

APPLICATION:

Posbus / P. O. Box 146, Bella Vistaweg / Road (Off Old Paarl Road) Kraaifontein 7570 <u>Tel:</u> 021 982 7290 - <u>Fax:</u> 021 982 7297 <u>Email -rehabsupport@gmail.com</u>

Web Page - Http://www.lofdal.com

## **LOFDAL RESTORATION CENTRES**

NPO - 010 - 283

Please note – this application form must be completed by the sponsor /Guardian

		LADIES / GENTS  OLICY FROM THE COMMEN	Restoration Program (Select which CING OF THE PROGRAM.	ever applicable)
2 <sup>ND</sup> STAGE DRUG REHA	BILITATION (RESIDENT	DETAILS - PERSON TO B	ADMITTED)	
NAME & SURNAME:			D NUMBER:	
ADDRESS:				
DRUG OF CHOICE:				
MEDICATION/ALLERGI	ES:			
REMARKS:				
PERSON LIABLE FOR AC	CCOUNT (PARENT/SPC	DNSOR)		
name & Surname:			D NUMBER:	
ADDRESS:				
REMARKS:				
CONTACT NOS:	HOME	:		
	MOBILE	:		
	WORK	:		
	ALTERNATIVE	:		
Email Address				
	-	_	Y ACKNOWLEDGE THAT BY affixin	
Chemical Dependenc			ns and i submit myself to danoc	resing for
SIGNATURE:	(R	esident)	DATE :	
SIGNATURE :	(PARENT/SPONSOR)		DATE :	
REMARKS: (FOR OFFIC	E USE ONLY)			

Please note – this application form must be completed in full with as much detail as possible and each page must be initialled by both the resident to be and the guardian/parent/sponsor - incomplete forms will not be considered for application *Page 1 of 9* 

SPONSORS INFORMATION		
Sponsor Full Names	:	
Relationship to Client	:	
Postal Address	:	
Physical Address	:	
Email Address	:	
CLIENT'S DETAILS		
Full names of Client/Resident	:	
Date of birth	:	Date Month Year
Gender	:	Male / Female
Country of Birth	:	
Marital Status	:	Single Married Divorced Other
Dependants	:	YES / NO
Ages & Details	:	
Who takes care of them	:	
Religious Affiliation	:	
Did you attend Group	:	YES / NO Who was your group leader
Who were you referred by	:	
How did you hear about Lofdal	:	
Client's Email Address	:	
CLIENT MEDICAL / CHEMICAL DEPE	NDANCE/A	ABUSE HISTORY
Brief Medical/Psychiatric history –	e.g. major	operations/depression / Bi-polar etc.
Current Medical Condition – e.g. [	Nighalas Er	silamon / Allagrica aka
Conem Medical Condition – e.g. L	nabeles, L	onepsy / Anergies etc.
Current Medication – You must st	ate what m	nedication the Client is using, for what condition and the Doctor's Prescription, where
applicable, MUST accompany the		

both the resident to be and the guardian/parent/sponsor - incomplete forms will not be considered for application Page 2 of 9

and ho	ote – you must state to the best of your knowledge, what drugs, including prescription drugs are being abused, how oft v much
Has the	Client received any other treatment or rehabilitation – if so when and where ?
Any oth	er relevant information that we, as the caregivers need to know?
Warran	e Client have any pending court cases : YES / NO s of Arrest : YES / NO any of the above please give details
1. 2. 3.	For heroin addicts, detox supervision is provided. However, detox medication must be brought into the centre by the resident. We prefer the use of Suboxone, Subatex, Pax and Zopimed.  Clients addicted to pharmaceutical/over-the-counter drugs may need to be re-assessed. The same may apply to client who are on prescribed medications such as anti-depressants, mood stabilisers etc. Should a client need to see a doctor, the sponsor will have to remit funds for the doctor's consultation as well as for a prescription prior to the booking of a doctor's appointment (except in the event of a medical emergency, after which doctor's fees will be claimed back from the sponsor).  Please note – we do make use of a government facility, i.e. Clinic etc.
	ign and acknowledge that you have read and accept these conditions and that all information supplied is <b>TRUE AN</b> To the best of your knowledge:

This application form must be COMPLETED and emailed or hand delivered to us before admission to LOFDAL RESTORATION CENTRE may be granted.

