

APPLICATION
My Sister's Place, Inc.

PO Box 1153
Calera, AL 35040
205-434-0701

9 – 12 month (staff decides) Transitional Living Discipleship Program for Women

Part I

Date: _____

Name: _____ Birthdate: _____

Street Address: _____

City, State Zip _____ Phone: _____

In Case of an Emergency Notify: _____

Referring Agency or Person _____

Address of the Last Placed You Lived: _____

******PLEASE NOTE: WE EXPECT FULL DISCLOSURE. LYING OR WITHHOLDING INFORMATION ABOUT YOUR HEALTH OR PAST OR CURRENT CRIMINAL STATUS OR FINANCIAL STATUS IS CRITERIA FOR IMMEDIATE DISMISSAL.******

Have you ever been convicted of any of the following:

Sex Crimes: _____ Arson: _____ Violent Crimes: _____

If yes to any of the above, please explain: _____

Social Security Number: _____ DL#: _____

(we will need copies of these for our files, if you don't have these, we hope to help you obtain these during your stay here.)

PERSONAL:

Are you currently incarcerated? _____ Charge(s): _____

Please give a brief summary of your current living situation? _____

Are you on probation or parole: _____ Where: _____

Probation or Parole Officer: _____ Phone: _____

For: _____

Report Dates: _____

Are you required on Color Code to drug test: _____ If yes, where and when? _____

DHR CASE: Yes _____ No _____, If Yes, Workers Name and Phone: _____

Are you Married: _____ Divorced: _____ Single: _____

Number of Children and ages:

Please list two family members or friends of contact:

Name: _____ Phone: _____

Address: _____

Relationship: _____

Name: _____ Phone: _____

Address: _____

Relationship: _____

WORK/FINANCES:

Employer: _____

Address: _____

Phone: _____ Salary: _____

Are you on disability?: _____ Monthly Amount: _____

***ALL Women of MSP must be able to work or volunteer. It is an important part of our program. Are you able to be employed?_____ If you can't work, list plan that consists of 25 hours per week volunteer work: _____

If you can't work, how do you plan to pay the weekly fee of \$160? _____

Do you receive any other income? (alimony, trust, tax refund) _____

If yes, list source: _____

Do you get food stamps: _____ (If you have a card it must be surrendered upon admission, all women who are eligible are required to apply immediately upon admission)

**Ladies of MSP are expected to work. Please describe your limitations: _____

HEALTH:

Do you have medical Insurance? If yes, Company and Policy number: _____

Do you have a physician: _____

Being Treated for: _____

Allergies: _____

Please list ALL current health issues, including dental, whether you are receiving treatment for it or not: ***(FAILURE TO PROVIDE ACCURATE AND COMPLETE INFORMATION COULD BE CAUSE FOR DISMISSAL. PLEASE DO NOT PRESENT YOURSELF IN A FALSE MANNER. IT IS ALL ABOUT HONESTY)***

State your current condition as it pertains to the following areas:

| | |
|--|---|
| Are you or have you had issues with: | <u>LIST BELOW CURRENT HEALTH NEEDS:</u> |
| Lungs: _____ Liver: _____ | _____ |
| Diabetes: _____ Is it controlled? Mental: _____ | _____ |
| Skin: _____ Cancer: _____ | _____ |
| Heart: _____ Chronic Pain: _____ | _____ |
| Blood Pressure: _____ | |
| Hepatitis: _____ Sexually Transmitted Disease: _____ | |

What medications are you prescribed? Please indicate prescribing doctor, length of time on the medication and what medication was prescribed for:

If you are taking medications that we determine to be allowable at MSP, you MUST check in with a one month supply, MINIMUM! ALL meds need to be approved, even over the counter meds.

(Note: No one residing at My Sister's Place is allowed to be taking ANY abuseable medication. If it changes the way you feel, it is not allowed. PERIOD!! STAFF WILL REVIEW YOUR MEDICATION LIST AND CONTACT YOU WITH CONCERNS

Provide below a brief History of where you grew up and where your family resides. Immediate Family, parents, siblings, spouse, children.

II.

The following section of the application deals with legal issues and drug and alcohol problems:

Do you have any open legal issues? (we want to help you walk through these and put them behind you. Not to judge you or turn you in.) [Continued on next page]

Open Charges/Legal Issues: (Please list all, and corresponding court dates)

Past Charges, Cases and other Legal Issues: List ALL

Have you ever used alcohol: Yes: ___ No: _____ If yes, How long : _____

Type of drugs and length of use:

Have you ever used needles: _____ If yes, for how long? _____

Do you have a desire to be clean and sober?: _____

If drugs and alcohol are not your issue, please describe your current situation: _____

Are you willing to go to any length to improve your life? _____

Are you willing to follow suggestions?: _____

This is a Christian Facility run by recovered Christian addicts and alcoholics. While you do not have to be a Christian to come to My Sister's Place, you will be expected to live like a Christian while you are here.

Do you object to the Christian faith? _____

Briefly state your current beliefs: _____

Have you ever been involved with Celebrate Recovery/ Narcotics Anonymous/ Alcoholics Anonymous?

If so, how long were you involved and where did you meet?

Have you ever received any substance abuse treatment? Yes ___ No ___ If yes, explain next page

Name of treatment Center:
Date Attended:
Length of stay:
Completed Program: Yes ___ No___
Length of sobriety:

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Name of treatment Center:
Date Attended:
Length of stay:
Completed Program: Yes ___ No___
Length of Sobriety:

If you did not complete programs listed above, please indicate why:

While at My Sister's Place you will be expected to work through the 12 steps of recovery and to attend bible studies, both at MSP and at Christian Life Fellowship.

