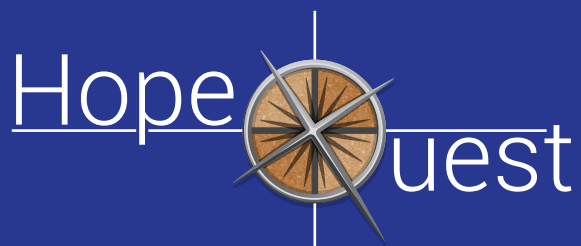


Program Application

trek:IOP
INTENSIVE OUT-PATIENT PROGRAM

*"For I know the plans I have for you,
declares the Lord, plans to prosper you
and not to harm you, plans to give you
a hope and a future." – Jeremiah 29:11*



Director of Admissions

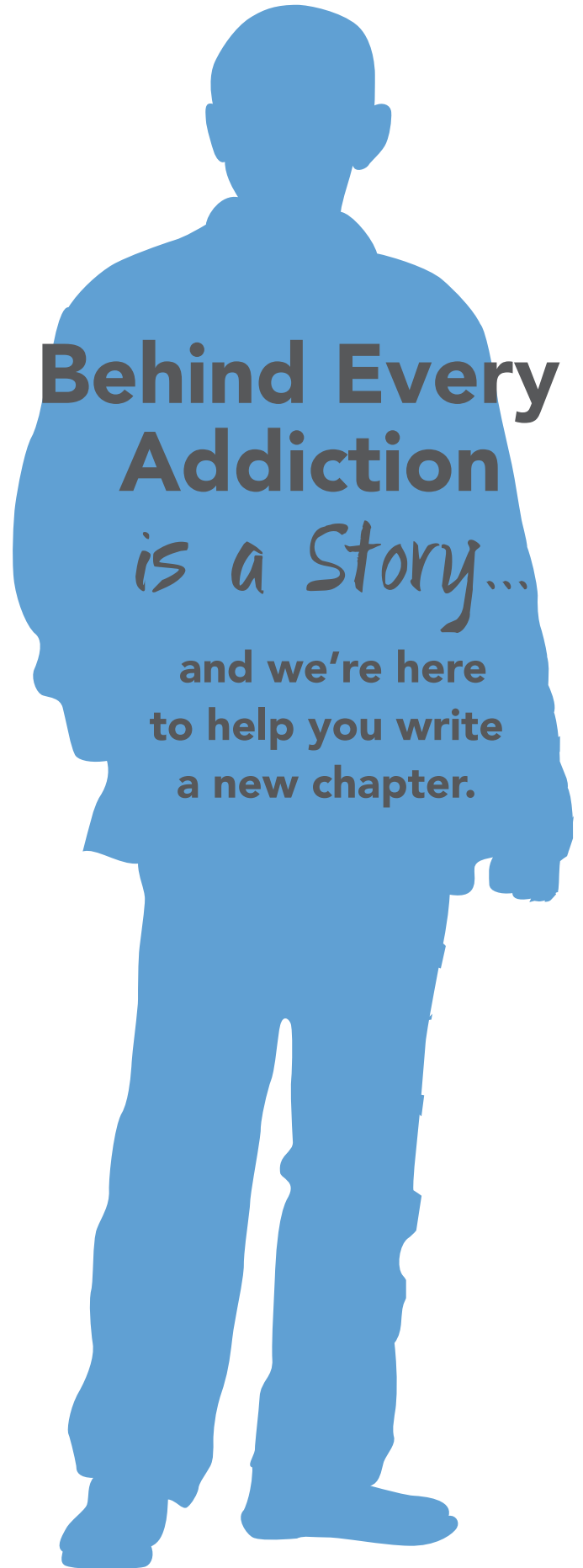
P.O. Box 2699 • Woodstock, GA 30188

Office: 678-391-5950 Fax: 678-391-5969

Email: emily.woodfin@hopequestgroup.org

**Behind Every
Addiction**
is a Story...

**and we're here
to help you write
a new chapter.**



Requirements for Admission

- Must be at least 18 years of age
- Recognition of your life-dominating issue(s) and a willingness to seek help in a Christ-centered environment for 4-6 months
- A willingness to abide by all program guidelines, activities and directions of the staff
- Mentally stable and capable of functioning in a classroom environment, as well as a group counseling environment

Admissions Checklist

- ☐ A completed application
- ☐ Arrangements for tuition payment
- ☐ Attach a copy of your Driver's License and Insurance Card to this application.
In addition, you **MUST BRING** your Driver's License and Insurance Card with you when you arrive at check in.

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY TO BE CONSIDERED. PLEASE RETURN PAGES 3 AND 4 OF THIS APPLICATION ALONG WITH ANY OTHER REQUIRED DOCUMENTS TO:

Director of Admissions
P.O. Box 2699, Woodstock, GA 30188
Office: 678-391-5950 Fax: 678-391-5969
Email: Emily.Woodfin@hopequestgroup.org

trek:IOP Program Application

INTENSIVE OUT-PATIENT PROGRAM

Full Name

SS#

Marital Status

Date of Birth

Race

Address

City

State

Zip

Phone

Alternate Phone

Email

Emergency Contact Information

PRIMARY CONTACT

Name

Relationship

Address

City

State

Zip

Phone

Alternative Phone

Email

SECONDARY CONTACT

Name

Relationship

Address

City

State

Zip

Phone

Alternative Phone

Email

LIST ANY RELEVANT CONTACTS (i.e. therapists, psychiatrists, attorney, probation officer, etc.)

Name

Relationship

Phone

Email

Name

Relationship

Phone

Email

Name

Relationship

Phone

Email

Name

Relationship

Phone

Email

Name

Relationship

Phone

Email

PLEASE ATTACH LIST IF FURTHER CONTACTS NEED TO BE SHARED

Financial Policies:

- A 4% credit card processing fee will be charged for all credit card payments.
- In the event a participant leaves the ministry program, for any reason, including dismissal, all deposits, tuition and program fees paid are non-refundable.

Cooperation Policies:

- I agree to have a willing attitude and abide by all TREK/TREK:IOP program policies, guidelines, and to submit to the leadership of The HopeQuest Ministry Group, Inc.
- I understand that failure to cooperate can lead to my dismissal.

I have read and fully understand the above policies of The HopeQuest Ministry Group, Inc.

Print Name

Date

Signature