PROGRAMME FEE : R6000.00 - (Three Months) + R50 Manual Fee + R1000 on the month of Graduation.

TOTAL CONST : R7050.00

Includes R50.00 for Celebrate Recovery manuals which the resident will be able to take home

All pocket money to be HANDED IN TO THE OFFICE FOR SAFEKEEPING

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ALL FEES TO BE PAID TO :-

Bank : Absa Bank

Account Holder : Lofdal International

Account Number : 407 454 5672

Branch : Cape Gate Universal Branch Code 632005

Account Type : Current

Please use the following as a reference

### REHAB/ AND THE SURNAME OF THE PERSON BEING ADMITTED

Please indicate whether the money is for monthly fees or for pocket money

## WHAT TO BRING TO LOFDAL RESTORATION CENTRE

All new admissions are to bring the following in on the day of admission. Please note we reserve the right to search everything before it is taken into the Centre

Three 5 Panel/Multi drug tests. Or

A Basic Bible, preferably the NIV, Or New King James or the Message or an Afrikaans Version

Basic Clothing – please avoid brand names and copious amounts of clothing – the ideal amount of clothing is 4 / 5 T Shirts / 2 pairs of shorts / 3 pairs of Jeans, an outfit for church as well as smart shoes, takkies, sandals, slippers, underwear, something to sleep in i.e. track suit or similar, hoodie etc.- For Females, no unacceptably revealing clothing will be allowed. (short shorts, leggings, mini dresses)

Work Clothing (old Takkies or Gumboots preferably) Old Clothing

Single Duvet/Blanket /Sleeping Bag or Comforter (BEDDING)

2 X Single Fitted Sheet

Pillow/s

2 Towels

10 x toilet rolls

Toiletries – basics such as deodorant, soap, toothpaste and toothbrush, Sanitary Towels Etc

Disposable razors (which will get handed in for safe keeping)

Washing Powder

Two packs of Plastic Pegs

Knife & Fork, Desert Spoon & T Spoon, Dinner Plate, Side Plate Cup/Mug – These items are lodge in the kitchen and are not to be kept in the bedroom area.

Pens & Pencils

2 X 144 page Hard Cover Books & Two Examination Pads

Coffee / Tea / Sugar / Creamer

Money for Tuck Shop – all cash to be handed in

Telkom Cards / World Call Cards

Hairdryer if needed or Straightener

Identity Documents and Drivers Licences (must be handed in for safekeeping)

NO CELL PHONES ARE ALLOWED AT THE CENTRE - THEY MUST BE SENT HOME WITH THE FAMILY/SPONSOR

## Please note ALL POCKET MONEY IS TO BE LODGED WITH THE OFFICE AND WILL BE UTILISED FOR SHOPPING DAYS FOR ITEMS

All items brought in MUST be clearly marked with permanent marker and **no responsibility will be accepted by the Centre for any goods that are lost or stolen whatsoever.** No jewellery, other than a watch, and/or a cross and chain is to be brought into the centre. All goods are brought in at your own risk – no earrings or other piercings are allowed to be worn by any gentleman at all.

Please note – this application form must be completed in full with as much detail as possible and each page must be initialled by both the resident to be and the guardian/parent/sponsor - incomplete forms will not be considered for application *Page 4 of 9* 



## Disclaimer/General Notice

- 1. L.R.C. cannot be held responsible for any loss, damage or injury howsoever incurred to any person/s or their belongings brought in or entering or staying on our premises.
- 2. In the case of runaways, hereinafter referred to as AWOL, L.R.C. will not accept any responsibility for any belongings left behind at the centre.
- 3. All foodstuffs left behind in a case of AWOL will be used.
- 4. All monies paid will be forfeited in the case of an AWOL
- 5. Any person leaving L.R.C. before the end of their program MUST make application to be re-admitted.
- 6. In case of re-admission after AWOL, all applications will be treated as a new application, i.e. deposits and rent in advance will be applicable.
- 7. All fees are to be paid in advance.
- 8. Interest at the current bank rate will be charged on all over due accounts.

