

THE JERICHO HOUSE

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INTAKE APPLICATION

Thank you for taking this important step towards your future and the life God has planned for you. We are honored to have the opportunity to serve you. At The Jericho House our mission is to become a refuge for men caught in addictions and to help them and their families experience personal healing and restored relationships through salvation in Jesus Christ and the power of the Holy Spirit. "It is for freedom that Christ has set us free. Stand firm, then, and do not let yourselves be burdened again by a yoke of slavery" -Galatians 5:1

The Jericho House is a Christ-centered, drug and alcohol recovery program located in Sautee, Georgia. The Jericho House ministers healing and restoration to men caught in addictions, using biblical life-coaching, teaching, meetings, and work programs. Addiction is not a logical problem; it is a living problem. It is not a self-control problem, it is an inability to apply the gospel to our hearts and an inability to accept God's grace for ourselves. It is reaping what we have sown, it is the fruits of what we believe about ourselves and others. We understand that the contamination is not only physical but also mental. Understanding this aids in the regeneration of spirit, mind and body. The Jericho House ministers to the whole person. From detox to diploma the whole family has the opportunity to heal and learn to be whole and complete in Christ.

Steps to take: Candidates for admission are responsible for:

- Thoroughly completing this application and emailing, mailing, or faxing it to The Jericho House.
- Resolving any issues which may interrupt a 1-year commitment.
- Signing and dating the application.

Requirements for Admission: Candidates for admission must:

- Be a male, 18 or older, seeking admission for themselves, admitting their life-controlling problem, and sincerely willing to change.
- Agree to abide by all guidelines, fully participate in all aspects of the Christian program, and refrain from any activities deemed by staff to be contrary to the resident's recovery or Christian growth.
- Be reasonably detoxified from their last use of drugs or alcohol of any kind. If any further detoxification is needed, we can provide assistance.
- Be willing and able to commit to an uninterrupted 1-year program including residential care and mutually agreed upon aftercare. Those with child support must provide proof that all financial obligations will be met. Those under legal supervision or court order must provide documented legal release to be in a 1-year program.
- Be physically able to perform work assignments such as landscaping, housekeeping, kitchen, or warehouse work. Task assignments are a part of the daily therapeutic program.
- Be medically able to fully participate in the program. Persons requiring medication or medical attention will have their situation reviewed on an individual basis. Candidates must provide TB, HIV, and Hep-C test results at admission or furnish \$60.00 at Intake for testing. All residents must be tested for TB, HIV and Hep-C.
- Be mentally stable and capable of functioning in a therapeutic community environment with classroom and group activities. Working in conjunction with local Mental Health agencies, the program can assist individuals on anti-depressant, mood stabilizing, or anti-psychotic medications, however, each application will be reviewed on an individual basis to determine appropriateness for the program, focusing on stabilization and a medically approved and supervised maintenance or step-down process.
- Be willing to refrain from the pursuit of romantic relationships other than with a legally married spouse while in the program.
- Possess a Social Security card and Picture ID.
- Pay a \$1,000 Intake fee prior to entrance. Balance of fees are paid over a one-year period in the amount \$1,000 due and payable on or before the 1st day of each month. Should the Resident enter the Program on any day other than the 1st day of the month, the fees for the partial month shall be pro-rated at the rate of \$32.87 per day with the next month's fees being due and payable on the subsequent 1st day of the month. The Jericho House is aware of the financial difficulties that accompany addiction, so payments and financial arrangements will be discussed

prior to the Intake interview.

What To Bring:

- A Bible (if you don't own a Bible, one will be provided)
- Writing Utensils (Pens, Pencils, Highlighters)
- Stamps, paper and envelopes
- Bed linens for a twin bed (pillow also)
- Shirts, pants/shorts, and boots/shoes for work (for 6 days)
- Casual or dress shirts, pants/shorts and shoes for weekly Church and community outings
- Flip-flops (for communal showers)
- Laundry Detergent
- Toiletries (toothbrush/paste, shaving supplies, ect.)
- Towel(s)
- Swim Trunks
- Personal snacks (as long as they are sealed to prevent pests)
- Hat
- Spending money (will be secured in an on-property safe an allocated to the resident for personal or medical needs)
- CD's* (only Christian music is allowed.) Music listening must be approved by staff)

What NOT to Bring:

- Cigarettes / Dip / Nicotine/ E-cigs
- iPods / MP3 Players / Private headsets, etc.
- Cell Phones/ Tablets/ Laptops
- Weapons of any kind

What to Expect: At The Jericho House, you can expect to find a safe and distraction-free environment in which your relationship with God can grow. In order to accomplish this, we have developed these basic guidelines:

- There is no possession or use of tobacco products allowed by residents. Nicotine gum or patches are permitted for a limited time to assist in cessation.
- Weekend on-campus visitation is permitted after completion of 4 weeks. Only legally married spouses and immediate family members may visit. Any exception requires the approval of the Program Director.
- Residents and their families are encouraged to write letters. Resident phone use requires the approval of The Jericho House Staff and is generally allowed for emergencies or other verified needs.
- Outside employment is not permitted until graduation.

