

Faith Home, Inc – Men's Application



Christian Alcohol & Drug Rehabilitation Home

P.O. Box 39 – Greenwood, SC 29648

telephone: 864-223-0694 - Fax: 864-223-3825

NAME: _____ COUNTY: _____ SKILLS _____

DATE: _____ TELEPHONE: _____ AGE: _____ DOB: _____

ADDRESS: _____ CITY _____ STATE: _____ ZIP _____

RACE: _____ MARITAL STATUS: _____ HAVE YOU EVER BEEN TO FAITH HOME? _____ IF YES, WHEN? _____

SSN: _____ REFERRED BY: _____ PHONE # _____

Why do you want to come to Faith Home? _____

What is your drug of choice? _____ Date you last used _____

You must be completely drug and alcohol free when you arrive at Faith Home. This means a clean time of at least 72 hours.

(Psychiatric or Mood/Mind altering drugs are not allowed and require a doctor's release in writing prior to admission)

Have you been hospitalized in the past 2 weeks? yes _____ No _____ For _____

(IF YES, APPLICANT MUST HAVE A DOCTORS RELEASE IN WRITING STATING THAT HE IS PHYSICALLY FIT TO COME THROUGH OUR NONMEDICAL PROGRAM)

Are you taking any medications at this time? Yes _____ No _____ For _____

Are you physically able to take care of yourself? Yes _____ No _____

Are you mentally able to comprehend a program of recovery? Yes _____ No _____

Have you been tested for the HIV virus, AIDS or Hepatitis? Yes _____ No _____ Results: Negative _____ Positive _____

Do you have any legal charges pending? Yes _____ No _____ If yes, what for: _____

(COURT DATES MUST BE POSTPONED OR TAKEN CARE OF BEFORE RESIDENCY, INCLUDING ALL WARRANTS OR HOLDS.)

Are you on probation or parole? Yes _____ No _____ If so, what for? _____

(APPLICANT MUST CONTACT PROBATION OFFICER-REPORTS MUST BE COVERED FOR 8-WEEKS, THEY MUST KNOW YOU ARE COMING)

Faith Home is a Christian rehabilitation home for alcoholics and drug addicts. We are not a medical facility _____ nor are we a homeless shelter _____. We require you handle any outstanding personal business (legal and or medical) prior to coming to Faith Home. Once you are here leaving to attend to personal business is not allowed. Someone must bring you to Faith Home. You are not allowed to have any personal vehicles here on campus.

Are you willing to commit to an eight week in-house program? Yes _____ No _____ (No cost to you or your family)

Are you presently receiving an EBT (Food stamp) card? Yes _____ No _____ (If yes, please bring card)

VERY IMPORTANT! You **MUST** bring a Picture ID _____ and Social Security card _____. You will not be admitted without these!

Only your immediate family is allowed to visit or receive phone calls _____. No girlfriends or common-law wives. All visitors must have proof of relationship to you in order to visit. (i.e., marriage certificate, birth certificate, etc.) **This is strictly enforced!!!**

We have the right to refuse service at your scheduled admission time and date. If you do not pass the drug screen, breathalyzer or come without a photo ID and or Social Security card you will be denied admission. We also have the right to refuse admission if you appear insincere _____ or are here for the wrong reasons _____.

VERY IMPORTANT! You must call every day to check in _____. This lets us know you are sincere in wanting to enter Faith Home and keeps you on the active waiting list. You must call in every day from 6:30 AM until 11:00 PM, seven days a week. If we do not hear from you within four days your application will be denied.

SUGGESTED ITEMS TO BRING WITH YOU: Five (2) sets of clothing, personal hygiene items, no cologne, after shave, mouth wash, or any products containing alcohol. Bring: wash cloths, towel, pillow case, nice clothes for Chapel, shower shoes and robe. Bring: An AA or NA book and Bible. Only Christian literature is allowed. You may bring a Walkman/Discman with headphones, **but only original Christian CD's and cassettes** – Stamps – Long distance phone card – Writing material, pens – Money for canteen

. DO NOT BRING WITH YOU: Any aerosol spray cans, **any products containing alcohol**, cell phones, pagers, food or drinks, knives.

CHECK IN LOG: _____

Staff Signature _____ Date _____