



# Bethany Baptist Church

## *Showers of Blessings Outreach Program*

2587 Campostella Road Chesapeake, VA 23324

Phone: (757)543-5887 Fax: (757) 543-4460



*Rev. Jake Manley Sr., Founder*

*Pastor H. Patrick Cason, M.Div., M.A.C.E.*

**MISSION:** To assist participants with living productive chemical free lifestyles.

**PURPOSE:** For more than 30 years, the Showers of Blessings program has been one the leading faith-based, court-recognized substance abuse programs in the Hampton Roads area. Facilitated by licensed counselors, this free program offers a solid foundation that helps individuals rebuild their lives by empowering them to overcome the strongholds of addiction. The program's success is based upon ministering to the whole person emotionally, spiritually, physically and has been a haven to thousands who have struggled with substance abuse.

### **ADDITIONAL SERVICES OFFERED:**

- ❖ Family Support and Counseling
- ❖ Employment Counseling and referrals
- ❖ Financial Counseling and Referrals
- ❖ Assistance with emergency food and limited emergency shelter
- ❖ Support Groups, One on One Counseling with focuses on Relapse Prevention and how to remain chemical free

### **MEETING COMPONENTS:**

- ❖ Opening Prayer/ Testimonial Session
- ❖ Spiritual Counseling
- ❖ Educating Session
- ❖ Ending Prayer

### **APPROACH:**

Showers of Blessing's approach is to minister to the whole person. Challenging to rebuild lives spiritually, emotionally and physically, we invoke The Spirit of Christ to change the way a man thinks and renew his mind through the Word of God.

### **FOUNDATION:**

Showers of Blessing's scriptural foundation derives from II Corinthians 5:17 "Therefore, if any man be in Christ he is a new creature; old things are passed away; behold, all things become new."

*"Real People Serving A Real God"*

# Bethany Baptist Church

## *Showers of Blessings Outreach Program*

2587 Campostella Road Chesapeake, VA 23324

Phone: (757)543-5887 Fax: (757) 543-4460

*Rev. Jake Manley Sr., Founder*

*Pastor H. Patrick Cason, M.Div., M.A.C.E.*

---

### RULES & REGULATIONS

I, \_\_\_\_\_, agree to attend the Substance Abuse Education meeting beginning \_\_\_/\_\_\_/\_\_\_ from 7:00 P.M. to 8:00 P.M. and each consecutive meeting thereafter, unless otherwise notified.

Absences will be excused only for emergencies and I understand that I must notify a Showers of Blessings Outreach Counselor or Staff Member if I am unable to attend any meetings.

If I miss a meetings, I understand that I must contact my probation officer within 24 hours of the missed meeting and in advance, when possible.

I understand that if I have three (3) consecutive unexcused absences, I **must** speak with a counselor.

I understand that the counselors notify my probation/parole officer of my attendance at these meetings.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

*"Real People Serving A Real God"*

# Bethany Baptist Church

## Showers of Blessings Outreach Program

2587 Campostella Road Chesapeake, VA 23324  
Phone: (757)543-5887 Fax: (757) 543-4460

*Rev. Jake Manley Sr., Founder*

*Pastor H. Patrick Cason, M.Div., M.A.C.E.*

**Date** \_\_\_ / \_\_\_ / \_\_\_

**Referred By:** \_\_\_\_\_

### Requested Service:

Family Support and Counseling

Substance Abuse Support Group Meeting

Employment Counseling and Referral

Assistance with Emergency Food and

Financial Counseling and Referral

Shelter

### Personal Data:

Participant Name \_\_\_\_\_

Current Address \_\_\_\_\_

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

Telephone # \_\_\_\_\_ Secondary# \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_ Sex \_\_\_ Social Security # \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Spouse's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_  
Relationship \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_  
Relationship \_\_\_\_\_

*"Real People Serving A Real God"*

# Bethany Baptist Church

## Showers of Blessings Outreach Program

2587 Campostella Road Chesapeake, VA 23324

Phone: (757)543-5887 Fax: (757) 543-4460

Rev. Jake Manley Sr., Founder

Pastor H. Patrick Cason, M.Div., M.A.C.E.

