



Ruth House Ministries, Inc  
9 Hill Crest Drive  
Ranger, GA 30734  
Office 678-528-1642

Ruth House Ministries, Inc is the ministry that the Ruth House is operating under. All information, rules and guidelines set forth in these documents are to be applied to and adhered to by the Ruth House, and any other ministry that may operate under the covering of Ruth House Ministries Inc.

**Intake Application**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

RECENT ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ SS #: \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_ CELL #: \_\_\_\_\_ WORK # \_\_\_\_\_

NAME OF SPONSOR: (Family) \_\_\_\_\_ SPONSORS PH#: \_\_\_\_\_

ADDRESS OF SPONSOR: \_\_\_\_\_

RELATIONSHIP INFORMATION:

MARRIED / SINGLE / DIVORCED: \_\_\_\_\_ HUSBAND/EX-HUSBANDS NAME: \_\_\_\_\_

HOW MANY YEARS MARRIED? \_\_\_\_\_ # OF CHILDREN: \_\_\_\_\_

NAMES & AGES OF CHILDREN:

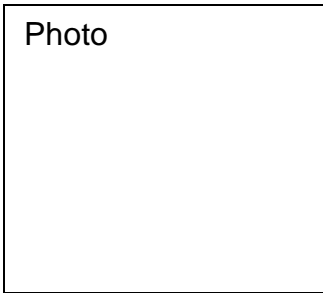
CHILD #1 ) \_\_\_\_\_ Age \_\_\_\_\_

CHILD #2 ) \_\_\_\_\_ Age \_\_\_\_\_

CHILD #3 ) \_\_\_\_\_ Age \_\_\_\_\_

CHILD #4 ) \_\_\_\_\_ Age \_\_\_\_\_

OTHERS \_\_\_\_\_



IF NOT MARRIED, ARE YOU IN A SERIOUS RELATIONSHIP NOW? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

IF YES, NAME OF PERSON: \_\_\_\_\_ PHONE # \_\_\_\_\_

IS THIS PERSON MARRIED TO SOMEONE ELSE AT THIS TIME? \_\_\_\_\_

DO YOU PAY CHILD SUPPORT? \_\_\_\_\_ AMOUNT? \_\_\_\_\_ HOW MUCH BEHIND? \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_ LIVING/DECEASED? \_\_\_\_\_

RELATIONSHIP WITH MOTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_ LIVING/DECEASED? \_\_\_\_\_

RELATIONSHIP WITH FATHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # : \_\_\_\_\_

NAME & AGE OF SIBLINGS:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

RELATIONSHIP WITH SIBLINGS:

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

OTHER FAMILY MEMBERS YOU MAY BE CLOSE TO: \_\_\_\_\_

\_\_\_\_\_

GENERAL INFORMATION:

DO YOU HAVE A HIGH SCHOOL DIPLOMA? \_\_\_\_\_ COLLEGE DEGREES? \_\_\_\_\_

DO YOU HAVE A VALID DRIVERS LICENSE? \_\_\_\_\_ DL#: \_\_\_\_\_

ARE YOU ON MEDICATION? \_\_\_\_\_ IF YES, WHAT KIND: \_\_\_\_\_

ARE YOU WILLING TO STOP TAKING MEDICATIONS THAT ARE NOT ALLOWED IN THIS MINISTRY? \_\_\_\_\_

(BENZODIAZEPINES AND OTHER NARCOTIC MEDICATIONS ARE NOT ALLOWED IN THIS MINISTRY, AS WELL AS ANY MEDICATION DEEMED UNACCEPTABLE BY LEADERSHIP.)

WHAT IS YOUR GENERAL STATE OF HEALTH?: \_\_\_\_\_

LIST ALL MAJOR ILLNESSES OR OPERATIONS YOU HAVE HAD:

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

ARE YOU DISABLED IN ANY WAY? \_\_\_\_\_

DO YOU HAVE ANY MEDICAL CONDITIONS THAT MIGHT AFFECT YOU WHILE YOU ARE HERE?