Signed at	on theday of20
	On behalf of L.R.C.
	Resident
	Resident
	Parent/Sponsor

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# **INDEMNITY**

l,	parent/legal	guardian/sponsor	of
hereby consent to		participating in (	any
events run by the Lofdal International Restoration C	Centre and or Midwa	y Program. I will, at all tin	nes
encourage to attend	I and participate ir	n all the programs and	to
cooperate with the leaders. I authorise the Leadershi	p to arrange for		
to receive such first aid, medical or surgical treat	tment as may be n	ecessary in the case of	an
emergency or an injury during the activities of L	ofdal International R	estoration Centres. I furt	her
authorise the use of Ambulance and/or anaestheti	c by a qualified me	dical practitioner if in his/	her
judgment it is necessary. I accept responsibility for	payment of all exp	penses associated with su	JCh
treatment. I agree to indemnify and hold harmless L	ofdal International M	inistry, its co-workers whet	her
volunteers or on full time staff against all claims, de	mands, suits and liak	oility of whatever nature o	bnr
howsoever arising out of the injury to		, and the relevant acti	vity
being undertaken.			
SIGNATURE OF SPONSOR PARENT/GUARDIAN:			
SIGNATURE OF RESIDENT :			
DATE :			

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## LOFDAL RESTORATION CENTRE

NPO - 010 - 283

#### **CODE OF CONDUCT**

Faith is our substance - Hebrews 11:1

## (To be signed by the in-Resident AND THE PARENT/SPONSOR prior to admission)

The code of conduct is a set of boundaries that we implement at the Centre to produce cohesive communal living as well as freedom in your life. Frequently due to dysfunctional family life, residents have no healthy boundaries, nor structure in their lives. Boundaries are to be learnt at the centre so that you can change your way of thinking when you leave the centre.

The purpose of this document is to produce structure in your life whilst at L.R.C. and for you to realize the importance of boundaries at all times – All breaches of these boundaries carry consequences.

Whilst at L.R.C. you are responsible for living according to the set out structure and failure to do so will result in the listed consequences.

The Management are all united to drawing the best out of every resident. We are not your "punishers", we merely highlight where you are overstepping your boundaries

### All people will be treated with dignity and respect.

- ✓ All Residents being admitted will be subjected to a thorough bag and body search. Any drugs or contraband found on him/her will be confiscated and destroyed
- ✓ All Residents will be subjected to a one month's lockdown period, i.e. no telephone calls, no visits for one month
- ✓ All Residents are subject to adhoc body searches/drug tests as and when the centre may see fit. The appropriate consequences will be set in place.
- ✓ All clothing that is not appropriate will be confiscated
- $\checkmark$  The resident will be allocated to a room depending on their age and gender.
- No cell phones, iPods, any video equipment or computing equipment, cameras etc. will be allowed
- ✓ No animals will be allowed on the program
- √ Washing of clothing is done on the allocated day all dirty washing is to be pooled and sorted into colours and washing will be done communally no underwear, face clothes or toiletries are allowed to be left in the bathrooms at all anything found in this area, will be thrown away.
- ✓ All residents MUST SHOWER/BATH every day. Only one person allowed in the bathroom at a time. No residents are allowed to shower or bath together
- Any Resident that brings drugs/contraband into the centre will be immediately expelled from the centre
- ✓ All Cell phones must be SENT HOME.
- ✓ No Resident is allowed to keep any cash on their person
- ✓ All pocket money to be handed in.
- ✓ Admission forms **AND THIS CODE OF CONDUCT** must be completed **AND SIGNED**, prior to the Resident being admitted. **EVERY PAGE MUST BE INITIALED**

## The above applies and in addition:- (FOR LADIES AND GENTS)

- 1) Any resident choosing to leave the programme before the successful completion of said programme, will be dismissed and will need to re-apply for re-admission.
- Any PERSON entering this programme must do so on a voluntary basis, i.e. of their own free will.
- 3) All Identity Documents, Passports and/or money must be handed in on arrival.
- 4) All Residents will be subjected to random body searches as determined by the Leadership from time to time.
- 5) All medication to be handed in on arrival Medication will be administered by the designated leader.
- 6) No bad language, Drug talk or gangsterism references will be tolerated.
- 7) No revealing clothing will be allowed at all, this included short skirts, short shorts and or skimpy tops. All will be expected to dress accordingly. THIS APPLIES TO LOW HANGING JEANS ETC (no cracks)