### Employment Information:

Are you employed? Yes \_\_\_ No \_\_\_ If yes, please complete information below:

Employer Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # \_\_\_\_\_ Job Title \_\_\_\_\_

What are your job skills? \_\_\_\_\_

Are you currently on probation/parole? Yes \_\_\_ N \_\_\_ If yes, please complete the following:

Probation Office \_\_\_\_\_

Probation/Parole Officer Name \_\_\_\_\_

Telephone # \_\_\_\_\_

List all charges and court dates, beginning with most recent:

Dates	Charges	Dates	Charges
___/___/___	_____	___/___/___	_____
___/___/___	_____	___/___/___	_____
___/___/___	_____	___/___/___	_____

Possession of Firearm \_\_\_/\_\_\_/\_\_\_ Use of Firearm \_\_\_/\_\_\_/\_\_\_

Malicious Wounding \_\_\_/\_\_\_/\_\_\_ Rape \_\_\_/\_\_\_/\_\_\_ Robbery \_\_\_/\_\_\_/\_\_\_

Burglary \_\_\_/\_\_\_/\_\_\_ Assault \_\_\_/\_\_\_/\_\_\_ Murder \_\_\_/\_\_\_/\_\_\_

Manslaughter \_\_\_/\_\_\_/\_\_\_ Other(s) \_\_\_/\_\_\_/\_\_\_

Do you have an Attorney? Yes \_\_\_ No \_\_\_

Attorney's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

What charge(s) is he/she representing you on? \_\_\_\_\_

*"Real People Serving A Real God"*

***Bethany Baptist Church***  
***Showers of Blessings Outreach Program***

2587 Campostella Road Chesapeake, VA 23324  
Phone: (757)543-5887 Fax: (757) 543-4460

*Rev. Jake Manley Sr., Founder*

*Pastor H. Patrick Cason, M.Div., M.A.C.E.*

**Current Abuse Status**

What type of drug(s) are you addicted to? Alcohol \_\_\_ Cocaine \_\_\_ Crack Cocaine \_\_\_  
Heroin \_\_\_ Prescription \_\_\_ Marijuana \_\_\_ Speed \_\_\_ Steroid \_\_\_ Over the Counter  
Drugs \_\_\_ Other \_\_\_\_\_

Date you last used? \_\_\_/\_\_\_/\_\_\_

Have you ever received treatment for mental illness? Yes \_\_\_ No \_\_\_

If yes, please complete the information below:

Name of Agency, Mental Health Facility or Hospital \_\_\_\_\_

Date(s) of Treatment: \_\_\_\_\_

Were you diagnosed? Yes \_\_\_ No \_\_\_ If yes, what were you diagnosed with? \_\_\_\_\_

Are you currently taking any antidepressant medications? Yes \_\_\_ No \_\_\_

If yes, what medications are you taking? \_\_\_\_\_

Give a brief statement of your short term goals: \_\_\_\_\_

**I CERTIFY that answers given herein are true and complete to the best of my knowledge. I give permission to the Showers of Blessings Outreach Program to verify all statements provided, for the purposes of becoming an active participant; I understand that my application process may be terminated for any misrepresentation made above.**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Intake Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

***"Real People Serving A Real God"***

# Bethany Baptist Church

## *Showers of Blessings Outreach Program*

2587 Campostella Road Chesapeake, VA 23324

Phone: (757)543-5887 Fax: (757) 543-4460

*Rev. Jake Manley Sr., Founder*

*Pastor H. Patrick Cason, M.Div., M.A.C.E.*

### CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_ AUTHORIZE The Showers of Blessings Outreach Program to disclose my attendance meetings information to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

**I understand that my attendance records are protected under the Federal, State and Local Confidentiality Regulations and Laws. I further understand that these records cannot be disclosed without my voluntary written consent. I also understand that I may revoke this consent at any time by written notification to The Showers of Blessings Outreach Program.**

Participant Name \_\_\_\_\_ Date \_\_\_\_\_  
Please Print

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Person  
Obtaining Consent \_\_\_\_\_ Date \_\_\_\_\_  
Please Print

Name of Person  
Obtaining Consent \_\_\_\_\_ Date \_\_\_\_\_

*"Real People Serving A Real God"*

***Bethany Baptist Church***  
***Showers of Blessings Outreach Program***

2587 Campostella Road Chesapeake, VA 23324  
Phone: (757)543-5887 Fax: (757) 543-4460

*Rev. Jake Manley Sr., Founder*

*Pastor H. Patrick Cason, M.Div., M.A.C.E.*

---

Dear Applicant,

The Showers of Blessings Outreach Program was founded in 1988. Our program has helped countless people live successful drug free lifestyles. You will benefit from this program if you are serious about becoming and remaining chemical free.