\_\_\_\_\_

DO YOU HAVE ANY SEXUALLY TRANSMITTED DISEASES?: \_\_\_\_\_

HAVE YOU HAD ANY IN THE PAST? \_\_\_\_\_ WHAT / WHEN? \_\_\_\_\_ CURED?: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF SEXUAL OR MOLESTATION CHARGES? \_\_\_\_\_

WHEN: \_\_\_\_\_

HAVE YOU EVER BEEN INVOLVED IN A HOMOSEXUAL RELATIONSHIP? \_\_\_\_\_ PARTNERS NAME \_\_\_\_\_

DO YOU HAVE ANY OUTSTANDING WARRANTS OR CHARGES AGAINST YOU NOW? \_\_\_\_\_

ARE YOU ON PROBATION? \_\_\_\_\_ COUNTY OF PROBATION: \_\_\_\_\_

NAME OF PROBATION OFFICER: \_\_\_\_\_ PHONE# \_\_\_\_\_

ARE YOU ON PAROLE? \_\_\_\_\_ LOCATION YOU WILL REPORT TO: \_\_\_\_\_

NAME OF PAROLE OFFICER: \_\_\_\_\_ PHONE# \_\_\_\_\_

HOW MUCH LONGER ON PROBATION/PAROLE? \_\_\_\_\_ \$ FINES \$: \_\_\_\_\_ \$ FEES \$: \_\_\_\_\_

WHAT IS YOUR REGULAR OCCUPATION OR VOCATION: \_\_\_\_\_

HAVE YOU BEEN WORKING: \_\_\_\_\_ HOW MANY YEARS WITH COMPANY: \_\_\_\_\_

LAST TIME WORKED? \_\_\_\_\_

WHAT IS YOUR DRUG OF CHOICE: \_\_\_\_\_

LAST TIME USED or DRANK? \_\_\_\_\_ HOW LONG USING? \_\_\_\_\_

EVER BEEN TO DETOX UNIT: \_\_\_\_\_ HOW MANY TIMES? \_\_\_\_\_

EVER BEEN IN A PROGRAM BEFORE? \_\_\_\_\_

WHERE & WHEN: \_\_\_\_\_

WHAT COULD PULL YOU OUT OF THIS PROGRAM? \_\_\_\_\_

IF WE HAVE A BED, ARE YOU READY NOW? \_\_\_\_\_ WILL YOU WAIT FOR A BED? \_\_\_\_\_

HOW DO YOU FEEL AFTER THIS INTERVIEW?: \_\_\_\_\_

I UNDERSTAND THAT I AM UNDER YOUR CARE AND DIRECTION WHILE I AM IN THIS PROGRAM AND RESIDE AT THIS FACILITY. I AGREE AND WILL COMPLY BY ALL THE RULE AND REGULATIONS AS LISTED.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## RE: GENERAL PROGRAM GUIDELINES

