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P.O. Box 354 ● Baxley, GA 31515

Phone: 912-366-7777 ● Fax: 912-366-7798

**ADMISSION APPLICATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/

Address

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

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#

Age \_\_\_\_\_\_\_ Race \_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_ Highest Grade Completed

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

Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #

Do you have children? Yes \_\_\_\_ No \_\_\_\_ If yes, how many? \_\_\_\_\_\_\_\_\_\_

Do you have any income? Yes \_\_\_\_ No \_\_\_\_ If yes, describe?

What is you occupation?

Who will be responsible for Initial fee upon admission?

Have you ever been a resident at 24/7 House, Inc.? Yes \_\_\_\_ No \_\_\_\_ If yes, when?

Do you have any medical problems that would prevent you from working? Yes \_\_\_\_ No \_\_\_\_

If yes, explain?

Are you currently on ANY medications? Yes \_\_\_\_ No \_\_\_\_

If yes, please list name of medication and dosage.

Are you on Probation or Parole? Yes \_\_\_\_ No \_\_\_\_ If yes, explain?

Probation Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #

Have you ever been in a treatment program in the past? Yes \_\_\_\_ No \_\_\_\_

If yes, where?

Do you have a denominational preference? If so, what is it?­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever attended AA/NA meetings? Yes \_\_\_\_ No \_\_\_\_

Drug(s) of Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Used

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Used

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Used

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Used

Who referred you to 24/7 House, Inc.?

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Motivation Letter- Please write a letter stating your motivation for **WHY** you feel you are ready FOR RECOVERY.

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**Program Description**

The resident lives in a Christ-centered, supportive community setting, which is alcohol/drug free. The 24/7 House, Inc. is a minimum 12-month program, but is not time based. Residents are required to follow ALL scheduled activities. Residents’ acceptance of responsibility for day-to-day living with other residents and participating in activities is a vital part of our program.

Residents must be 18-years-of-age or older.

The resident is required to be physically, mentally, emotionally and behaviorally capable of functioning in a residential setting and does not present a danger to himself/herself or others.

After stabilization, as determined by staff, the resident is required to seek employment in order to meet the financial obligations necessary to remain in the program. The 24/7 House, Inc. will provide assistance in seeking employment, but it is the individual responsibility of the resident to find and obtain suitable employment. If the resident does not have gainful employment after the stabilization period the resident’s responsible party then assumes the financial obligation.

All residents must be physically and mentally capable to maintain employment at all times.

After 60 Days in the program the current weekly fee will be assessed. No refunds are given if a resident leaves or is discharged prior to completion.

**ITEMS TO BRING WITH YOU**

Picture ID Alarm Clock

Social Security Card Work Boots

Clothing for one week including Church clothes

Shoes, Casual and Recreational

Sleepwear (Modest)

Clothes Hangers (plastic only)

Laundry Soap, fabric softener

Laundry Bag **or** Basket

Towel and Washcloth

Personal Care Items (30 day supply)

Approved medications (6 months of Refills)

Paper, pens, pencils, envelopes, stamps

Shower Shoes

Hair Brush

Hair Dryer

Personal Hygiene Products

Toothbrush

Cigarettes (if you smoke) 60 Day supply

**ITEMS NOT TO BRING WITH YOU**

Items containing alcohol (as the first ingredient)

Pipes

Cards, dice or any games of chance

Electronic/Entertainment equipment (TV, video games, laptops, PDA, etc.)

Liquid Bleach

Clothing that advertises bars, alcohol, drugs, gambling or offensive subjects

No Sleeveless, spaghetti straps, or strapless tops, short shorts, or tight clothes

Pornographic materials

Cell Phones

Personal CDs or DVDs

Weapons of any kind

Vehicle

Reading Material

Pictures

**ADMISSION CRITERIA**

1. **Must be 18 years old or older**
2. **Willing to commit to minimum of 12 month or until successful completion**
3. **Abstain from alcohol or drug use**
4. **Legal matters will be discussed at application time**
5. **Have no medical problems that would prevent resident from working**
6. **Must be detoxed from all mood altering chemicals**
7. **Will be interviewed by staff and be willing to participate in all activities and assignments**
8. **Must have TB & HIV test**
9. **Have NO contact with family and/or approved loved one for the first ninety (90) days**
10. **Required to be physically, mentally, and emotionally capable of functioning in a residential setting**
11. **Applicant does not present a danger to himself/herself or others**
12. **Family will be required to participate in Family Day once a quarter and attend Al-Anon or Nar-Anon weekly.**
13. **Applicant must have a criminal background once admitted into the program. If applicant was dishonest about criminal history they may be subject to dismissal from the program.**