To facilitate this change, the program offers hope by building self-esteem through education with the support of Certified counselors, Ordained Ministers and Deacons. Our focus is to rebuild lives strengthen families, and to empower you to help build stronger communities. All sessions will be held at Bethany Baptist Church, 2587 Campostella Road, Chesapeake, Virginia 23324.

**ENTRY QUALIFICATIONS**

- You must be a non-violent offender with drug or alcohol related offenses.
- You must disclose all of your past and present offenses in writing.
- You must attend the weekly support group meetings as per program requirements.
- You must notify the Showers of Blessing Program Coordinator of any changes in your contact information (including change of address, phone number and emergency contact).

If we can be of further assistance, please contact us at 757-543-5887.

**Please complete the attached application and return it to Showers of Blessings  
Program Coordinator at the above address.**

*“Real People Serving A Real God”*

# Bethany Baptist Church

## *Showers of Blessings Outreach Program*

2587 Campostella Road Chesapeake, VA 23324

Phone: (757)543-5887 Fax: (757) 543-4460

*Rev. Jake Manley Sr., Founder*

*Pastor H. Patrick Cason, M.Div., M.A.C.E.*

### APPLICATION

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Identification \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

Are you currently on Probation/Parole? Yes \_\_\_ No \_\_\_ If yes, complete the following:

Probation Office \_\_\_\_\_

Probation/Parole Officer name \_\_\_\_\_ Telephone \_\_\_\_\_

List all charges and court dates, beginning with the most recent.

Date                      Charges                      City                      State

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

**IF ADDITIONAL SPACE IS NEEDED, PLEASE USE AN EXTRA SHEET OF PAPER**

*“Real People Serving A Real God”*



***Bethany Baptist Church***  
***Showers of Blessings Outreach Program***

2587 Campostella Road Chesapeake, VA 23324  
Phone: (757)543-5887 Fax: (757) 543-4460

*Rev. Jake Manley Sr., Founder*

*Pastor H. Patrick Cason, M.Div., M.A.C.E.*

Have you been convicted of a violent crime? Yes \_\_\_ No \_\_\_ If yes complete the following:

\_\_\_ Possession of a Firearm \_\_\_/\_\_\_/\_\_\_ Burglary \_\_\_/\_\_\_/\_\_\_  
\_\_\_ Robbery \_\_\_/\_\_\_/\_\_\_ Malicious Wounding \_\_\_/\_\_\_/\_\_\_ Rape \_\_\_/\_\_\_/\_\_\_  
\_\_\_ Murder/Manslaughter \_\_\_/\_\_\_/\_\_\_ Other(s) \_\_\_/\_\_\_/\_\_\_

Do you have an attorney? Yes \_\_\_ No \_\_\_

Name of Attorney \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Have you ever been accepted into any other Substance Abuse Programs? Yes \_\_\_ No \_\_\_

If yes, complete the following:

Date Accepted	Name of Program	Completion Date
---------------	-----------------	-----------------

___/___/___		___/___/___
___/___/___		___/___/___
___/___/___		___/___/___

Give a brief statement of your short term goals:

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

**I CERTIFY that answers given herein are true and complete to the best of my knowledge. I give permission to the Showers of Blessings Outreach Program to verify all statements provided, for the purposes of becoming an active participant; I understand that my application process may be terminated for any misrepresentation made above.**

**Signature**

**Date**

**IF ADDITIONAL SPACE IS NEEDED, PLEASE USE AN EXTRA SHEET OF PAPER.**

***"Real People Serving A Real God"***