1. Each student is expected to practice proper hygiene by taking a bath, brushing teeth, and wearing clean and acceptable clothing. **NO BODY PEIRCINGS OF ANY KIND.** No Nose, Eyebrow, Lip, or other body piercing will be allowed. Appropriate and acceptable clothing is considered to be: Jeans, Khaki pants and Shirts that do not have any propaganda or logo's for any alcoholic or drug related items on them. You can wear t-shirts that have company logos as long as they are not vulgar and or drug or alcohol related. Shorts must be no shorter than 3 inches above the center of the knee. No men's clothing will be allowed to be worn. Staff will be the interpreter of the dress code rules.
2. **No Tobacco products allowed at anytime.**
3. Proper clothing must be worn at all times when at the ministry. **NO** men's clothing, we are women and need to dress appropriately. Shirts and shoes must be worn in all common areas and outside.
4. Do not remove food, utensils, or any kitchen products from the dining area.
5. Do not store uncovered or unsealed food items in the bedrooms. Food must be in a sealed container.
6. Medications of any kind may only be used if approved by the Pastor. All medication is to be shown to the Pastor and it will be determined at that time if staff needs to distribute medication to the individual. **NO NARCOTICS ALLOWED.**
7. Turn off all electrical units when not in rooms.
8. No one is allowed in any other residents room.
9. Beds must be made and rooms must be straightened every day before quiet time.
10. Do not play radios to loudly. If it can be heard outside of your room, it is considered to loud.
11. Guest are not to be invited outside of visitation hours without proper authorization.
12. No TVs are allowed in bedrooms unless approved by the Pastor. TV privileges are just that, a privilege not a right. Your privileges can and will be taken away if used improperly. Videos that are not approved by leadership will be considered disobedience. If disobedience is found to be consistent, then TV privileges will be removed from the house.
13. **NO** secular (worldly) music or literature is allowed in the ministry at any time. **NO PORNOGRAPHY OF ANY KIND.** Pornographic materials can and will get you dismissed from this facility.
14. Do not leave ministry grounds without permission.
15. No construction, rearrangement, or building without proper authorization.
16. Weekly and weekend schedule will be followed. **NO EXCEPTIONS TO THIS RULE!**
17. **Do not ask for special privileges. Learning to cope with adverse conditions and being sensitive to the needs of others are necessary attributes in overcoming addictions.**
18. Recovery and Romance do not mix. **IF YOU DO NOT HAVE A RELATIONSHIP WHEN YOU ENTER THIS FACILITY, YOU WILL NOT BE FORMING ONE ONCE YOU GET HERE.** First, work on you, then on your relationship with others. **DISOBEDIENCE TO THIS RULE CAN AND WILL GET YOU DISMISSED FROM THIS FACILITY.** Relationships are defined as married, any other will be assessed on case by case basis.
19. Insubordination and/or disrespect toward staff and Leaders will not be tolerated at any time for any reason.
20. No person will have over twenty dollars in cash on their person or in their room. There is a bank system set up for any funds over twenty dollars.
21. **NO DRUGS OR ALCOHOL ON PREMISES AT ANY TIME.**
22. **ABSOLUTELY NO FIGHTING.** Verbal threats and or Combative Stance are considered to be a form of violence and you can and will be dismissed from this facility because of a verbal and/or combative threat to staff, leadership, Pastors or other members of the house. Abuse in any form is grounds for dismissal.

**We are very serious about your recovery. We expect you to be as serious as we are.**

\*\*\* These are items that you can bring and items you will need to bring with you at your time of admittance into this facility\*\*\*:

Favorite Pillow & Blanket, Toiletry items, Socks, Proper clothing and shoes, Radio or CD player, Christian Music, Writing materials or Tablets, Daily Planner to schedule your appointments and meetings.

We want you to feel as much at home here as possible. We are not an establishment or facility for you to be warehoused. We are a home, living for God and for one another. While you are here you are taught to receive and to give the love of Christ, which is His greatest commandment and our great commission on Earth. We have many rules that we must follow in order to be successful in our mission. Our mission is to bring you to a place where you can learn to love God above all others and to learn to rely on Him fully for all things. Once that is accomplished, you will be not only delivered from your addictions, but will become a blessing to God, Church and Family.

You must read and sign all documents indicating that you understand and agree to all these rules and guidelines before entering this program.

**IF YOU DO NOT HAVE A RELATIONSHIP WHEN YOU ARRIVE, YOU WILL NOT BE GETTING ONE BEFORE YOU LEAVE.** Disobedience to this rule **can and will** bring dismissal from this facility. This is a huge area of disobedience and rebellion that God wants you to deal with. Focus first on a relationship with Him. Allow Him to heal you and make you healthy enough to form a relationship with someone else later.