Do you agree?: _____

Specify in detail what you expect to get from your time at My Sister's Place . (Use Reverse if needed)

My Sister's Place, Inc.

CONFIDENTIALITY OF RECORDS OF ALCOHOL AND DRUG ABUSE CLIENTS

The confidentiality of alcohol and drug abuse client records maintained by this program is protected by federal and state laws and regulations. (Federal confidentiality rule 42CFR Part2) which prohibits disclosure of information unless expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part2. A general authorization for the purpose of release of medical or other information is not sufficient for this purpose. The federal rule restricts any use of the information to criminal investigation or to prosecute any alcohol or drug abuse client.

In general, the program may not share client information outside of the My Sister's Place program except in the event of:

1. The client consents to specific disclosure in writing.
2. There is receipt of a subpoena and court order, disclosure allowed by court.
3. Disclosure is made to emergency health care providers, qualified personnel research, audit of program evaluation.
4. Violation of the Federal and State laws and regulations is a crime and any suspected violations will be reported to appropriate authorities in accordance with federal regulations.
5. Federal law regulations do not protect information about suspected child abuse or neglect from being reported.
6. Federal laws and regulation do not protect information about a crime committed by a client either at My Sister's Place or against any person who works for the program itself or about threats to commit such a crime.
7. All threats to harm self or others, or crimes against children must be reported.

Agreement

I, _____, attest that the above information is true.

I, _____, understand that there will be NO EXCEPTIONS to allowing the use of any mind altering medications while enrolled in the program at My Sister's Place

I, _____, understand there is a \$500.00 intake fee and that this fee is non-refundable.

I, _____, understand that My Sister's Place is a faith based combined with a 12-step discipleship transitional program.

By signing this application, I agree to the above said statements and attest that all information I have provided is accurate and true to the best of my knowledge.

Print name: _____

Signature: _____ Date: _____

Please return application to: My Sister's Place

PO Box 1153

Calera, AL 35040

Or scan and email to: mysistersplaceinc@yahoo.com

*******KEEP THIS FOR YOUR RECORDS*******

Program Information

All residents of My Sister's Place are required to participate in all activities of the program. We are a faith-based transitional program, not a shelter.

Program Requirements for Completion

- Minimum of a 9-12 month stay at MSP; determined by staff based on history & progress
- 9 months sobriety
- Attend all bible studies
- Complete step work assigned by staff at MSP
- Progress up to AT LEAST Step 9
- Obtain State ID or License, Social Security Card
- Clear Up any warrants or legal issues
- Completion and compliance of daily chores
- Attend all recovery meetings scheduled
- Attend Sunday and Wednesday Church services
- Compliance to program rules and regulations
- Be current on weekly program fees
- Must have a safe and stable home plan
- Build Christian relationships
- Be giving back
- Developing servant

Clothing Allowance

10- 12 Outfits
3-4PJ's/ Sleep ware
5-Bras
10-Panties
6-Shoes(Including sneakers, sandals, flip-flops, slippers)
10 pair-socks
4-Purses/Backpacks/Book bags
2-Jackets

BRING YOUR OWN PILLOWS AND HANGERS, and TOWELS

NO MOVIES, DVD PLAYERS, ELECTRONICS, ONLY CHRISTIAN READING MATERIAL

NO MEN'S CLOTHING.....PERIOD!

*****MY SISTER'S PLACE IS NOT RESPONSIBLE FOR YOUR BELONGINGS *****
*****TWO WEEK NOTICE IS REQUIRED IF LEAVING, IF NOT ABSOLUTELY NO REFUNDS OF FEES PAID*****

MY SISTER'S PLACE DRESS CODE---EFFECTIVE IMMEDIATELY

- Shorts No More Than 6 inches above knee (one dollar bill is 6 inches)
- No Spaghetti Strap Tank Tops-NO CLEAVAGE
- Cleavage Covered
- No Words across rear end
- NO MEN'S CLOTHES...PERIOD, INCLUDING UNDERWARE
- Leggings may only be worn if with a top that goes at least 5 inches below bottom of rear end
- No offensive t-shirts (drugs, alcohol, sex, skulls)
- No Skulls, play bunny's
- No Mid-drifts exposed
- No hats indoors
- Bras MUST be worn
- No Sagging Pants
- No Wife Beater T-shirts
- No Hair shorter than 1.5 inches
- ONLY PIERCINGS ALLOWED are Ears (NO GAUGES) and a nose stud no larger than 2 mm (the sharpened tip of a new crayon)
 - Belly Button will be ok
 - Clear Retainers ok
 - NO TONGUE RETAINERS OR PIERCINGS!

CONSEQUENCES:

1st Offense-Warning and Lose Communication Privileges for one week

2nd Offense-Do all chores for your unit for 3 days

3rd Offense-Dismissal from Program

OTHER ITEMS TO BRING TO MSP:

Bible (we will issue Life Recovery Bible)

Pillows (no more than 2)

Hangers

Alarm Clock

Personal Toiletries

Towels

Notebooks, Pens and highlighters

NEW OTC meds you take regularly (tums, Tylenol, ibuprofen, etc)

GOOD ATTITUDE! ☺

*****Do NOT bring the following: Electronics, books, magazines*****

**DVD Players are an earned privilege....still only 'G' and 'PG' Movies