

OUTREACH REGISTRATION



KEEP THIS TOP PAGE FOR YOUR REFERENCE

UPFRONT CONSIDERATIONS: Everyone's recovery and safety are extremely important to us. Please review the following outreach guidelines and

- HHFH is a DRUG-FREE, ALCOHOL-FREE, SMOKE/VAPE-FREE, WEAPON-FREE property. Please help us keep our property safe by not bringing any drugs, alcohol, or weapons onto the property. Please keep all smoke/vape items locked securely in your vehicle. Drug, alcohol, or weapon possession will result in dismissal from the outreach program. Proper authorities will be contacted.
- Please keep all over-the-counter and prescription medications locked securely in your vehicle. Off property would be best. Over-the-counter and prescription medications are prohibited inside the building.
- Please do not attend outreach classes, groups, activities, or events if you are under the influence of any drug or alcohol. This can be triggering. You will be asked to leave the class, group, activity, or event.
- HHFH expects you to respect the property of others. Stealing may be grounds for dismissal from the outreach program.
- HHFH expects you to be respectful while on site. While attending all outreach classes, groups, activities, or events:
 - 1) We feel certain you want to get the most from your participation. Attendance is expected for all classes or groups signed up for. Please inform the Educational Programs Coordinator of absences.
 - 2) Please help us keep our schedule by arriving a minimum of 10 minutes before the class or group. Persistent tardiness may be an issue and impact continued class participation.
 - 3) Please kindly keep cell phones silenced and out of sight to minimize distractions and respect confidentiality.
 - 4) Please do not exchange phone numbers with any resident. This is for your protection and theirs.
 - 5) Please do not allow any resident to use your cell phone.
 - 6) Please do not make any phone calls for a resident. Assuredly, their needs are being taken care of.
 - 7) Please do not bring anything of any kind for any resident. This includes surprise gifts, all food, and drinks.
 - 8) Please limit all personal items to necessities only and carry in a clear plastic bag. Please always keep your belongings with you.

If you are willing to abide by the above guidelines, please proceed to the next page to register.

We look forward to serving you!

OUTREACH REGISTRATION



PROFILE:

CLIENT NAME: _____ TODAY'S DATE: _____

ADDRESS: _____ DOB: _____ AGE: _____

RACE: Caucasian African American Asian
 Hispanic non-Hispanic Other

PHONE#: _____ EMAIL: _____

EMERGENCY CONTACTS

| NAME | PHONE | ADDRESS | RELATIONSHIP |
|------|-------|---------|--------------|
| | | | |
| | | | |

Which Class(es) are you registering for:

- Monday Evening Bible Study 7:00 PM
- Tuesday Christian 12 Step 12:30 PM
- Wednesday Morning Bible Study 10:00 AM
- Wednesday Afternoon SMART 1:00 PM
- Thursday Evening Co-Dependency Class via Zoom 6:30 PM
- Friday Morning Good Boundaries & Goodbyes 10:00 AM
- Trauma Reboot Daytime Class
- Trauma Reboot Evening Class
- On-Site 1:1 therapy through Ocala Consulting & Prevention for the uninsured or low-income clients (must meet guidelines). Appt avail Mondays & Wednesdays

SUBSTANCE MISUSE:

Are you in recovery? Yes No If yes, how long have you been in recovery? _____

How may we support your recovery? _____

YOUR PERSONAL GOALS

What are you hoping to receive from attending outreach classes, groups, activities, or any other events?

SPIRITUAL LIFE

Can we assist you in your relationship with Christ in any way? Yes No

If yes, please explain:

Have you ever committed your life to the God of Jesus Christ? Yes No

If yes, please explain when & where?

Do you currently attend church weekly? Yes No

If yes, where? _____

Do you desire a deeper relationship with God? Yes No

Can we assist you in your relationship with Christ in any way? Yes No

If yes, please explain: _____

CLASSES OR GROUPS YOU'D LIKE MORE INFORMATION ABOUT:

- Bible Study
- Christian 12 Step
- Trauma Reboot
- SMART Recovery
- Co-Dependency Class via Zoom
- Good Boundaries & Goodbyes
- On-Site 1:1 therapy through Ocala Consulting & Prevention for the uninsured or low-income clients (must meet guidelines).

CHILDREN: Required if your programming involves plans for reunification.

| CHILD'S NAME | BIRTH DATE | SEX M or F | PRESENT LIVING SITUATION AND CURRENT CAREGIVER |
|--------------|------------|---------------|---|
| | | | |
| | | | |
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| | | | |
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I do hereby agree that all the information contained in this registration is true, correct, and complete. I understand that complying with the guidelines on page 1 is required and that failure to comply may result in dismissal from the outreach program.

Signature

Date

MEDIA/PHOTO CONSENT & RELEASE FORM



Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to His House for Her, Inc., its affiliates, and agents, to use my image and likeness and/or any interview statements from me in its publications, advertising, or other media activities (including the Internet). This consent includes, but is not limited to:

1. Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice.
2. Permission to use my name; and
3. Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio, and electronic media (including the internet, social media, website, and ministry emails), in theatrical media and/or in mailings for educational and awareness.
4. Permission to use written comments and written artistic expressions that I turn in from my program course work or on pages in addition to this coursework or on written testimonies about this program.

This consent is given in perpetuity and does not require prior approval by me.

Name: _____ Date: _____

Signature: _____

I DO NOT CONSENT HHHH TO USE MY IMAGE AND LIKENESS AND/OR ANY INTERVIEW STATEMENTS FROM ME IN ITS PUBLICATIONS, ADVERTISING, OR OTHER MEDIA ACTIVITIES (INCLUDING THE INTERNET)

ACKNOWLEDGEMENT:

My signature below signifies that I have read and understand the terms and conditions set forth in this Media/Photo Consent & Release Form.

Signature of Program Participant

Date