**Stop asking to change the rules or to get special favors. This is looked at as being disobedient and will cause you to be refused special privileges when it is time, and it may cause you to get disciplined as well. I can not stress this enough!**

I understand and agree with all the rules and guidelines set forth in these documents. I agree by my signature to follow and comply with all rules and regulations set forth and acknowledge that failure to follow these rules and regulations may be reason for disciplinary actions or dismissal from this ministry.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Let it be known to all that Ruth House Ministries Inc, is not responsible for the physical and or mental condition of any clients that enter this facility. We do not have the medical facilities to attend to any physical and or mental health issues of the clients. We do administer medications that are legally prescribed to a client if those medications are taken orally and/or are not to be considered dangerous or unacceptable to this ministry. A person may be refused admission into this facility if his condition is considered beyond our abilities to meet the needs of the woman. A woman may also be terminated if it has been determined that she has falsified documents or made comments that negate her need for medications that are deemed dangerous or unacceptable to this facilities capabilities to administer.

This ministry does not in any way supply or pay for any medication in any form or fashion. Any woman that has medical needs or has needs for medications will be responsible for purchasing or making arrangements to receive those medications by methods other than this facility.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Re: ACCEPTANCE AGREEMENT

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 any and all claims of any nature whatsoever that might arise out of my stay at the Ruth House. I assume responsibility for any medical treatment that may occur during my stay at the Ruth House.

I do hereby promise and agree that I will cooperate with the rules of Ruth House Ministries Inc, to the best of my ability and that I will carry out the work assigned to me in maintaining the Ruth House as my physical condition permits and to the best of my ability.

I have read and 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.

I understand and agree that random drug and alcohol test are a part of this program and I will waive any rights that I may have and fully acknowledge and agree to a drug and/or alcohol test any time that I am asked to give one. If I refuse or fail to take a test when asked, I understand that I will be asked to leave this program.

**Any personal property left upon my departure from said program and not claimed within three (3) days by me or my authorized representative shall become the property of the ministry to dispose of to the best interest of said ministry.**

**NOTE: NO PERSON OTHER THAN THE APPLICANT IS AUTHORIZED TO SIGN THIS APPLICATION/CONTRACT**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Date Entered Facility: \_\_\_\_\_ Date Left: \_\_\_\_\_

Remarks:

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**FAMILY / SPONSOR AGREEMENT**

The recovery of each woman is dependent upon many things. It is determined by their willingness to change, to allow God into their lives certainly, but it also determined by family/sponsor involvement. There must be family/sponsor involvement and agreement with the ministry rules and regulations for this ministry to be effective. The family/sponsor has to be willing to adhere to all the rules and regulations put in place by this ministry during the times that the man is in their care. This includes but is not limited to the week-ends home, special holiday times, transportation to and from Doctors appointments and/or legal appointments, etc. Every family member and/or sponsor must sign this agreement in order to be allowed to visit his or her family member that is in the Ruth House facility. The purpose for this agreement is to make all parties aware of the rules and regulations set forth by this ministry for each individual man involved. By signing this agreement you agree to hold your loved one accountable for her actions during the time that she is with you. This agreement is to help you, the family/sponsor, have a better understanding of this ministry and what we are trying to achieve. It is our belief and hope that by sharing with you the rules and regulations and by entering into an agreement with you, equipping you with the tools to hold your loved one accountable, that you will be able to concentrate more on the healing and restoration process that you and your loved one(s) deserves.

I agree to follow all the rules, regulations and guidelines set forth by Ruth House Ministries Inc. I agree that if my loved one(s) fails to adhere to any of these rules and guidelines that I will contact Pastoral Staff and let them know immediately.

I agree to come to any meeting that is called by the Pastor's of the Ruth House and will be willing and able to discuss all issues that this ministry feels affects my loved one(s) or my family. I agree to remain open and honest in all situations, stating the facts, as I know them and listening to all sides of the situation. I promise to uphold this ministry at all times and defer back to Pastoral Staff with any decisions that are made without their knowledge.

I understand that this agreement is made in a effort to keep all parties involved transparent before one another, to keep open the line of communication between family, sponsor, disciple and ministry staff, and to keep the focus of each individual on God and His will in our lives and not on each other.

