

PHOENIX MISSION

Attention: Intake Coordinator
1801 S. 35th Ave Phoenix, AZ 85009
Phone: (602) 346-3360; Fax: (602) 233-1329
phoenixrescuemission.org

PERSONAL RECOVERY PROGRAM INTAKE APPLICATION

Thank you for taking this important step toward your future and the life God has planned for you. We are honored to have the opportunity to serve you. Established in 1952, Phoenix Rescue Mission (PRM) is committed to transforming, through Christ, the lives of those facing life controlling problems including, homelessness and addiction. PRM provides a full continuum of care for clients and leadership training opportunities for graduates. Our grace-based programs are designed to nurture healthy relationships with God, self and others.

Our Personal Recovery Program is a minimum one-year residential discipleship program for men who sincerely desire to live a Christ centered life. The focus is on applied Christianity for the healing of the total person, recovery from life controlling problems, and preparation for successful living. Clients will receive guidance in spiritual growth and recovery, life-skill training, educational and vocational development.

Steps to take: Candidates for admission are responsible for the following:

- Thoroughly completing this application and then mailing/faxing it to the Intake Coordinator.
- Contacting the Intake Coordinator with questions regarding their intake status.
- Resolving any issues which may interrupt a commitment to a long-term residential program.
- Signing and dating this application in the space provided on the back of the application.
- Arranging a time to meet with the Intake Coordinator for a face-to-face interview.

Requirements for Admission: Candidates for admission must:

- Be male, age 18 or older, requesting admission themselves and committed to change.
- Agree to abide by all guidelines, fully participate in all aspects of the Christian Program, and refrain from any activity staff deems contrary to recovery or Christian growth. Violation of the guidelines may result in disciplinary measures and possible dismissal.
- Be fully detoxified and **72 hours** away from their last use of drugs or alcohol of any kind.
- Be willing and able to commit to an uninterrupted one-year program and complete both phases.
- Be medically and physically able to perform work assignments such as housekeeping, kitchen, laundry, and clerical.
- Agree to take a TB test before admission, as well as any other tests for communicable diseases as needed. Candidates must also agree to a mental health evaluation, if necessary. If on medication, candidates will need to have a thirty-day supply on hand in order to be accepted for admission.
- Be mentally stable and capable of functioning in a therapeutic community environment with classroom and group activities. The program is not equipped to care for those with severe mental illnesses, but will work with, and refer to, other appropriate outside agencies for assistance in such matters.
- Be willing to refrain from the pursuit of romantic relationships other than with a legally-married spouse while in the program.
- Have some form of legal personal identification such as a valid driver's license, social security card or a birth certificate.
- Pay a program fee of \$100.00 a week, if receiving income of any type. Those with no personal income of any kind will not be charged unless income status changes.

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What Clients May Have: Clients are only allowed to have items staff deems conducive to recovery and Christian growth. They are not allowed to have more than \$20.00 in their possession and should make arrangements for off premise safe storage of cash and valuables before arrival. Clients may arrange for supporters to send money orders (not cash) periodically for amounts not to exceed \$20.00 for miscellaneous items, snacks, etc. Money orders exceeding \$20.00 will not be cashed. Staff may monitor spending or other stewardship concerns when deemed appropriate. Clients are not allowed to have cell phones, paging devices, facial jewelry, or non-approved medications.

Clients are allowed to have but may not exceed the following: 8 pair of pants, 15 shirts, 4 pair of shoes, 3 coats/jackets, 2 sweaters, 8 underpants, 8 pair of socks, 1 alarm clock, Bible, pens, pencils, paper, notebooks, and personal hygiene items that do not contain alcohol, laundry detergent, and miscellaneous personal effects. Candidates should bring as many of these items as possible, but not exceed limits. Excess items will not be stored.

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

Print Name _____

Date _____

Signature _____

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 an PRM program before? _____

If so, how many times? _____ Which PRM facilities? _____

Are you currently homeless? _____ Do you need emergency shelter? _____

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

Section 2:

MARITAL STATUS

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

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 _____ Date of last employment: _____

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Section 4:

ALCOHOL/DRUG ABUSE HISTORY

Please check all that apply:

Cocaine___ Marijuana___ Heroin___ Alcohol___ Nicotine___ Prescription Drugs___

Methamphetamine___ Ecstasy___ Other: _____

When was the last time you used? _____

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? _____ (please 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? _____ Date: _____

If yes, what are the charges? _____

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Section 7:

EDUCATION

Highest grade level completed: _____ Did you graduate or do you have your GED? _____

List colleges or vocational schools attended and degrees obtained: _____

Section 8:

MEDICAL HISTORY

Date of last physical: _____ Are you currently under a physician's 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? _____

What medications are you currently taking? _____

Section 9:

Phoenix Rescue Mission is not a medical or psychiatric facility. Therefore, prospective clients and their children must be medically, as well as psychiatrically cleared prior to admission. Requested medical information is vitally important and is required before a decision can be made as to the appropriateness of our facility for prospective clients. If mental health evaluation/documentation is requested, that also must be received before a final decision can be made on placement in PRM Program Services. If, after admission, it is noted that the client is inappropriate due to medical or psychiatric reasons about which we were uninformed prior, Phoenix Rescue Mission reserves the right to refer the client to another facility or back to the referring agency.

Signature _____

Date _____