



ENTRY APPLICATION

The individual applying to the waiting list must complete and sign this form.

Thank you for your inquiry about Restoring Women Outreach, Inc. We are a residential, 12-18 month 12-Step Recovery Program. We aid individuals in redirecting their life, by sharing God's values and principles. Our classes teach women with addiction to take responsibility for themselves and others, while allowing God to restore their lives.

Please be informed that in order for your name to be added to our waiting list, the Entry Application Form must be completed and returned. At that time your application will be reviewed and you will receive either a phone call or a letter in the mail of acceptance or denial. If denied, we will provide you with a listing of other facilities where you may be eligible to apply. In order for us to keep you on our list you will have to contact us every week by phone or by mail. If we do not hear from you your name will be removed from the list. Please have your affairs in order, realizing that we never know in advance when a bed might become available. When contacted, your bed will be held for 24 hours only – no exceptions.

Today's Date: _____

Name: _____ Date of Birth: _____

Please list two addresses and phone numbers where we may contact you.

Address: _____

Phone: _____

Address: _____

Phone: _____

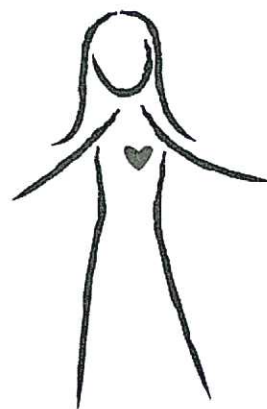
What is currently happening in your life? _____

What is your prior work history? _____

Have you ever been to our recovery program? If yes, please explain the circumstances of you leaving or being dismissed. Please include the year that you were here: _____

Are you willing to spend 12-18 months in a residential recovery program? _____

LEGAL INFORMATION



Attorney Name: _____ Phone: _____

Address: _____

Parole Officer: _____ Phone: _____

Address: _____

Court Referral Officer: _____ Phone: _____

Address: _____

Have you ever been convicted of a sexual offense or do you currently have sexual charges pending? _____

Are you incarcerated? _____ Where? _____

Are you required by a judge to complete a recovery program? _____

Judge: _____ Phone: _____

Address: _____

Please list any and all cases that you have ever been arrested for below:

Date:	Charge:	County:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

We do not act as your lawyer. If you are in jail, you will need your lawyer to do the legal work for you. We will provide transportation from jail. Your lawyer may contact Carol Berry our Executive Director for further information.

DRUG HISTORY

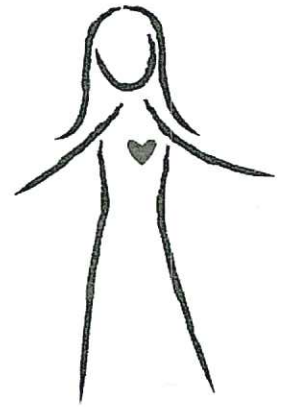
What is your drug of choice? _____

Do you consider yourself addicted? _____

Explain: _____

Our program is not a detox facility. If you arrive at this facility and realize you need detox, we will not be able to hold your bed for you. However, at the time of detox completion, a release form from the physician must be turned in and a place will be made available for you at the facility.

MEDICAL INFORMATION



Do you have problems with any of the following? Please mark all that apply.

- | | |
|---|---|
| <input type="checkbox"/> High / low blood pressure | <input type="checkbox"/> Kidney / Bladder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Venereal Diseases | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Skin Sores | <input type="checkbox"/> Trouble Breathing |
| <input type="checkbox"/> Mental Illness – please specify diagnosis: _____ | |
| <input type="checkbox"/> Other – please explain: _____ | |

Are you disabled or handicapped? _____

List any allergies you may have: _____

Do you have any long-standing health issues that cause you concern? _____

If so, specify: _____

Are you pregnant? _____ If so, how many months? _____

Do you receive food stamps, disability, SSI, or any other funds from the government? _____

If so, what amount? _____

Please note that if you do not receive assistance you will be required to pay \$200 per month while in our program for your room and board.

Do you have insurance? (Medicare, Medicaid, BCBS, etc.) _____

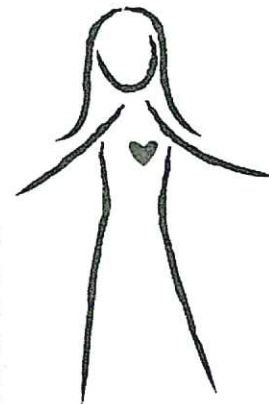
List below any medications that you are currently taking:

MEDICATION	DOSE	RX DATE	QUANTITY	PHYSICIAN	REASON PRESCRIBED

List any prescription medication(s) you should be taking: _____

I, _____, attest that the above information is true and that all medications are prescribed for the labeled purposes only and are currently the only medications I am using. **No exceptions will be made allowing the use of narcotic prescriptions while enrolled in the program.**

CLOTHING



CLOTHING ALLOWANCE:

OUTFITS are defined as shirts, shorts, pants, skirts and dresses -----	15
PAJAMAS/NIGHT CLOTHES including undershirt or shorts -----	3
PURSES including book bags -----	3
SHOES including house slippers -----	6
SOCKS -----	10
BRAS -----	7
PANTIES -----	10
PANTY HOSE -----	unlimited
JACKETS including sweaters -----	3

RESTRICTED CLOTHING GUIDELINES: No sleeveless clothing, halter tops, tight fitting or figure fitting clothing. All shorts, skirts and dresses must be knee length or no more than 1" above the knee.

I, _____, understand that this program is a Twelve-Step Program organization. I am willing to commit to 12-18 month recovery program. I am willing and able to sleep on a mattress on the floor, bunk bed, or cot. I understand that I will participate in the work therapy program in return for my recovery.

If you are not able to physically and mentally participate in work therapy this program is not for you.

The \$800 intake fee is due upon acceptance. **No exceptions.** This fee is one time and is non-refundable. The fee for your initial drug test is \$50. If you are in Drug Court or Diversion testing will be done by their fee schedule.

By signing I agree to all above said statements and attest that all information given is true.

Signature: _____ Date: _____

If this form is not filled out completely, your name will not be added to the waiting list.

Please mail assessment form to the following:

Restoring Women Outreach, Inc.
PO Box 307
Cullman, AL 35056