

Informational Packet

Dear Friend:

Thank you for inquiring about Saving Grace Home for Women, Christian Recovery Program a nonprofit organization established in 2007. Many women have found victory over their addictions at Saving Grace Home for Women. We offer a 12 week, 12 steps, faith-based recovery program that teaches life skills using Biblical principles. Daily classes of Christ-centered curriculum, individual and group counseling are used to meet the needs of the whole person (spiritual, physical, mental and emotional).

We have enclosed information concerning admissions and will be glad to assist you in any way possible. If you have any questions, please contact our admissions office at 251-946-3355.

Sincerely,

Saving Grace Home for Women Staff

Common Questions

Common Questions

Where is the Home of Grace Located?

From Mobile, AL

Follow I-10 East towards Pensacola Merge onto AL-59 via Exit 44 towards Loxley/Gulf Shores (7.2 miles) Turn LEFT onto US-90/AL-16 Follow US-90 for 6 miles, and we are on the *right* (you will pass Elasnor Elementary School and the Community Center, and we are directly after the Fire Station/Community Center).

From Pensacola, FL

Follow I-10 West towards Mobile Take Exit 5, US-90-ALT West Turn Left onto W Nine Mile Road/US-90 ALT West/FL-10 West (crossing into Alabama) for 7.1 miles FL-10 West becomes US-90/AL-16 . continue for 11.4 miles End at 23790 US-90, Robertsdale, AL

How long is the program?

This is a **three month (12 weeks) residential program** and **1 year Aftercare** program is available for graduates.

What about Medical Care?

" We are not a medical facility.

" Narcotics, barbiturates, anti-depressants, psychotropic medications or any other potentially addictive medications ARE NOT ALLOWED.

" Medical or dental matters must be taken care of prior to enrollment. If a major medical condition occurs during the client's program, the client will be asked to postpone his/her program and return after the medical condition has stabilized.

" Medical assistance is provided by our Volunteer Medical Personnel on campus for minor ailments and is free of charge. The client is responsible for all costs of Off-campus medical care.

What is the cost?

Saving Grace Home for Women is a non-profit organization that has been faithfully serving women since 2007. Because of sponsorship contributions given by individuals, churches and other organizations we can offer these fees and facilitating payment options:

" **The total program cost is \$ 8,000**, but each lady receives a \$4,000 scholarship. The individual is responsible for the remaining **\$4,000**.

" Due before/at the time of admission.

" If you would like to discuss financial options please call (251) 946-3355.

What forms of payment are accepted?

We accept the following forms of payment: Credit Card, Money Order, Cash and Check.

What is needed prior to Admission?

Medical requirements:

“ TEST REQUIREMENTS: The following tests may be completed at your local health department or by a private physician. You MUST be tested prior to admission for the following:

“ **TB and Pregnancy**

“ Test results must be received by the Saving Grace Home for Women prior to Admission

“ ALL Medical and dental needs must be taken care of prior to entering the program.

How to apply for Admission?

Please read the Information & Pre-assessment package carefully before you apply.

“ Clients with legal obligations must be handled by a legal representative.

“ Clients with no legal obligations can be handled by the client or a representative.

“ Make sure you are fully informed about our:

Type of program

Policies: Medical and Legal

Financial obligations: must be fulfilled as agreed upon the application.

“ All court dates and legal obligations must be postponed until after graduation.

“ Complete and fax the Application for Admission.

Admissions Office Confidential Fax#: 251-946-3356

“ **Completed application and ALL required documentation must be received by the Admissions Office prior to admit.**

“ **Medical test results must be received by Admissions prior to admission.**

“ **Legal representative must attach the following documents:**

Legal status while in the program

All Orders pertaining to Saving Grace Home for Women and Client.

“ Send completed application and Cover Sheet.

“ **Make sure to include your Name, Fax and Telephone number on the cover sheet.**

Your Application will be processed immediately by an Admissions Counselor and you will be notified.

If Approved:

É You will be provided a date and time for admission.

É You must confirm your appointment (bed reservation) within two (2) business days.

É Any appointment not confirmed with-in two (2) business days will be cancelled and re-assigned.

