



# LOFDAL RESTORATION CENTRES

NPO - 010 - 283

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

## APPLICATION:

For the Below Named to enter into the **LADIES / GENTS** Restoration Program (Select whichever applicable)

### 2<sup>ND</sup> STAGE DRUG REHABILITATION (RESIDENT DETAILS – PERSON TO BE ADMITTED)

NAME & SURNAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

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

DRUG OF CHOICE: \_\_\_\_\_

MEDICATION/ALLERGIES: \_\_\_\_\_

REMARKS: \_\_\_\_\_

### PERSON LIABLE FOR ACCOUNT (PARENT/SPONSOR)

NAME & SURNAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

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

REMARKS: \_\_\_\_\_

CONTACT NOS: HOME : \_\_\_\_\_

MOBILE : \_\_\_\_\_

WORK : \_\_\_\_\_

ALTERNATIVE : \_\_\_\_\_

Email Address \_\_\_\_\_

I \_\_\_\_\_ (THE RESIDENT TO BE ADMITTED), HEREBY ACKNOWLEDGE THAT BY affixing my signature hereto – , I have read the code of conduct, the attached documents and I submit myself to adhoc testing for Chemical Dependency as the centre sees fit

SIGNATURE: \_\_\_\_\_ (Resident) DATE : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ (PARENT/SPONSOR) DATE : \_\_\_\_\_

### REMARKS: (FOR OFFICE USE ONLY)

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

**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 DEPENDANCE/ABUSE HISTORY**

Brief Medical/Psychiatric history – e.g. major operations/depression / Bi-polar etc.

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

Current Medical Condition – e.g. Diabetes, Epilepsy / Allergies etc.

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

Current Medication – You must state what medication the Client is using, for what condition and the Doctor's Prescription, where applicable, MUST accompany the client on arrival

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

Name of Doctor : \_\_\_\_\_ Telephone No \_\_\_\_\_

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 2 of 9

**DRUG ABUSE DETAILS**

Please note – you must state to the best of your knowledge, what drugs, including prescription drugs are being abused, how often and how much

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Has the Client received any other treatment or rehabilitation – if so when and where ?

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Any other relevant information that we, as the caregivers need to know?

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Does the Client have any pending court cases :            YES / NO

Warrants of Arrest :            YES / NO

If yes to any of the above please give details

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**PLEASE NOTE:**

1. 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
2. Clients addicted to pharmaceutical/over-the-counter drugs may need to be re-assessed. The same may apply to clients who are on prescribed medications such as anti-depressants, mood stabilisers etc
3. Should a client need to see a doctor, the sponsor will have to remit funds for the doctor's consultation as well as for any 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).
4. Please note – we do make use of a government facility, i.e. Clinic etc.

Please sign and acknowledge that you have read and accept these conditions and that all information supplied is **TRUE AND CORRECT to the best of your knowledge:**

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Sponsor

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Client

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Date

**Please note**

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

Cost for 3 month program R10 000

Drug tests and manuals R300

**\*\* Ladies and Gents programs**

**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
- Cigarettes & Lighter (for the first month)
- 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



**LOFDAL RESTORATION CENTRE**  
**NPO - 010 – 283**

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 the.....day of.....20.....**

\_\_\_\_\_ **On behalf of L.R.C.**

\_\_\_\_\_ **Resident**

\_\_\_\_\_ **Parent/Sponsor**

# INDEMNITY

I, \_\_\_\_\_ parent/legal guardian/sponsor of \_\_\_\_\_ hereby consent to \_\_\_\_\_ participating in any events run by the Lofdal International Restoration Centre and or Midway Program. I will, at all times encourage \_\_\_\_\_ to attend and participate in all the programs and to cooperate with the leaders. I authorise the Leadership to arrange for \_\_\_\_\_ to receive such first aid, medical or surgical treatment as may be necessary in the case of an emergency or an injury during the activities of Lofdal International Restoration Centres. I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgment it is necessary. I accept responsibility for payment of all expenses associated with such treatment. I agree to indemnify and hold harmless Lofdal International Ministry, its co-workers whether volunteers or on full time staff against all claims, demands, suits and liability of whatever nature and howsoever arising out of the injury to \_\_\_\_\_, and the relevant activity being undertaken.

- **SIGNATURE OF SPONSOR PARENT/GUARDIAN :** \_\_\_\_\_
- **SIGNATURE OF RESIDENT** : \_\_\_\_\_
- **DATE** : \_\_\_\_\_

# 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
- ✓ 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 cigarettes are handed in to the monitors for safe keeping. Cigarettes are handed out at pre-determined times. No Resident is allowed to keep cigarettes on their person. Smoking is only allowed in designated areas. There is no smoking allowed in the house at all.
- ✓ 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.
- 2) 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.

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- 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)
- 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

**PLEASE NOTE, WE HAVE A ZERO TOLERANCE FOR SMOKING.** Smoking will be tolerated for the first month at designated places and times. All cigarettes to be handed in upon arrival. These will be issued at designated times. **After One Month, no more smoking will be allowed.**

Romans 13 .... Submission to Authority.

Resident Name & Surname : \_\_\_\_\_

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

Signature parent/sponsor : \_\_\_\_\_

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**ACKNOWLEDGEMENT OF FINANCIAL AGREEMENT BETWEEN LOFDAL INTERNATIONAL RESTORATION CENTRE - (LOFDAL COMMUNITY PROJECTS)**

**AND** : \_\_\_\_\_

**THE LEGAL GUARDIAN/PARENT (HEREINAFTER REFERRED TO AS "THE SPONSOR")**

**IDENTITY NUMBER OF SPONSOR** : \_\_\_\_\_

**ON BEHALF OF**

\_\_\_\_\_ **(PERSON TO BE ADMITTED TO THE RESTORATION CENTRE)**

**IDENTITY NUMBER OF RESIDENT** : \_\_\_\_\_

I, **THE SPONSOR**, as indicated above, hereby acknowledge that \_\_\_\_\_ **(name of person to be admitted)** is to be admitted as an in-house resident to Lofdal International's Restoration Centre for a three month intensive rehabilitation program.

I recognize that I am jointly and severally accountable to Lofdal International Restoration Centre (*hereinafter denoted as "the Creditor"*) in the total of R6050.00 (Six thousand and fifty Rands) (*hereinafter denoted as "the Amount"*) in lieu of fees for The Restoration Centre and I jointly and severally assume to pay to the order of the Creditor the Amount agreed upon.

In the event of default, I shall be responsible jointly and severally for all legal costs incurred during the collection of the unsettled balance on the extent as between attorney and personal client with commission on the Amount, interest and costs, plus interest at the current bank rate. Interest shall be computed and capitalized on the same day of every month, in arrears, on the outstanding balance until the Amount due has been compensated.

**SIGNED** : \_\_\_\_\_

**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 \_\_\_\_\_