**Introduction to New Life**

Thank you for choosing New Life! As a Christ-centered drug and alcohol recovery program, our goal is to facilitate the restoration and healing of those in addiction through Christ-centered teaching and Biblical counseling. We are a 6-month residential work-study program that offers Aftercare post-graduation. Aftercare is a transitional living opportunity to individuals who successfully complete the 6-month program.

During each six-month residency, New Life can accommodate 14 women and 20 men. The men and women have their own separate classes, but they begin and graduate at the same time. As a work-study program, Monday thru Friday you will divide your time between the classroom and your assigned work duties. Saturdays are full workdays for ALL students and pre-admits. (Pre-admits are students who have a bed but are waiting for the next class to start. These spots are very limited.) Your work assignment will be in the Christian Mission Store, warehouse, or kitchen. All Pre-Admit students are required to work each day until their term begins. All work is considered “volunteer hours”. Therefore, you do not receive pay. These volunteer hours will often satisfy the courts for required community service hours. Check with your PO to be sure. In addition, you will receive individual counseling, attend on-site devotions, church on Sunday, workshops, and other activities as scheduled.

Residents are supervised and monitored throughout the day and evening. We insist everyone abide by the rules and regulations of the program. (Please view the Handbook for more information.) Staff members are readily available for you and/or your family members who have questions or concerns. Cell phones, computers, or any other electronic/music/gaming devices are **NOT PERMITTED.** Bibles, devotions, and recovery literature **ARE PERMITTED, per approval of New Life Staff.** You are allotted two supervised ten-minute phone calls per week. You are also encouraged to send and receive mail to the following address: 317 N Main Street, Enterprise, AL 36330. Tobacco products are discouraged but permitted. They CANNOT be received by mail.

On the third Sunday after your arrival, visitation passes begin. Each Sunday you will be allowed to leave campus from 8a-3:30p and must remain in Enterprise city limits. These times are strictly enforced. Only approved *immediate family members* are authorized to sign you out. Immediate family members include mom, dad, brother, sister, spouse, children, and grandparents. We will review extenuating circumstances on a case-by-case basis. The family member who signs you out must also be the same one who signs you back in.

We have a wonderful partnership with Enterprise State Community College’s (ESCC) Adult Education Program. Because of this, you will have continuing education opportunities. Every Friday it’s required that you participate in ACE (Alabama Career Essentials) classes where you will receive a series of certificates vital to employment post-graduation. Should you need them, we also have onsite GED (General Education Development) classes. You can start from scratch or pick up where you left off. Lastly, a Precision Measurement class is offered to those who are interested.

We are not a medical facility and do not offer detox or other medical services. We are also not a trauma therapy counseling program. Should you need medical or mental health services during your stay, you will be expected to provide your own transportation and are responsible for the cost. The use of medications at New Life is limited. Please see New Life’s Medication Guidelines on our website for further information. You are required to have your medications with you when you in-process and have a plan for obtaining needed refills during your residency. You are also responsible for the cost of all medications. No resident can carry OTC meds on their person.

To apply to our program, submit a *completed* New Life Recovery Application by mail, email, fax, or personal delivery as well as a hand-written letter telling us about your struggle with drugs and/or alcohol and why you are seeking help. Once we receive your application, a letter of acceptance or denial will be sent to you. An acceptance letter will contain instructions for your next steps. Please read them carefully.

There is no admission cost for New Life itself; however, there are two nominal fees that you are responsible for:

1. **$30.00** for the required Background Check. This fee is due upon arrival.
2. **TB Skin test. The average cost is $30, but it varies based on where you get it done.** This can be obtained from jail or from a medical facility (Ex: Urgent Care). It takes **72 hours** to get the results. The results are required before an arrival date can be scheduled.

**ALL ADMISSIONS ARE SCHEDULED.** Once admitted into the program, New Life’s intake coordinator will set a specific date and time for arrival. This process will be detailed in your acceptance letter.

Enclosed with this application you will find the New Life supply list. This is for you to keep for future use. Please only return the application.

Please do not hesitate to contact us with any questions or concerns. We look forward to hearing from you!