É Driver's License or Picture ID must be presented at admission.

É If paying by Credit Card, Credit Card must be presented at time of admission.

É A confirmation letter of enrollment and scheduled graduation date can be requested at the time of admission.

É Emergency contact and/or legal representative will be immediately notified if the client leaves the program for any reason.

É The legal representative can contact the client's counselor for information during the business hours.

É Client will receive a diploma and may request a letter of completion at the time of graduation.

Women's Facility

What is the Daily Schedule like?

- É Mornings: Devotions, Quiet-time, ~~House-matters~~Activities, Classes and Group Counseling.
- É Afternoons: Group Counseling, Classes, Recreational and Individual Counseling.
- É Friday: Graduation.
- É Saturday: Visitation on First & Third Saturday of the month (No visitation for the first 10 days in the program).
- É Sunday AM: Attend local community church.
- É Sports activities, participation in both religious and social events in the community.
- É All Clients are expected to comply with all program rules, procedures and participate in all the daily schedule of activities including the TACT program (maintenance of grounds, buildings, etc.)

Will I be allowed visitors?

Visitation is for family ONLY: spouse, parents, grandparents, brothers, sisters, wife, children, grandchildren, uncle, aunt, cousin, mother and father-in-law, brother and sister-in-laws. All visitors attend Al-anon meetings prior to attending a visitation.

- É Ministers, Lay Minister and church staff may visit with the client by appointment only.
- É Visitation is the **First and Third Saturday** of the month from **1:00pm to 3:00pm**. The exact date will be provided at admission.

Procedures:

- " Please park and visit in the designated areas. Comply with the visitation rules. Do not enter the clients living areas. Leave promptly at 3:00pm. Do not come back after hours.
- " Do not bring any prohibited items or any animals.
- " Only those eligible will be allowed to visit.
- " We reserve the right to restrict visitation on an individual basis.
- " We reserve the right to search and/or drug test any and all visitors.
- " 2 Adult visitors and up to 3 children at any one time.

What is the Telephone Policy?

- " Clients are given two 10 minute phone call per week.
- " Clients cannot receive incoming calls, or faxes; unless approved by Administrative Staff.

Is there a Tobacco Policy?

Yes. Please use tobacco products in the designated area ONLY! You will be strongly encouraged to quit! Nicotine patches, gum and other similar products ARE PERMITTED.

Can transportation arrangements be made?

Prior to admission: For those who travel a great distance, transportation arrangements can be made to have the client picked up at Mobile Bus Station, Mobile International Airport or Pensacola Regional Airport.

What items do I need to bring? *These items are only suggested items; we can help provide items as needed*

Identification documents: Social Security Card, Driver's License or Picture ID

- " Bible, AA or NA Books
- " Pen, highlighter, notebook, three-prong pocket folder, envelopes, stationary and stamps
- " Robe, Night clothes, slippers, shower caddy and shower shoes
- " Toiletries: mouthwash (alcohol free), shampoo, soap, toothpaste, etc.
- " Personal Hygiene Items for 3 months
- " Casual clothing: No More than 10 outfits.
- " Appropriate attire for church services . Up to 3 outfits.
- " Appropriate attire for exercise classes (Zumba & Pilates) . Up to 2 outfits.
- " Shorts and dresses must be no shorter than four inches above the middle of the knee.
- " Pillow
- " 1 Case of Bottled Plain Water
- " 1 bag of candy 16oz.
- " Soft Drinks may be purchased from a vending machine (money for sodas will be kept in the Housemother's Safe; \$5/request will be given out by the housemother if needed . We cannot cash checks or Money Orders . It is the responsibility of the client to have quarters or single dollars for the soda machine).
- " Phone card(s) . if your family is considered long distance from Robertsdale
- " Clothes Hangers
- " Tape/CD player (optional). Christian CDs or tapes only.

What items are PROHIBITED?

