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PROVISION FOR ACCOMMODATION DECLARATION FORM POST-DISCHARGE

RESIDENT INFORMATION

Full Name and Surname: _____ID Number: _____

Date of Birth: _____ Contact Number: _____

Name of Programme/Facility: _____

POST-DISCHARGE ACCOMMODATION

I, _____, confirm that I am willing and able to provide accommodation to the above-mentioned resident following their discharge from the programme.

I confirm that the accommodation provided will be reasonably safe and suitable for the resident and that I understand the importance of supporting the resident's successful reintegration into the community.

Post-discharge residential address:

_____
_____

Type of accommodation:
☐ Family home
☐ Own residence
☐ Rented accommodation
☐ Temporary accommodation
☐ Other: _____

Name of person/organisation providing accommodation:

_____

Relationship to resident (if applicable): _____

Contact number: _____

Signature _____

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COMMITTAL TO CARE & THERAPY

I, _____, hereby acknowledge and agree to participate in the care, therapy, rehabilitation and reintegration programme provided by the Halfway House.

I understand that my placement at the Halfway House is intended to provide structured accommodation, continued support, rehabilitation and assistance with my reintegration into the community.

I agree to:

1. Participate honestly and actively in the prescribed treatment and Halfway house rehabilitation programme.
2. Attend counselling, group sessions, educational programmes and other activities as required.
3. Comply with the rules, regulations and conditions of the Halfway House.
4. Treat staff, fellow residents and members of the community with respect.
5. Refrain from behaviour that will place myself or others at risk.
6. Inform the relevant staff member of any significant changes in my circumstances.
7. Participate in my individual development and discharge plan.
8. Cooperate with reasonable monitoring and follow-up arrangements.
9. Work towards stable accommodation, employment, education or other appropriate community support where applicable.
10. Comply with any lawful conditions imposed by the relevant authority or referring organisation.

RESIDENT'S DECLARATION

I confirm that the purpose and conditions of my treatment and placement have been explained to me in a language that I understand.

I have been given an opportunity to ask questions and seek clarification regarding my treatment, responsibilities and the rules of the Halfway House Programme.

I understand that failure to comply with the conditions of my placement may result in appropriate action in accordance with the facility's policies and applicable legislation.

Resident's Name: _____

Signature: _____ Date: _____

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MEDICAL REPORT FOR HANDS AND COMPASSION HALFWAY HOUSE APPLICATION

RESIDENT/APPLICANT INFORMATION

Full Name and Surname: _____ **Date of Birth:** _____

ID/Passport Number: _____

Gender: ☐ Male ☐ Female **Contact Number:** _____

Residential Address: _____

Date of Medical Assessment: _____

Please provide relevant medical history, including chronic, psychological conditions, previous hospitalisations, injuries or other conditions that may affect the applicant's participation at Hands of Compassion Halfway House.

Known medical conditions:

_____
_____
_____

Previous hospital admissions:

_____
_____

Allergies:

_____
_____

Relevant surgical history:

_____
_____

Relevant psychological information assessments and treatments:

_____
_____
_____

SUBSTANCE USE / TREATMENT HISTORY

Substance(s) reportedly used:

Duration/frequency of use:

Previous treatment or rehabilitation:

Current withdrawal symptoms or related concerns:

Current treatment/medical support:

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5. CURRENT MEDICATION

Medication Dosage Frequency Reason for Medication

Medication adherence concerns:

Does the applicant require medication supervision?
☐ Yes ☐ No

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6. PHYSICAL AND MENTAL HEALTH ASSESSMENT

General physical condition:

Vital signs, where applicable:

- Blood Pressure: _____
- Pulse: _____
- Temperature: _____
- Weight: _____

Mental/psychological observations:

Cognitive/functioning concerns:

7. FUNCTIONAL ASSESSMENT

Is the applicant independently able to perform activities of daily living?

☐ Yes ☐ No ☐ Requires assistance

If assistance is required, provide details:

Mobility:
☐ Independent
☐ Requires assistance
☐ Uses mobility aid
☐ Other: _____

Allergies:
☐ None ☐ Yes – specify: _____

Other special medical requirements:

Does the applicant require ongoing medical follow-up?

☐ Yes ☐ No

If yes, specify frequency and type of follow-up: _____

MEDICAL PRACTITIONER'S DECLARATION

I confirm that I have assessed the above-mentioned applicant and that the information provided in this report is accurate to the best of my professional knowledge.

Name of Medical Practitioner: _____

Professional Registration Number: _____

Contact Number: _____

Date: _____

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PROJECTS APPLICATION

SURNAME_____ **NAME** _____ **Date** _____

APPLICATION FOR (Recovery |New Mothers | Chefs Training) _____

ID No _____ Age _____ Referred by _____

TEL _____ CELL _____ Other _____

Residential Address _____

_____

No. of Children	Ages	Who will look after the children while you are away?