I agree that I will uphold the decisions made by the Pastor's of Ruth House Ministries Inc in the area of discipline issued and given to my loved one(s). If we do not agree on the discipline set forth, I understand that I have the right to ask for a meeting with the Pastor(s) to discuss the situation. I also understand that if I discuss the discipline given in a negative or contradictory way with anyone other than the Pastor(s) of the Ruth House, that I will be considered to be sowing seeds of discord. I understand that if I am sowing seeds of discord my loved one(s) may be in jeopardy of losing her place in this facility. I understand that this ministry cannot and will not tolerate discord brought about by verbal or physical actions taken by the disciple, and or her family member or sponsor. I am making the commitment by my signature that I will not sow seeds of discord. I understand that every opportunity will be given to me to state my concerns and opinions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Family / Sponsor

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Family / Sponsor

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Family / Sponsor

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Family / Sponsor

Witness: \_\_\_\_\_ Date: \_\_\_\_\_





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**There are five areas of disobedience that cannot and will not be tolerated in this ministry. Each area is considered to be disruptive and unhealthy for the effectiveness of this ministry. Any woman that is found to be disobedient in any of these areas listed below can and will be asked to leave this facility.**

- 1.) **DRUGS:** Any woman found to have drugs on or in her possession will be asked to leave immediately. We have zero tolerance for drugs in this facility. If a woman fails a drug test she is considered to have drugs in her possession. If a woman brings drugs in and distributes them to others in the program, even if she has not ingested them, she will be dismissed from this program. In no way will drugs of any kind be tolerated. This includes prescription drugs. If a woman is using prescription drugs without knowledge of this ministry she is considered to be disobedient and rebellious and will be dismissed from this program. If a woman's family or sponsor comes to this facility while under the influence of drugs, they will be asked to leave and will be in jeopardy of losing visitation rights with their loved one for the term of her stay in this facility. If a woman's family member or sponsor brings drugs of any kind on premises then that woman in the facility is in jeopardy of losing her position in this facility.
- 2.) **ALCOHOL:** Any woman found to have alcohol, in any description, on or in her possession will be asked to leave immediately. We have zero tolerance for alcohol in this facility. If a woman fails an alcohol test she is considered to have alcohol in her possession. If a woman brings alcohol in and distributes it to others in the program, even if she has not ingested them, she will be dismissed from this program. In no way will alcohol of any kind be tolerated. This includes medicine, mouthwash and any other form of alcohol. If a woman has these items in her possession at any time she is considered to be disobedient and rebellious and will be dismissed from this program. If a woman's family or sponsor comes to this facility while intoxicated and or under the influence of alcohol, they will be asked to leave and will be in jeopardy of losing visitation rights with their loved one for the term of his stay in this facility. If a woman's family member or sponsor brings alcohol on premises then that woman in the facility is in jeopardy of losing her position in this facility.
- 3.) **PORNOGRAPHY:** Pornography is one of the most detrimental of all addictions that we face in America. This ministry will not tolerate pornographic material of any kind to be brought on or in this facility. Any woman found to have pornographic materials in her possession can and will be asked to leave this facility. Any woman to have knowledge of pornographic material onsite and shares this information with another woman, even if she does not participate in looking at this material, will be considered to be jeopardizing the Spiritual health of another woman, and will be asked to leave this facility. **Any woman's family or sponsor that brings pornographic material into this facility will be jeopardizing their visitation rights with their loved one for the term of her stay in this facility; this includes any of the rules.**
- 4.) **VIOLENCE:** Violence of any kind will not be tolerated. Violence is not only physical contact. We consider violence to be a verbal threat, intimidation, and or threatening body language. Any woman that displays any or all of these characteristics can and will be asked to leave this facility.
- 5.) **TOBACCO:** Any woman caught using tobacco of any form is subject to dismissal. This will be effective for all visitors and any guest/teachers.

I agree, by my signature, to these rules and regulations set forth in this document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Re: Items allowed for intake

The following items are total number allowed for each item, you do not have to have this many but not more than what is listed below.