We believe that the deepest need of anyone is a relationship with Christ, and we celebrate your step of courageous faith. Please print your name and sign below once you have read and understand this application.

Print Name _____

Date _____

Signature _____

The Jericho House

APPLICATION FOR ADMISSION

Section 1:

Name: _____ DOB: _____ Age: _____ Social Security Number: _____

Current Address: _____
Street

City State Zip Code

Phone # _____ Can we leave a message for you at this number? _____

If unable to receive phone calls, who is a contact person that we can speak with?

Name _____ Phone # _____

Who referred you to our program: _____

Have you ever been in The Jericho House program before? _____ If so, when? _____

Reason(s) for wanting admission at this time: _____

Section 2:

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Separated _____

Do you have a girlfriend/fiancée? _____ Do you currently live together? _____

Do you have any children? _____ How many children? _____ List Ages: _____

Are you required to pay Child Support? _____ Are your payments current? _____

Section 3:

INCOME HISTORY

Are you currently receiving income from any of the following sources?

Welfare _____ Food Stamp _____ Governmental Aid _____ SSI _____ Child Support _____ Other _____

If yes, what is the total monthly amount? _____

Occupation: _____

Section 4:

ALCOHOL/DRUG ABUSE HISTORY

Please check all that apply:

Cocaine___ Marijuana___ Heroin___ Opiates___ Alcohol___ Nicotine___ Prescription Drugs___
Methamphetamine___ Suboxone/Methadone___ Spice___ Ecstasy___ Other: _____

When was the last time you drank or used? _____ What did you use? _____

TREATMENT HISTORY

How many treatment facilities have you attended? _____

How many treatment facilities have you completed? _____

Section 5:

MENTAL HEALTH

Have you been diagnosed with a mental health condition? _____ Were you hospitalized? _____

If so, diagnoses: _____ Were mental health medication(s) prescribed? _____

List medications: _____

Have you ever attempted suicide? _____ If so, when? _____

Section 6:

LEGAL HISTORY

Have you ever been arrested? _____ If so, how many times? _____

Criminal Convictions

Sentence Requirements

Are you on: Probation / Parole / Drug Court / Court Mandated / Pre-trial Diversion / Other (circle all that apply)

If yes, what are the names, addresses, and telephone numbers of your probation/parole officers?

Are you mandated to complete a recovery program? _____

Have you ever been convicted of a violent crime? _____ Are you a sex offender? _____

Have you ever been convicted of a crime involving children or the elderly? _____

Do you have any pending charges? _____

If yes, what are the charges? _____

Pending Court Date(s): _____

Section 7:

EDUCATION/VOCATION

Highest grade level completed: _____ Did you graduate or do you have your G.E.D.? _____

List colleges or vocational schools attended and degrees obtained: _____

Do you have a trade or skill? _____ Please list your skills: _____

Date of last employment: _____ What were you doing? _____

Section 8:

MEDICAL HISTORY

Date of last physical: _____ Are you currently under a physicians care? _____

Physician: _____ Phone #: _____ Address: _____

Will someone be financing your medical needs? _____ If yes, Name: _____ Phone#: _____

Have you ever had any of the following?

_____ Seizures _____ Heart Disease _____ Diabetes

_____ Vision Problems _____ Respiratory Problems _____ Venereal Disease

_____ Hepatitis _____ Hearing Problems _____ Tuberculosis

_____ Problems Standing or Lifting _____ High Blood Pressure _____ Back Injury

Have you ever been tested for HIV? _____ Tuberculosis? _____ Hep – C _____

If yes, do you have documentation of these tests? _____

List all medications are you currently taking?

I affirm that all information contained in this application is accurate to the best of my knowledge. I further acknowledge and understand that any misrepresentation in this application could result in the immediate termination of services offered by The Jericho House and my dismissal from program.

Resident Signature _____ Date _____