In Christ’s Service,

Amanda Carnley

New Life, Intake Coordinator

P: 334-393-5641

F: 334-475-3863

NewLife@christmissions.org

**PLEASE FILL APPLICATION OUT IN IT’S ENTIRETY. INCOMPLETE APPLICATIONS WILL BE RETURNED.**

**Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Last Name:** | | | | | **First Name:** | | | | | **Middle Initial:** | | | |
| **Date of Birth:** | | | **Age:** | | | | **Race/Ethnicity:** | | | **Sex: M F (CIRCLE ONE)** | | | |
| **Social Security #:** | | | | | | **Driver’s License # / State ID #:** | | | | | | | |
| **Can you be contacted by phone? □ YES□ NO** | | | | **Cell Phone #:** | | | | | | | | | |
| **Home Address (REQUIRED):** | | | | □ **Currently incarcerated: □ YES □ NO**  **(Name and address of facility required below.)** | | | | | | | | | |
|  | | | | **ID # (If applicable):** | | | | | | | | | |
|  | | | | **Name & Address of Institution:** | | | | | | | | | |
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| **CITY** | **STATE** | **ZIP** | | | **CITY** | | | | **STATE** | | **ZIP** | | | |
| **Can you read and write? □ YES □ NO □ SOME** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Pending Charges:** (If you are currently incarcerated, please do not leave this question blank. You must list your charge below for your application to be considered). | | | | | | | | | | | | | |
| **ALL Prior Convictions:** | | | | | | | | | | | | |  |
| **Are you court ordered to treatment? □ YES □ NO**  **(If yes, it is REQUIRED that we receive a copy of your court orders.)** | | | | | | | | | | | | | |
| **Do you have any outstanding warrants? □ YES □ NO**  If ‘YES’, please explain: | | | | | | | | | | | | | |
| **Do you have any past convictions or current charges related to the following:**   * ▪ Violent Crimes? □ YES □ NO   ▪Weapons Charges? □ YES □ NO  ▪Child Abuse? □ YES □ NO    ▪Sex Offender/Crimes? □YES □ NO  If ‘YES’ to any of the above, please explain: \_\_\_\_\_\_ | | | | | | | | | | | | | |
| **May we consult with your □ Attorney, □ Probation Officer, □ Parole Officer, □ CRO regarding your admission? □YES □ NO (Check all that apply)** | | | | | | | | | | | | | |
| **Probation/Parole Officer’s Name:** | | | | | | | | | | | | | |
| **Attorney’s Name:** | | | | | | **Phone/Email:** | | | | | | | |
| **Is there anyone else you would like us to release or obtain information from? □ YES □ NO** | | | | | | **Phone/Email:** | | | | | | | |
| **Name:** | | | | **Relationship:** | | | | **Contact Info:** | | | | | |
| **Name:** | | | | **Relationship:** | | | | **Contact Info:** | | | | | |
| |  |  | | --- | --- | | **MEDICAL HISTORY QUESTIONNAIRE** | | | In this section, please answer the questions to the best of your ability. New Life is a work study program. This means that you will split your time between the classroom and your assigned job duties in the warehouse, kitchen, or Christian Mission stores. Some of the jobs require lifting objects heavier than 50 pounds or standing for long periods of time. It is imperative that you answer each question honestly so that, for your safety, we know where to best place you. | | | **Are you medically insured?**  **□ YES □ NO** | **If ‘YES’, please provide Proof of Insurance** | | **Are you currently taking any medications? □ YES □ NO**  If ‘YES’, please list all medications, the reason you’re taking them, how often you take them and the dosage. Please view the example.   |  |  |  |  | | --- | --- | --- | --- | | **MEDICATION** | **REASON** | **HOW OFTEN** | **DOSAGE** | | Skittles | Hunger | Twice a day | 5 Skittles | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | **Do you have any known allergies? □ YES □ NO** | If ‘YES’, please specify: | | **Are you currently on disability**? **□ YES □ NO** |  | | **Do you currently collect Social Security? □ YES □ NO** | If ‘YES’, how do you receive your check?  (Ex: mail, direct deposit, etc.) | | **Do you have any pre-existing conditions that would inhibit your ability to work? For example, have you previously had**  **a back, neck, shoulder, foot, or knee injury that resulted in surgery or inability to walk, or interfered with your daily**  **activities? □ YES □ NO**  If ‘YES’, please explain: | | | **Do you require a back brace while working? □ YES □ NO** | | | **Can you lift over 50 pounds? □ YES □ NO** | | | **Can you stand for 7 or more hours on a hard surface? □ YES □ NO** | | | **Are you diabetic? □ YES □ NO**  If ‘YES’, are you insulin dependent? □ YES □ NO  If ‘YES’, do you administer with a pin or needle? □ PIN □ NEEDLE □ OTHER  If ‘Other’, please specify: | | | **Have you ever been diagnosed with or received treatment for any of the following: (Please check all that apply)**  □ PTSD  □ Anxiety  □ Depression  □ Bipolar Disorder  □ Schizophrenia  □ Dissociative Identity Disorder (Multiple Personalities)  □ Borderline Personality Disorder  If you checked any of the above, please list who diagnosed you, when you were diagnosed, and where you were diagnosed: | | | **Are you currently receiving treatment for Mental Health? □ YES □ NO**  If ‘YES’, please list the facility and the name of your doctor: | | | **Can you climb a flight of stairs multiple times a day? □ YES □ NO** | | | **Have you been diagnosed with heart disease? □ YES □ NO** | | | **Are you pregnant? □YES □ NO**  If ‘YES’, when are you due? | | | **Do you have any other ongoing medical concerns that will need to be addressed while you’re in the program?**  (Meaning, you will need to see a doctor more than twice.) **□ YES □ NO**  If ‘YES’, please explain in detail: | | | | | | | | | | | | | | |  |
| **Your insurance will not be billed for your residential care at New Life Recovery. However, in the event of an accident, you are responsible for managing your medical expenses and billing.** | | | | | | | | | | | | |  |
| **By signing below, I authorize New Life to contact my Attorney, Probation Officer, or other persons regarding my charges. I also authorize New Life to release the information I provided to my attorney, probation, or contact person(s) listed on this form. This information will only be used for determining eligibility for acceptance or continued participation in the New Life 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.** | | | | | | | | | | | |  | |