- " Drugs, alcohol, non-approved medication.
- " All over-the-counter medication must be turned in with unbroken seals. (All medications must be approved and turned in to Staff!)
- " Anything containing alcohol: mouthwash, cologne, hairspray etc. - **aerosol not permitted**
- " Pocket knife or any item that could be considered a weapon
- " Cameras, Beeper, Cell Phone, iPod, TV and Computer
- " Non-approved secular books, magazines and/or music
- " Musical instruments, Hotplates, toasters, etc.
- " Jewelry (no facial or body jewelry allowed). Earrings accepted.
- " Clothing with reference to alcohol, gambling, tobacco or profanity
- " Personal vehicles

Note: All belongings left at Saving Grace Home for Women after a client has left the program will be sent to the thrift store or Goodwill after 7 days.

*Saving Grace Home
for Women's
Request for
Admission Packet*

REQUEST FOR ADMISSION

PLEASE PRINT AND ANSWER ALL QUESTIONS

ADMISSION STAFF USE ONLY

Received: _____ Entered: _____ Approved: _____ Admission Date: _____

A. Client's Personal Data:

E-Mail: _____

Name: _____ SSN: _____

Current Address: _____ County/Parish: _____

City: _____ State: _____ Zip: _____ Age: _____ Birth date: _____

Home Ph: _____ Cell Ph: _____ Fax Ph: _____

Please check all that apply:

" Marital St: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

" Race: White _____ Black _____ Hispanic _____ Asian _____ American Indian _____ Other _____

" Have you served in any branch of the military? _____ Yes _____ No _____ When: _____

o Type of discharge: _____ When: _____

" Religious background: _____ Church: _____ City: _____

" Reason for Admission: Drugs _____ Alcohol _____ Sex/Pornography _____
Gambling _____ Emotional Marital _____

" Attended Saving Grace: Yes _____ No _____ When: _____ **Graduated:** Yes _____ No _____

" Custody of Children: Yes _____ No _____ (Arrangements must be made before Admissions)

B. Responsible Party Personal Data:

E-Mail: _____

Name: _____ Relationship: _____

Address: _____ County/Parish: _____

City: _____ State: _____ Zip: _____

Home Ph: _____ Cell Ph: _____ Fax Ph: _____

C. Emergency Contact Personal Data: *(Must be different than listed above)* E-Mail: _____

Name: _____ Relationship: _____

Address: _____ County/Parish: _____

City: _____ State: _____ Zip: _____

Home Ph: _____ Cell Ph: _____ Fax Ph: _____

D. Work History of Client: Employed: Yes _____ No _____ Last Date of Employment: _____

Employer: _____ Occupation: _____

Employer Address: _____ Phone: _____

Level of Education: _____ GED: Yes _____ No _____ Special Skills/Trades: _____

Driver License # _____ State: _____ Valid: Yes _____ No _____ Any DUI's: Yes _____ No _____

Any Physical Handicaps: _____

9/2010

Saving Grace Home for Women

23790 Highway 90 - Robertsedale, Alabama 36567

Office (251) 946-3355

Fax (251) 946-3356

www.SavingGraceHome.org

Medical Clinic

E. MEDICAL INFORMATION

Client Name: _____ SSN: _____

TEST REQUIREMENTS: The following tests may be completed at your local health department or by a private physician. **You MUST be tested before admission for the following: TB and Pregnancy.**
ALL tests results must be submitted prior to admission.

ADMISSION STAFF USE ONLY

TB: date tested _____ Result: _____
Pregnancy: date tested _____ Result: _____

Health History

- | | | | |
|----------------------------|----------------------|------------------------|-------------------|
| ____ Allergies | ____ Diabetes | ____ High Blood | ____ Suicide |
| ____ Allergy to Medication | ____ Eating Disorder | ____ Pressure | ____ Attempts |
| (Type): _____ | ____ Epilepsy | ____ HIV | ____ Tuberculosis |
| (Type): _____ | ____ Eyes | ____ Liver Diseases | (When): _____ |
| ____ Blackouts | ____ Hallucinations | (Type): _____ | (Where): _____ |
| ____ Broken Bones | ____ Handicaps | ____ Seizures | ____ Ulcers |
| ____ Cancer | ____ Hearing Voices | ____ Shakes | ____ Other: _____ |
| ____ Convulsions | ____ Heart | ____ Sleeping Disorder | |
| ____ Dental | (Type): _____ | ____ STDs | |

