

# FAITH HOME INC. MENS APPLICATION

CHRISTIAN ALCOHOL & DRUG REHABILITATION HOME

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NAME: \_\_\_\_\_ COUNTY \_\_\_\_\_ JOB SKILLS: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

RACE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ HAVE YOU EVER BEEN TO FAITH HOME?  Yes IF YES, WHEN? \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

SS# \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ REFERRED BY: \_\_\_\_\_ PH: \_\_\_\_\_

WHY DO YOU WANT TO COME TO FAITH HOME \_\_\_\_\_

WHAT IS YOUR DRUG OF CHOICE? \_\_\_\_\_ **ALCOHOL IS A DRUG.**

YOU MUST BE ALCOHOL FREE FOR 72 HOURS AND CLEAN FOR A PERIOD OF SEVEN DAYS FROM ALL OTHER DRUGS  
YOU MUST BE ABLE TO PASS A DRUG SCREEN AND BREATHALYZER PRIOR TO ADMISSION

(LAST USED) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

\*\*\*REFER TO DETOX\*\*\*

**(Psychiatric or Mood/Mind altering medications are not allowed and require a doctor's release in writing prior to being placed on the active waiting list)**

ARE YOU A REGISTERED SEX OFFENDER?  YES  NO

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 HEPITITUS?  YES  NO (IF YES, DATE) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

(RESULTS)  NEG  POS

DO YOU HAVE ANY COURT DATES PENDING?  YES  NO IF YES, WHAT/WHEN? \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
(COURT DATES MUST BE POSTPONED OR TAKEN CARE OF BEFORE ADMISSION)

ARE YOU ON PROBATION OR PAROLE?  YES  NO IF YES, WHAT FOR? \_\_\_\_\_  
(APPLICANT MUST CONTACT PROBATION OFFICER-REPORTS MUST BE COVERED FOR 8-WEEKS)

**FAITH HOME IS A CHRISTIAN REHABILITATION HOME FOR ALCOHOLICS & DRUG ADDICTS, WE ARE NOT A MEDICAL FACILITY. NOR ARE WE A HOMELESS SHELTER.**

**YOU ARE REQUIRED TO HANDLE ANY PERSONAL BUSINESS PRIOR TO ADMISSION. NO LEAVING CAMPUS DURING PROGRAM TO HANDLE PERSONAL BUSINESS.**

ARE YOU WILLING TO COMMIT TO AN (8) WEEK IN-HOUSE PROGRAM, AT NO COST TO YOU OR YOUR FAMILY.  YES  NO

ARE YOU PRESENTLY RECIEVING EBT (FOOD STAMP) BENEFITS?  YES  NO (IF YES, PLEASE BRING CARD)

**SOMEONE MUST TRANSPORT YOU TO AND FROM FAITH HOME (NO PERSONAL VEHICLES ALLOWED)**

DO YOU HAVE A VALID DRIVER LICENSE?  YES  NO

**(VERY IMPORTANT) YOU MUST BRING A PICTURE ID AND A SOCIAL SECURITY CARD. (MARRIAGE CERTIFICATE IF MARRIED. YOU WILL NOT BE ADMITTED WITHOUT THESE \*\*\***

ONLY IMMEDIATE FAMILY IS ALLOWED PHONE CALLS OR VISIT. **NO GIRLFRIENDS OR COMMON-LAW WIVES.\***  
(MARRIAGE CERTIFICATE IS A MUST IF SPOUSE VISITS). THIS IS STRICTLY ENFORCED

BRING: (5) SETS OF CLOTHING, PERSONAL HYGIENE ITEMS (NO COLOGNE, AFTER SHAVE, MOUTHWASH, OR ANY OTHER PRODUCTS CONTAINING ALCOHOL OR AEROSOLS. NO CELL PHONES, PAGERS, FOOD OR DRINKS. THEY WILL BE DISPOSED OF). WASH CLOTH, TOWEL, PILLOW, NICE CLOTHES FOR CHAPEL, SHOWER SHOES, ROBE, BIBLE, AA OR NA BIG BOOK, LONG DISTANCE PHONE CARD, STAMPS, PAPER, ENVELOPES, WALKMAN W/ HEADPHONES -CHRISTIAN MUSIC ONLY AND MOST IMPORTANT, BRING AN OPEN MIND.

WE HAVE THE RIGHT TO REFUSE ADMISSION AT YOUR SCHEDULED TIME AND DATE IF YOU DO NOT PASS THE DRUG TEST, BREATHALYZER OR COME WITHOUT YOUR PHOTO ID AND OR SOCIAL SECURITY CARD. WE ALSO HAVE THE RIGHT TO REFUSE ADMISSION IF YOU APPEAR TO BE INCINSERE OR ARE HERE FOR THE WRONG REASONS.

**IT IS VERY IMPORTANT THAT YOU CALL EVERYDAY TO CHECK IN.** THIS LETS US KNOW THAT YOU ARE SINCERE IN COMING, AND KEEPS YOU THE ON LIST. SWITCHBOARD IS OPEN FROM 6:30 AM UNTIL 11:00 PM SEVEN DAYS PER WEEK. AFTER 4 DAYS AND NO CALL, WE PULL THE APPLICATION.

**CHECK IN NOTES**

STAFF SIGNATURE \_\_\_\_\_