do you feel about attending frequent recovery meetings as part of your daily structure?
_____
_____

5. Do you believe in 12-Step recovery programs? Why or why not?
_____
_____

E. Family & Relationships

Please describe your relationships with your family.

Include strengths, challenges, and current contact.
_____
_____
_____
_____

F. Readiness for Change

1. Have you reached a point in life where you are ready to follow the direction of this program, even if it takes you outside your comfort zone?

_____
_____
_____
_____

2. Are you tired of doing things your own way and ready to surrender to the structure, accountability, and expectations of The Recovery Forge?

_____
_____
_____
_____

G. Program Restrictions & Expectations

How do you feel about the restrictions and structure required by this program?

(Please review the Resident Handbook before answering.)_____
_____
_____

Applicant Certification

I certify that all information provided in this application is true, complete, and accurate. I understand that false or incomplete information may result in denial of admission or immediate discharge.

Applicant Signature: _____
Date: _____

Please return your application to:

Thomas County CARES/ Recovery Forge: Admissions Department

P.O. BOX 2182

Thomasville, GA 31799

You may also scan and email applications to: tammiemurphy@thomascountycares.org

(if emailing please note APPLICATION SUBMISSION in the subject line

ALL SECTIONS AND QUESTIONS MUST BE COMPLETED IN ORDER TO PROCESS APPLICATION

Appendix A: HIPAA Privacy Authorization Form

The following contains an authorization for use or disclosure of Protected health Information as required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164:

1. Authorization
   I authorize _____ (Healthcare Provider) to use and disclose the protected health information described below to
   _____
   _____
   (Individual Seeking Information).
2. Extent of Authorization
   I authorize the release of my complete health record (including records related to mental health care, communicable diseases, HIV or AIDS, and treatment of alcohol drug abuse): _____ (initial to Confirm Consent)
   This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct. I understand that I have the right to revoke this authorization in writing at any time. I also understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by Federal or state law.

   Signature of Patient or Personal Representative
   _____

   Printed Name of Patient or Personal Representative and His or Her Relationship Patient _____

Date ____