Have you ever been diagnosed with a Psychiatric Disorder(s): Yes ____ No ____

<u>Diagnosis</u>	<u>Treatment/Medications</u>	<u>Hospital</u> <small>When?</small>	<u>Length of Treatment</u>
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Have you ever been in treatment for substance abuse: Yes ____ No ____

<u>Date of Treatment</u>	<u>Treatment Facility</u>	<u>Period of Effectiveness</u>
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Other Hospitalizations:

<u>Diagnosis</u>	<u>Treatment/Medications</u>	<u>Hospital / Date</u>
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Use of Tobacco:

Do you use Tobacco Products: Yes ____ No ____ (If yes, Packs/Cans) # _____

o **You'll be strongly encouraged to quit. Nicotine patches and gum are permitted.**

Client Name: _____ SSN: _____

Substance Abuse History (Check all categories that apply – Circle the Drug of Choice)

_____ *Cannabinoids*

THC, Marijuana, Hashish

_____ *Depressants*

Benzodiazepines - Klonopin, Xanax, Valium, Ativan, Librium
Barbiturates – Amytal, Nembutal, Seconal (Yellow Jackets, Barbs)
Rohypnol – Rophies
GHB
Methaqualone (ludes, mandrex)

_____ *Stimulants*

Cocaine - Crack Cocaine, Powder
Amphetamine - Speed
MDMA – Ecstasy
Methamphetamine – Meth, Ice
Methylphenidate – Ritalin, Adderall

_____ *Dissociative Anesthetics*

Ketamine (Special K), PCP & Analogs (Angel Dust)

_____ *Hallucinogens*

LSD, Mescaline (peyote), Psilocybin – Mushrooms (shrooms)

_____ *Opiates & Morphine*

Codeine (Robitussin, Tylenol with Codeine), Heroin, Morphine, Opium, Oxycodone (OxyCotin), Vicodin

_____ *Alcohol*

Beer, Wine, Liquor

_____ *Other Compounds*

Anabolic Steroids, DXM (Robotripping), Inhalants

_____ *Nicotine*

_____ *Other:* _____

Are you taking any illicit drug(s): Yes _____ No _____

List drugs you are presently taking and Fill in the Necessary Information:

Drug	Frequency	Period of Time

Are you prescribed ANY medication(s): Yes _____ No _____

List Prescribed Medication You Are Presently Taking:

Medication	Purpose Dosage	How Long?

List Prescribed Medications you are NOT taking:

Medication	Purpose	Dosage

Explain why you are not taking the prescribed medications: _____

Comments: _____

Saving Grace MEDICATION & MEDICAL POLICY

" We are not a medical facility.

" Narcotics, barbiturates, anti-depressants, psychotropic, psychoactive medications or any other potentially addictive medications ARE NOT ALLOWED.

" Medical or dental matters must be completed prior to enrollment.

" Client is financially responsible for all costs of off-campus medical care.

F. LEGAL EVALUATION PRIOR TO ADMISSION

Client Name: _____ SSN: _____

Do you have Pending Legal Obligations: Yes ___ No ___

Important: The admission of client(s) with Legal Obligations pending must be handled by a Legal Representative.

A background check will be done on the applicant. Please attach a copy of both of the following:

- 1. Driver License (or picture identification)
2. Social Security Card.

- All court dates must be postponed while enrolled in the program.
Applicants entering the program without notifying the Court/Probation Office (PO) in advance may be disqualified and required to leave the program.
Client to Court/PO Check-in Phone Calls or Progress Reports will not be provided.
Court/PO can contact the Client Counselor for more information or to check status.
The Court/PO will be notified in case of dismissal, leaving the program or not fulfilling the financial obligations to Saving Grace Home for Women.

