

Date: _____

Introduction to New Life

The New Life Christian Recovery Program uses a Faith-Based, Christ-Centered, approach to addiction recovery. It is a residential work/study program. The program lasts 6 months; however, students may be a resident for a longer amount of time depending on when they arrive. In this case, they will be considered a Pre-Admit until the next term begins. Further residency can be accommodated with the option of After-Care after graduation. Students live on campus in the dorms.

New Life classes meet according to the schedule described below. During each six-month residency period, there are two concurrent co-ed classes. These classes begin and graduate at the same time. Class days alternate every other day with half days on Fridays. Saturdays are full workdays for ALL students and Pre-admits. When students are not in class, they are expected to work in the Christian Mission Stores. All Pre-Admit students are required to work each day until their term begins. All work is considered "volunteer hours"; therefore, students do not receive pay. In addition, all students receive individual counseling, attend on-site devotions, Celebrate Recovery, church on Sunday, workshops, and other activities as scheduled.

Students are supervised and monitored throughout the day and evening. They must abide by the rules and regulations of the program. Staff is readily available for students who have questions or concerns that need to be addressed.

Cell phones, computers, mp3 players, or any other type of electronic/music/gaming devices are **NOT PERMITTED**. Bibles, devotions, and recovery literature **ARE PERMITTED**. Students may have two supervised ten-minute phone calls per week. They may send and receive mail at the address listed below. Tobacco products are discouraged but permitted.

On the third weekend after arrival, students may be allowed to leave on Sundays for a limited amount of time. An immediate family member is required to check the resident out and be the one who brings the resident back. Visitation is not permitted on Christian Mission Property. The family member must present a valid ID and report to security. Students are **NOT PERMITTED** to leave the city limits of Enterprise during visitation.

We are not a medical facility and do not offer detox or other medical services. Upon arrival, students must first pass urine drug screen. Students are subject to periodic random drug screens throughout their stay.

The use of medications at the New Life is limited. Please see New Life's Medication Guidelines for further information. Upon arrival students must have their medications with them and have a plan for obtaining needed refills during their residency.

The New Life Christian Recovery Program does not offer Home Plans or Half-Way House Services. There is no fee for the program itself; however, students must have **\$20.00** for a **REQUIRED** Background Check upon arrival.

To apply to the program, submit a completed New Life Recovery Application by mail, email, FAX, or personal delivery as well as a hand-written letter, in your own hand, telling us about your problem with drugs and/or alcohol and why you need help. If approved for admissions, **a TB Skin Test is required before an arrival date can be arranged**. Once the results are received, the student's arrival can be scheduled as space is available.

ADMISSIONS MUST BE SCHEDULED

The goal of the New Life Recovery Program is the restoration and healing of those struggling with alcohol and drug abused through Christ-Centered teaching and counseling. Please feel free to call or write with any questions or concerns. We look forward to hearing from you.



Date: _____

INCOMPLETE APPLICATIONS WILL BE RETURNED

Last Name: _____ | **First Name:** _____ | **Middle Initial:** _____

Date of Birth: _____ | **Age:** _____ | **Race:** _____ | **Sex: M F (CIRCLE ONE)**

Social Security #: _____ | **Driver's License # / State ID #:** _____

Can you be contacted by phone? YES NO | **If yes, provide # here:** _____ | **Alternate # you can be reached at:** _____

Home Address REQUIRED: the jails address is NOT your home address | **Currently in jail/prison (Required Name & Address of Facility Is to Be Listed If Currently Incarcerated)**

ID # (If Applicable): _____

Name & Address of Institution: _____

CITY	STATE	ZIP	CITY	STATE	ZIP
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List your Drug(s) of Choice (DOC)? _____

Can you read and write? YES NO

Pending Charges: (If you are currently incarcerated, please do not leave this question blank. Whether you are in for a V.O.P or a P.C.S., you must list your charge below for your app to be considered).

ALL Prior Convictions: _____

Are you court ordered to treatment <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, it is REQUIRED that we receive a copy of your court orders)	Do you have any outstanding warrants? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Do you have any past convictions or current charges related to the following?

