

Prodigals Community

CRITERIA FOR ADMISSION

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
- within the past five years have had more than one episode of professional short-term substance abuse treatment that included the 12-Step recovery model
- are committed to the Twelve Step model of recovery
- are able to work full-time
- have no pending legal charges, court-ordered requirements to pay child support or restitution, or custodial responsibilities for minor children
- have a photo ID
- are clean and sober for at least four (4) days
- are medically and emotionally stable as defined by Prodigals criteria

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

- helping Prodigals staff obtain medical and mental health records, TB skin test or chest x-ray results, criminal histories, and other documents required for acceptance into the program
- 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

INELIGIBLE for Prodigals Community are...

- Those whose primary needs are housing, a home plan from prison, or an alternative to prison
- Those who are unwilling to accept the structure and discipline of Prodigals Community's program or deal with their own self-defeating behaviors
- Without the 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 activities
- Those whose lives are routinely filled with chaos and conflict that prevents them from sustaining relationships and/or employment even when not using alcohol or other drugs
- Those who are violent or abusive
- Those with an IQ below 60 or with evidence of impaired cognitive abilities
- Those with chronic mental or physical illness or recent serious psychiatric or medical episode



**PRODIGALS COMMUNITY
NEW SALEM PROGRAM APPLICATION**

NAME: _____ **DATE:** _____

Have you ever applied to Prodigals before? Yes No If yes, when? _____

Social Security Number: _____ Date of Birth: _____

Age: _____ Sex: _____ Race: _____

Current address: _____

City/State/Zip: _____

What is your county of residence? _____

Telephone: _____

Marital Status: Single Married Divorced Widowed

Do you owe any child support? Yes No If yes, how much? _____

Do you have any pending legal charges? Yes No

If yes, list offense(s): _____

Expected court date(s): _____

If incarcerated, name of jail or prison: _____

Last court date: _____ Date of expected release: _____

Probation? Yes No Parole? Yes No

Type? _____

Probation or Parole Officer's name and number: _____

Do you owe any restitution? Yes No If yes, how much? _____

Do you have a photo ID? Yes No

What kind of substance abuse problem do you have? Alcohol? _____ Drugs? _____

What type of drugs? _____

Have you had substance abuse treatment before? Yes No

If yes, where and when? (attach extra sheet if necessary.)

When and where was the last time you were in treatment?

Have you ever been hospitalized (for any reason other than pregnancy/delivery of a baby)? Yes No

If yes, where and why? _____

Describe any medical problems you have: _____

Are you currently taking any medications? Yes No If yes, list: _____

Describe any mental health problems have you had: _____

Where have you received help for mental health problems? _____

Have you ever been suicidal? Yes No

If yes, give details: _____

When did you last use drugs or alcohol? _____

When was the last time you had 4 days in a row clean and sober? _____

Who referred you to Prodigals Community?

Self Family Pastor Social Worker/Counselor/Case Manager Other

What is their name? _____ Phone number: _____

If appropriate, give the name of the Agency/Hospital/Community Program they represent:

Phone number: _____ County _____

Describe why you are seeking services at Prodigals Community now?

What are your goals?

Do you have a history of repeated relapse back into active addiction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you completed substance abuse treatment within the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In treatment, did you learn about Twelve Step (AA/NA) recovery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you committed to a Twelve Step model of recovery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you accept yourself as being an addict or alcoholic?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to commit to the program as outlined for a minimum of 15 months and take responsibility for your behaviors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand the probationary/orientation period is at least 60 days and that you may not be accepted for the full long-term program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you committed any violent or sexual offenses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have mental health issues, are you taking medications as prescribed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you carefully read the New Salem Program Overview?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you receive disability payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>

My signature below is a confirmation that I have read the New Salem Program information carefully and that I, _____, am officially seeking acceptance to the New Salem Program. I understand that I must have a minimum of 4 days of total abstinence from alcohol and drugs before I can be accepted into the program.

Signature

Date

APPLICATION FOR FINANCIAL AID

For New Salem Fees
Prodigals Community

Print name: _____

Current address: _____

AMOUNT OF RESOURCES THAT I HAVE:

Bank accounts: \$ _____

Cash: \$ _____

Vehicle: \$ _____

Any Other: \$ _____

AMOUNT I AM ABLE TO CONTRIBUTE TO FEES:

Admission fee: \$ _____

First month program fee: \$ _____

Each month for program fee: \$ _____

I HAVE REQUESTED ASSISTANCE FROM THE FOLLOWING:

	Amount received	Amount pledged	Telephone #
Family members & friends:	\$ _____	\$ _____	() _____
Church or congregation:	\$ _____	\$ _____	() _____
Community Agency:	\$ _____	\$ _____	() _____

FINANCIAL AID REQUESTED FROM PRODIGALS COMMUNITY:

Admission fee: \$ _____

Monthly program fee: \$ _____

I understand that I am responsible for all fees and will pay as able before requesting financial aid.

I will re-pay any aid received if I become able to do so.

I authorize Prodigals Community to verify the information given above.

SIGNED _____

DATE _____