

PRODIGALS COMMUNITY

Recovery Ministries for Drug-Free Living

1024 Waughtown St; Winston-Salem, NC 27107-3449

POB 12451; Winston-Salem, NC 27117-2451 Phone: (336) 785-0770 Fax: (336) 785-4647

NEW SALEM PROGRAM SUMMARY

ELIGIBLE for admission are men and women who . . .

- have a chronic substance abuse relapse history and are seeking a long-term, highly structured program to deal with self-defeating behaviors
- are at least eighteen (18) years old
- have completed short-term treatment within the last five (5) years
- are committed to the Twelve Step model of recovery
- are clean and sober for at least four (4) days
- are medically and emotionally stable

All Prodigals Community residents must be totally committed to . . .

- taking personal responsibility for attitudes, decisions, and behaviors
- letting go of self-centeredness and willfulness; trusting peers' and staff advice
- beginning the program with limited freedom, privileges, phone calls, visits, & passes; then earning privileges through evidence of responsibility
- focusing on daily spiritual growth
- learning good work habits and committing to full-time work
- participating in peer accountability groups
- obtaining a GED or other educational goals
- making a positive contribution to the community; becoming a role model for others

New Salem is a minimum fifteen (15) month residential program located in renovated church facilities. A resident's first 60 days is a probationary period.

Residents of New Salem spend 78 hours each week in structured activities:

- 40 hours per week in job training
- 8 hours per week in education classes and study
- 8 hours per week in support group sessions
- 8 hours per week focusing on structured spiritual development
- 8 hours per week of chores and community operational responsibilities
- 6 hours each weekend enjoying recreational and cultural activities

We charge residents no fees or insurance payments. Residents help meet costs by working 40 hours per week in our businesses (such as janitorial, painting, office work). Donations from churches, businesses, and individuals provide the balance.

Prodigals Community is a Christian community emphasizing spiritual growth, strict accountability, and opportunities for drug-free responsible living--in a setting of the unconditional love of Christ. Many local churches of various denominations support us, and we provide worship and bible study on a voluntary basis.

New Salem Criteria for Application Checklist

(circle)

yes no Have you ever before applied for admission to Prodigals Community?

yes no Have you carefully read the New Salem Program summary?

yes no Are you willing to commit to the program as outlined for a minimum of 15 months and take responsibility for your behaviors?

yes no Do you have a chronic substance abuse problem?

yes no Do you understand that your first 60 days at Prodigals Community will be a probationary period?

yes no Have you completed outpatient or inpatient treatment for substance abuse?

yes no Do you accept yourself as being an addict or alcoholic, and are you committed to a Twelve Step model of recovery?

yes no Have you committed any sexual and/or violent offenses?

yes no Do you have a history of **depression** or **manic-depression** or **schizophrenia**?

If so, are you taking medication regularly? **yes**___ **no**___

yes no Are you a resident of FORSYTH County? If not, give the city & county in which you are a resident: _____.

Ineligible for Prodigals Community are applicants . . .

- whose primary need is housing, a home plan from prison, or an alternative to prison
- who are unwilling to accept the structure and discipline of Prodigals Community's program or deal with their own self-defeating behaviors
- without the medical or emotional stability to live in an intense group setting, function responsibly, and work 40 hours per week while committing to another 38 hours per week of structured growth
- who are violent or abusive

signature:	phone:
address:	
agency referring:	
person referring:	
his/her phone:	fax:
agency counselor's signature:	

**PRODIGALS COMMUNITY
NEW SALEM PROGRAM APPLICATION**

NAME: _____ DATE: ____/____/____
SOCIAL SECURITY #: _____

DATE OF BIRTH: ____/____/____ AGE: ____ SEX: ____ RACE: ____
PHONE: (____) _____ -

CURRENT ADDRESS: _____

MARITAL STATUS? _____ DO YOU OWE ANY CHILD SUPPORT? _____ HOW MUCH? _____

SUBSTANCE ABUSE PROBLEM: ALCOHOL? ____ DRUGS? ____
WHAT TYPE OF DRUGS? _____

IF INCARCERATED, NAME OF JAIL OR PRISON: _____
LAST COURT DATE: _____

EXPECTED DATE OF RELEASE: ____/____/____ PAROLE? ____ PROBATION? ____
TYPE? _____

PROBATION OR PAROLE OFFICER'S NAME: _____ OFFICER'S PHONE: (____) _____

Provide FULL disclosure of your criminal history and any acts of violence--if needed, use extra pages

LIST ALL ARRESTS, CONVICTIONS AND/OR COUNSELING RECEIVED FOR ANY VIOLENT ACTS INCLUDING A COMPLETE HISTORY OF VIOLENT BEHAVIORS:

LIST ALL CRIMINAL CHARGES AND CONVICTIONS, INCLUDING SENTENCES, PENDING CHARGES AND DATES

CHARGE	PENDING?		CONVICTED?		SENTENCE	DATE/FROM	DATE/TO
	yes	no	yes	no			

If you have committed any acts of violence, did you commit them while under the influence of mind or mood-altering substances? ____ If yes, please, explain: _____

NAME OF CURRENT TREATMENT CENTER _____ COMPLETION DATE: _____

Have you ever been in an outpatient/inpatient substance abuse program? ____ If yes, please complete list below:

		WHERE?	DATE/FROM	DATE/TO	COMPLETED
	OUTPATIENT		/ /	/ /	yes no
	OUTPATIENT		/ /	/ /	yes no
	OUTPATIENT		/ /	/ /	yes no
	INPATIENT		/ /	/ /	yes no
	INPATIENT		/ /	/ /	yes no
	INPATIENT		/ /	/ /	yes no

List any other agencies through which you have received counseling: _____

Do you have ANY physical or mental impairments that would prevent you from working 40 hours a week and committing another 38 hours a week to educational, emotional, and spiritual growth?

If yes, please, explain:

Do you have a history of . . . depression manic-depression schizophrenia?

If yes, are you taking medication regularly? yes no

Give a history of ALL medications that you have taken for any of the above conditions: _____

Have you ever thought about committing suicide? _____ If yes, please, explain: _____

Have you ever attempted suicide? _____ If yes, please, explain: _____

Have you ever been hospitalized? _____ If yes, please, explain: _____

What other medical problems do you have? _____

List all medications that you have and/or are taking: _____

What are your goals? _____

Describe your alcohol and drug history, including the degree of use, impact upon your life, your current attitude toward alcohol and drugs, the last time that you used, and means of recovery:

Prodigals Community Consent For Release of Information
PO Box 12451; Winston Salem, NC 27117-2451
Phone: (336) 785-0770 Fax: (336) 785-4647

Client Name: _____ Date of Birth _____

I hereby authorize _____ to release _____ records or other information regarding my criminal record, parole, probation, incarceration, treatment, hospitalization, and/or outpatient care for my impairments, including psychological or psychiatric impairment, drug abuse, alcoholism, S.T.D.'s, tests for T.B., tests for hepatitis or any other infectious disease to Prodigals Community Personnel. This information shall include

(Nature and extent of the data to be released)

I understand that this information will be used for _____

Other information _____

This document of consent has been explained to me, and I understand the contents of the information and the need for information to be released to Prodigals Community. I understand the rules and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this is truly voluntary and is valid until such request is fulfilled. This consent will expire

_____.

I further acknowledge that I may revoke this consent at any time, except to the extent that action based on this consent has been taken.

Date: _____

Client's Signature: _____

Witness' signature: _____

Witness' staff position: _____