Violent Crimes <input type="checkbox"/> YES <input type="checkbox"/> NO	Child Abuse <input type="checkbox"/> YES <input type="checkbox"/> NO
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Weapons Charges <input type="checkbox"/> YES <input type="checkbox"/> NO	Sexual Offender/Crimes <input type="checkbox"/> YES <input type="checkbox"/> NO
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May we consult with your Attorney, Probation Officer, Parole Officer, CRO regarding your admissions YES NO

Probation/ Parole Officers Name: _____	Phone/Email; _____
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Attorneys Name: _____	Phone/Email: _____
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Is there anyone else you would like us to release or obtain information from? YES NO

Name: _____	Relationship: _____	Phone/Email: _____
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Name: _____	Relationship: _____	Phone/Email: _____
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****NEW LIFE WILL NOT RECOGNIZE MEDICAL/MENTAL HEALTH ISSUES IF THEY ARE SELF DIAGNOSED****

****Currently, Are You Medically Insured?** Yes No ****If Yes, Please Provide Documentation as Proof of Insurance**

List any official DIAGNOSED disabilities, medical, and/or mental health issues if not applicable, please mark NONE

List any prescription medications you are CURRENTLY taking if not applicable, please mark NONE

Your Insurance Agency Will NOT Be Billed for Your Residential Care at New Life Recovery. However, In The Event Of an Accident, You Will Be Responsible for Managing Your Medical Expenses & Billing Through Your Insurance Agency, etc.

By signing below, I authorize New Life to contact my Attorney, Probation Officer, or contact person regarding my charges. I also authorize New Life To release information provided by me-to-my attorney, probation, or contact person listed on this form. This information will only be used for determining of eligibility for acceptance or continued participation in the New Life Christian Recovery Program. I also grant permission to New Life to contact other agencies to obtain information pertinent to my recovery including medical and/or mental health records, or other information.

Applicants Name (Print)

Applicants Signature

Date

Please submit with your completed application, a handwritten letter, in your own hand, telling New Life your history on drugs. Please name the drugs specifically, which you used. Please be detailed when explaining the consequences, you have been given because of your drug abuse.

Date: _____

New Life Supply List

PAPERWORK (REQUIRED)

HYGIENE

Photo ID Card (Driver or Non-Driver IsAcceptable)	Soap,
Social Security Card or Birth Certificate TB	Deodorant (NO Aerosol Containers of ANY Kind)
Test Results If Not Previously Submitted	Shampoo & Conditioner
Background Check Fee (B.C.G. \$20)	Toothbrush & Toothpaste,
Copy Of Court Order (If Applicable)	Make-Up, & Toiletries (Hair Styling Tools/Electric Razors ARE Allowed)

LINEN

MISCELLANEOUS

Towels & Wash Cloths (Limit - 2-3)	Stationary & Stamps
I Set of Twin Sheets	Cup W/Lid
Blanket/Comforter/Quilt	Alarm Clock (NO Radio or Music)
Pillow & Pillowcase	Laundry Detergent
Mattress Cover	Binder
	Jewelry (Wedding Rings, I Necklace, Two Pairs' Earrings, I Bracelet)

Medications: The Use of Medication Is Limited at New Life Christian Recovery. Please See the Medication Guidelines for Further Information.

Upon Arrival. Students Are to Bring Their Medications with Them and Have a Plan for Obtaining Refills During Their Residency.

RESTRICTIONS

Cleavage, Midriff, And Backside Must Be Covered

No Tank Top or Sleeveless Attire	No Sagging
Shorts Must Be Knee Length	No Offensive Pictures or Logos on Clothing
No Telephones (Cell Phones), Computers, Or Any Other Electronics Device	No Expensive Jewelry (See Miscellaneous for Jewelry Lim
No Products Containing Alcohol	No Aerosol Products
No Controlled Substances	No Weapons (Including Pocketknife)
No Food	No Pornographic Materials
No Secular Novels, Puzzle Books, etc.	Limited Craft/Hobby Items (Counselors Discretions)
No Electronic Cigarettes/Vape Pins	No Cigars (Black & Mild's, Panatelas, Etc.)

All clothing, shoes, and personal items must fit in our assigned living area. You may need exceed the allowed limits while you are on site at New Life. The Christian Mission, New Life Christian Recovery Program is not responsible for any lost or stolen items.