Do you know anyone at HOC? YES _____ **NO**____ **Names** _____

NEXT OF KIN AND EMERGENCY CONTACTS

Names	Relationship	Tel/Cell No

Church _____ Pastor's Name _____

Highest level of Education	Name of School/College/ University	Year Completed

Profession _____ Hobbies/Interests _____

EMPLOYMENT

From	To	Company Name	Reason for Leaving

CRIMINAL RECORD

Have you ever been arrested? YES_____ NO_____

When	Reason	Conviction	Sentence

Current/Outstanding Cases (Either as Accused or Complainant)

Description	Details

Are you on parole? YES _____ NO _____ Details: _____

DETAILS OF SUBSTANCES USED

Substance	Amounts	Daily/Weekly/ Monthly	DATE Used from	DATE Used until
Alcohol				
Cigarettes/Tobacco				
Marijuana				
Mandrax				
Heroine/Nyaope				
Crack				
Cocaine				
Ecstacy				
LSD/Acid				
CAT				
Tic				
Amphetamines				
Prescription Drugs				
Other				

PREVIOUS SUBSTANCE ABUSE TREATMENT

Place/Doctor	Medication	Date: From	Date: To	Completed

Have you been to HOC's RRP before?_____ When :_____

Who will collect you from HOC? _____

What life change are you expecting to get by coming to HOC?

_____
_____
_____
_____

What role will you play in this expected change?

_____
_____
_____
_____

DECLARATION BY APPLICANT **Y N**

1	Are you in contact with your spouse and children?		
2	Are you in contact with your family?		
3	Have you read and understood this application and have you answered truthfully		
4	**You may not bring money, cell phones, tablets, computers, cigarettes/lighters.** Are you ready to start your recovery according to HOC's rules?		
5	**HOC offers a working programme**. Are you prepared to do a full day's work as well as any type of work that is required?		
6	Are you prepared to change your lifestyle and habits?		
7	**You may not smoke/vape at HOC**. Are you still willing to join HOC's Recovery Programme?		
8	A drug test may be done upon arrival. Should you test positive you may not begin your Recovery Programme at HOC. Do you understand that you will be asked to leave immediately?		
9	A drug test may be done at any stage of your stay at HOC. Do you agree to this?		

PLEASE NOTE:

There is no admin charge whatsoever for any application to be processed.

In the event of ill health, HOC will refer the resident to the DOH Clinic on property. In case of a medical emergency, the resident will be referred to Yusuf Dadoo or Leratong Government Hospital by the DOH Clinic Sister/Doctor.

HOC is not able to cater for any special dietary needs.

HOC does not provide any medical assistance to residents with regards to any previous injuries, sicknesses, dentistry or any other pre-existing medical, psychological and/or health problems whatsoever. Any pre-existing conditions must be dealt with before your application is accepted.

Should any of the information provided in the application prove to be false, the resident may be asked to leave Hands of Compassion within 24 hours.

Your interview does not mean that your application will be successful.

Hands of Compassion residents and programme participants are expected to abide by the organisation's rules and code of conduct. These will be emailed to you upon receipt of your application.

Once you have received the documents, please sign and return it, acknowledging that you have read and understood and are willing to abide by the rules and code of conduct.

Should your application be successful, you will be contacted and advised of your date of admission to the programme. Resident intake take place on MONDAYS at 10H00. No intakes will be allowed for applicants who arrive late.

HOC reserves the right to ask any resident to leave the programme and HOC's premises with immediate effect for any reason at the sole discretion of HOC. Once the resident has left HOC's premises they may not return and HOC will no longer be responsible for the resident.

Acknowledgement by Applicant

I hereby acknowledge that the information I have provided in this application is accurate and truthful.

_____ _____

Applicant's Signature Date

For your Application to be considered

The following documents must be attached to this Application Form:

A clear copy of ID (if South African) OR Passport (if not South African).

Psychosocial report

Proof of Address

Medical report for hands and compassion halfway house application

In the case of all other substances, a letter from a GP confirming that you are fit to enter a Half-Way House facility.

IF YOU ARE ON CHRONIC MEDS a copy of the Doctor's script must be submitted.

The Process

Email Completed Application as well as required documents stated above to: recoverychiefsw@hocsa.org for the Rhema Recovery Programme **OR** housekeeping@hocsa.org for 1) New Mothers Programme and 2) Chefs Programme

Ensure you have answered **all the questions** and attached **all required documents** - including the signed HOC Code of Conduct which will be emailed to you.

Incomplete applications will not be presented to the Panel.

An appointment for an interview will be made with you.

Your application will be submitted to the Panel on Wednesdays.

You will be contacted on Thursday or Friday with feedback on the decision of the Panel.

PLEASE NOTE that your submission of an Application does not guarantee a placement in the programme.

Intakes only take place on Monday's at 10H00. Gate will not open before 09H45.

Late arrivals will not be able to begin their programme and should re-apply for the next week's intake.