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| **(Print) Applicant’s Name:** | **Applicant’s Signature:** | **Date:** |

Along with your completed application, please submit a handwritten letter detailing your history with drugs/alcohol; specifically naming your drug of choice (DOC). Please be thorough when explaining the consequences of your actions and addiction.

**Please use the space below to write your personal letter concerning your DOC, what it’s done to your life, and what you hope to get from New Life:**

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**New Life Supply List**

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| **PAPERWORK (REQUIRED)** | **HYGIENE** |
| Photo ID Card (Driver or Non-Driver is acceptable) | Soap/Body Wash |
| Social Security Card or Birth Certificate | Deodorant (NO Aerosol Containers of any Kind) |
| TB 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 |
| 1 Set of Twin Sheets (Women Only) | Cup W/Lid |
| Blanket/Comforter/Quilt (Women Only) | Alarm Clock (NO Radio or Music) |
| Pillow & Pillowcase (Men and Women) | Laundry Detergent |
|  |  |
| Number of jewelry pieces allowed: 1 set wedding rings, 1 necklace, 2 pair of earrings, 1 bracelet) | |
|  |  |
| **RESTRICTIONS** | |
| Cleavage, Midriff, And Backside Must Be Covered | No Cigars (Black & Mild’s, Panatelas, Etc.) |
| No Tank Top or Sleeveless Attire | No Sagging |
| Shorts Must Be Knee Length | No Offensive Pictures or Logos on Clothing |
| No Cell Phones, Computers, Or Any Other Electronic Device | No Expensive Jewelry |
| 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 (Counselor’s Discretion) |
| No Electronic Cigarettes/Vapes |  |
| All clothing, shoes, and personal items must fit in your assigned living area. You may not exceed the allowed limits while you are at New Life. The Christian Mission, New Life Christian Recovery Program is not responsible for any lost or stolen items. | |