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- 8) No clothing with pictures and or logos that are contrary to our belief will be allowed.
- 9) No excessive make-up or jewelry will be allowed.
- 10) Acceptable Jewelry is considered, one pair of earrings for pierced ears, no other piercings will be allowed, a watch, one ring and a bangle or two and a neck chain with an acceptable pendant.
- 11) Acceptable make-up is considered subtle.
- 12) No talking to residents (of the property), or passersby unless designated by authority.
- 13) No contact or communication with the OPPOSITE SEX residents on the programme will be tolerated.
- 14) Please note, you are here for your own recovery, kindly concentrate on yourself.
- 15) All Residents may be subjected to random drug tests from time to time, and all drug tests are for the Sponsors account.
- 16) No resident is allowed to walk around the property, or out of the Centre without prior permission or without being accompanied by a supervisor or leader.
- 17) Respect Begets Respect, please treat your fellow residents with the same respect you expect to be treated with.
- 18) Rooms, Beds and cupboards are to be ready for inspection by no later than 09h00
- 19) No Resident is permitted to handle any electrical appliance, e.g., TV, DVD without authorization.
- 20) Any damage caused to property by any resident will be for the Sponsors account.
- 21) All residents attend all church meetings and/or conferences as determined by management and they are expected to sit with the L.R.C. residents and not wander off on their own your family may sit with you. Gents sit with Gents and Ladies with Ladies.
- 22) No loans are allowed. Please do not embarrass yourself by asking -
- 23) Please note, each resident comes into the programme on their own assessment, please look to your own set of circumstances and not that of your fellow resident.
- 24) Only Christian Faith reading matter will be allowed.
- 25) Anyone not committed to the programme and their recovery may be asked to leave.
- 26) For the first Month of the program, no outside contact is allowed, i.e. no phone calls or visits, after this period, phone calls are only permitted on Tuesdays between 17h00 & 19h00 and Thursdays 17h00 19h00 and then only from the public call box with the Supervisor in attendance no please call me's are allowed to be sent by any Supervisor.
- 27) Home visits are only allowed after two months, based on the following criteria:-
  - 27.1 Progress
  - 27.2 Behaviour
  - 27.3 At the discretion of the program Director.

## Please note, if you have gone AWOL your home visit privilege may be withdrawn.

All parcels, monies etc. are to be handed into a supervisor or leader on arrival. All goods brought onto the property will be searched.

Please note the following behavior will result in INSTANT DISMISSAL FROM THE PROGRAMME.

- A). Any resident found in possession of any illegal substance.
- B). Any fighting will be dealt with accordingly (Warning or dismissal)
- C). Any resident caught stealing.

Warnings/punishment (such as writing out of scriptures as determined by the Leadership and/or written warnings) may be handed out for the following transgressions:-

- A.) Swearing
- B.) Disregarding instructions and/or any rebellious behavior

Romans 13 Submission to Authority.		
Resident Name & Surname		:
Date	:	
Signature parent/sponsor		:

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ACKNOWLEDGEMENT OF FINANCE	IAL AGREEMENT B	ETWEEN LOFDAL INTERN	NATIONAL RESTORATION	N CENTRE - (LOFDAL
COMMUNITY PROJECTS)				
AND :		-		
THE LEGAL GUARDIAN/PARENT (H	EREINAFTER REFERF	RED TO AS "THE SPONSO	OR")	
IDENTITY NUMBER OF SPONSOR : _			_	
ON BEHALF OF				
	(PERSON T	O BE ADMITTED TO THE	RESTORATION CENTRE)	
IDENTITY NUMBER OF RESIDENT :				
I, <b>THE SPONSOR</b> , as indicated above, <b>admitted</b> ) is to be admitted as an rehabilitation program.	hereby acknowledg in-house resident to	ge that o Lofdal International's R	Restoration Centre for a	(name of person to be three month intensive
I recognize that I am jointly and seven Creditor") in the total of R6050.00 (Sin Restoration Centre and I jointly and se	x thousand and fift	y Rands) (hereinafter de	noted as "the Amount")	in lieu of fees for The
In the event of default, I shall be resp balance on the extent as between a at the current bank rate. Interest sh outstanding balance until the Amoun	ittorney and personal be computed a	al client with commission and capitalized on the	on the Amount, interest of	and costs, plus interest
SIGNED :	<u> </u>			
FULL NAMES OF SPONSOR				
IDENTITY NUMBER OF SPONSOR	_			
SIGNED at		on this	day of	year 2013
AS WITNESSES :				
1. SIGNATURE		FULL NAMES		
2. SIGNATURE		FULL NAMES		

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