Court Dates Pending: Yes ___ No ___ When: _____ Where: _____

Are you currently on Probation: Yes ___ No ___

Are you currently under Court Order: Yes ___ No ___ (Court Order must be faxed from the Atty or the Court)

Did you notify the Court/Probation Office (PO) about entering Saving Grace Home for Women: Yes ___ No ___

LEGAL BACKGROUND INFORMATION

*Will not affect your Admission

Have you ever pled guilty or been convicted of a crime?: Yes ___ No ___

Have you ever been in prison: Yes ___ No: ___ If yes, When & Where: _____

List felonies and/or misdemeanors and conviction dates: _____

Judge Information:

Name _____ Firm _____

Address _____ County/Parish _____

City _____ State _____ Zip _____

Office Ph: _____ Cell Ph: _____ Fax Ph: _____

Case Number _____

Atty Information:

Name _____ Firm _____

Address _____ County/Parish _____

City _____ State _____ Zip _____

Office Ph: _____ Cell Ph: _____ Fax Ph: _____

CRO and/or PO Information:

Name _____ Firm _____
Address _____ County/Parish _____
City _____ State _____ Zip _____
Office Ph: _____ Cell Ph: _____ Fax Ph: _____

Additional Legal Contact Information:

Name _____ Firm _____
Address _____ County/Parish _____
City _____ State _____ Zip _____
Office Ph: _____ Cell Ph: _____ Fax Ph: _____

G. FEES & PAYMENT OPTIONS

Client Name: _____ SSN: _____

Responsible Party Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Program cost is \$8,000. Each client receives a \$4,000 scholarship and is responsible for the remaining \$4,000. Included in the \$4,000 cost is an Admission Non-Refundable cost is \$500. The full payment is due at or before time of Admission.

If you would like to speak with someone about payment options please call (251) 946-3355.

Please, check one of the following *Type of Payment*:

Type of Payment:

____ *Credit Card*: ____ *American Express* ____ *Master Card* ____ *Visa* ____ *Discover*

____ *Check* ____ *Cash* ____ *Money Order*

CREDIT CARD AUTHORIZATION:

I (name as printed on card) _____

authorize Saving Grace Home for Women to charge my Credit Card for the following amount of \$ _____ on (date) _____.

Card No: _____ **Exp:** _____

Driver License No: _____ **State:** _____

Signature(s): _____

**** Credit Card must be present the day of admission for the authorization to go through**

The following statement *MUST* be signed before application will be considered.

Waiver of Liability and Acceptance of Responsibility: *"I will not hold Saving Grace Home for Women responsible for accidents or injuries that may occur during my enrollment in the program. I also understand that services provided by volunteers in the program are free of charge; therefore, under Alabama Law, I waiver liability from taking legal action against such volunteers for negligence that is neither of a willful or gross nature. I will be responsible for the cost of all off-campus medical care. I authorize Saving Grace Home for Women to share my personal medical information with off-campus medical personnel in case of medical emergencies while I am enrolled in the program. I agree to be responsible for the entire program fee of \$4000.00. Furthermore, I understand that Saving Grace Home for Women is not responsible for lost or stolen articles."*

Signature(s): _____
Responsible Party

_____ Date

_____ Client

_____ Date

Comments: _____

I. Client's Acknowledgement

I, _____, hereby acknowledge the following to be true:

1. That I have read this entire Request for Admission form and/or have had it explained to me and my questions about it answered to my satisfaction.
2. That I understand that Saving Grace Home for Women is not required to admit me to their Program.
3. That if I am admitted to the Saving Grace Program, that I understand Saving Grace has the right to dismiss me from the Program at their sole discretion for just cause as determined solely by and in the sole discretion of Saving Grace Home for Women: and
4. That if I am admitted to the Program I will abide by all rules of Saving Grace Home of Women and will respect the other clients and the staff at Saving Grace.

Client's Printed Name: _____

Client's Signature: _____ Date: _____

Witness's Printed Name: _____

Witness's Signature: _____

Application Checklist:

Please verify the following before faxing or mailing the application:

1. The Application is completely filled out. Incomplete Applications will not be considered.
2. Client's name and SSN are correctly listed on the top of each page.
3. Medical Test Results are attached.
4. Legal information has been completed.
5. Courts and Probation Officers have been contacted and court dates postponed.
6. Responsible Party and Client have completed and signed Section G. Financial Information.
7. Visitation information has been completed.
8. Client and Witness have signed Section I. Client's Acknowledgment.