10 outfits (which includes church and work clothes combined)

6 pairs of shoes

10 pair socks and under clothes

2 jackets

Pillow

Personal items

Alarm Clock

Razors

Soap

Shampoo and Conditioner

Deodorant

Toothpaste & Toothbrush

Bible

Paper & Pen

Stamps & Envelopes

Christian music, magazines and books

Sincerely,

Detra Mason  
Program Director



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Re: Cost of this Ministry

The total cost of the Ruth House program is determined by the payment option selected. Below are the current payment options for the twelve-month program at the Ruth House. Please initial beside and circle the payment option chosen and sign in space below:

- \_\_\_\_\_ 1. \$ 7,500 at time of intake, one time payment.
- \_\_\_\_\_ 2. \$ 4,050 at time of intake with the sponsor making no monthly payment, then after gainful employment client will pay 6 monthly payments of \$700 for a total cost of program of \$8,250.
- \_\_\_\_\_ 3. \$ 500 intake fee, with sponsor paying \$750 per month the first six months then client will pay the remainder of payments for a total cost of program of \$9,500.
- \_\_\_\_\_ 4. \$ 500 intake fee, with sponsor paying \$ 220 per week for a total cost of program of \$11,940.

The 1<sup>st</sup> & 2<sup>nd</sup> phase of the Ministry is approximately six (6) months, and most of the women that come in need someone to sponsor them for that time and until gainful employment is acquired. Beginning the 3<sup>rd</sup> phase of the Ministry the women start earning an income. They pay the weekly or monthly payment as selected above until paid in full before they graduate. If they are approved for an extended stay past graduation they will pay \$220 weekly or \$750 monthly until they leave the Ministry. Transition is available after graduation for \$400 a month.

If for some reason the payments stop, we would expect the client to secure another sponsor or obtain funds to continue to pay the tuition. If no arrangements can be made she would seek to find herself another program she can afford. **Although, we will try to help her find something else we do not take on that responsibility.**

**If for any reason the client leaves (failed drug test, violence, of their own choice, of their family's choice, etc.) there will be no refund on any monies paid to this Ministry and balance of tuition becomes due immediately.**

Sponsor \_\_\_\_\_ Date \_\_\_\_\_

Client \_\_\_\_\_ Date \_\_\_\_\_

Staff Member \_\_\_\_\_ Date \_\_\_\_\_

Date Approved \_\_\_\_\_ By: Pastor/ Staff \_\_\_\_\_

\*\* For Intake we need:

- 1) 3-5 page letter of request to enter facility.
- 2) Phone interview completed
- 3) Personal interview with Pastoral Staff at our facility.
- 4) This financial form satisfied (entrance fee paid)
- 5) Copy of rules and regulations signed.

**List of Items in Lockup**

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

Client \_\_\_\_\_ Date \_\_\_\_\_

Staff Member \_\_\_\_\_ Date \_\_\_\_\_

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9 Hill Crest Dr  
Ranger, GA 30734  
Phone#: 678-528-1642  
Email: Admin@ruthhouseministries.org



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**Ruth House Ministries, Inc.**

**CONSENT FOR THE RELEASE  
OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ authorize  
(Name of patient)

Ruth House Ministries, Inc. To disclose to, State, Federal, or local probation and parole officers or court officials and verified family members the following information: Program attendance and participation information.

The purpose of the disclosure authorized in this consent is to: Document your progress in program attendance and participation.

I understand that my alcohol and/or drug treatment records are protected under The federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: 90 days after completion or exiting program.

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law.

I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form.

Dated: \_\_\_\_\_

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Signature of client

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Signature of witness

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Print name of client

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Print name and title of witness

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Email: Admin@ruthhouseministries.org



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**Ruth House Ministries, Inc.**

**CONSENT FOR THE RELEASE  
OF MEDICAL INFORMATION**

I, \_\_\_\_\_ authorize  
(Name of patient)

Ruth House Ministries, Inc. To acquire all medical records.

The purpose of the authorization in this consent is to: Document your progress in program attendance and participation.

I understand that my medical records gained will be used to best set my program structure. The two teams will work together for my best interest in my recovery.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: 90 days after completion or exiting program.

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law.

I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form.

Dated: \_\_\_\_\_

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Signature of client

Signature of witness

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Print name of client

Print name and title of witness