

24/7 Recovery Program

251 W. Miles Ave. | Hayden, ID 83835 | Office 208-772-7544 | Fax 208-762-2749

Thank you for your interest in our program. The 24/7 Recovery Program is for men and women coming out of incarceration with a history of drug and/or alcohol addictions. Prospective residents must complete and submit a 17 page application for consideration in the program and **must be 60 days clean and sober before admission**. Submitted applications go through a review process, and applicants are sent a letter notifying them of the decision.

The 24/7 Recovery Program is a faith-based, Christ-centered program where we pray God will break strongholds and restore individuals to live functional, healthy, productive lives centered in the love of Jesus Christ. **Residents live in our transitional housing for ten months and then transition into six months of Aftercare**, living in their own housing and still attending our classes. Our men's residence can house up to seven men, our women's residence houses up to eight women. Program fees are \$300 per month per person and include housing, utilities, classes, and class materials. Residents are required to seek employment and to keep their program fees current. Though we help new residents to get established the first few days, each resident is responsible for their own food, clothing, and transportation to work and required probation and parole requirements.

All residents must participate in random Urine Analysis through Absolute Testing Lab in Coeur d'Alene while in the program. Attendance is required at the weekly Anthem Church service, Cognitive Self Change classes, Genesis Process classes, a Recovery Study, counseling sessions, house meetings, house devotions, and weekly community group. These meetings are in addition to those that Probation and Parole may require and any treatment programs assigned. The Probation Officer assigned to our residents is an officer who works with faith-based programs. Not finishing the program may result in sanctions from their probation and parole officer.

Applications can be faxed to 208-762-2749, emailed to angela.gifford@thisisouranthem.com, or mailed to:
24/7 Recovery Program
251 W. Miles Ave.
Hayden, ID 83835

or fax it to 208-762-2749.

In Christ,

Angela Gifford
24/7 Administrative Assistant

The logo consists of the numbers '24' and '7' in a bold, sans-serif font, separated by a forward slash. The '24' is slightly larger than the '7'. The entire logo is rendered in a light gray color.

Applicant Name (First and Last – Please Print)

Program Application

The **24/7 Recovery Program** is a privately funded, faith-based, residential Christian recovery program. The goal is to restore individuals to live functional, healthy, productive lives centered in the love of Jesus Christ.

The purpose of this application is for the 24/7 Program to obtain relevant information about you for consideration for the program. Although all the information contained in the application is confidential, some pertinent information may be shared to assist us in client selection and future client care. (See Privacy Statement on Page 16.)

- 24/7 reserves the right to change the contents of this application and the scope of the 24/7 Program at any time without notice.
- 24/7 reserves the right to select applicants according to their own criterion. 24/7 reserves the right to deny services to anyone, but will not do so according to race, nationality, gender or age.

Program Pre-Qualifications:

Please initial the following:

_____ You will be 60 days clean/sober upon entering the 24/7 Program.

_____ You do not have violent or sexual crimes of any nature.

_____ You are not dependent on any narcotics, opium based or synthetic based that could jeopardize another client's recovery (such as Suboxin or medical marijuana).

_____ You are able to hold down a full-time job. If not why _____

_____ You are capable of following instructions and abiding by rules.

_____ You are willing to comply to our no dating or sexual relationship policy while in the program (unless you are already married).

_____ You understand that you will be responsible to purchase your own food, clothing, and personal items.

_____ You understand that you will be responsible for your own transportation to and from work and appointments, utilizing the bus system and other available resources.

_____ You will have your first month's program fees (\$300) when you enter the program.

_____ You are able and willing to attend individual counseling sessions as determined by 24/7 Program Treatment Team.

Signed _____ Dated _____

Personal Information

Height/Weight	Hair Color	Eye Color
1. Name (Last, First, MI)	2. Date of Birth (MM/DD/YY)	3. Male ___ Female ___
4. What other names have you gone by (aliases, maiden names, etc.)?		
5. Current place of residence or incarceration (Street, Apt#, City, State, Zip)		
6. Marital Status (check one) ___ Single ___ Married (Spouses Name ___ Separated ___ Divorced)		
7. Please provide the following information about your family:		
Fathers Name:		Phone #
Mothers Name:		Phone #
How many children do you have?	Name:	Age:
	Name:	Age:
	Name:	Age:
	Name:	Age:
8. What grade did you finish in School?		
9. Do you own a vehicle? No ___ Yes ___ make, model, year		
10. Do you attend church services?		
11. Do you have a denominational preference? _____		
12. List 3 personal references.		
Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #
13. List your emergency contacts.		
Name:	Relationship	Phone #
Name	Relationship	Phone#
Name	Relationship	Phone #

Personal Information, continued

14. List the names of your previous employers and positions held.		
Employer:	Position Held:	Phone #
Employer:	Position Held:	Phone #
Employer:	Position Held:	Phone #
15. List your Hobbies, skills and interests		
16. How can we help you? Check all that apply.		
<input type="checkbox"/> Financial Consultation	<input type="checkbox"/> Mentoring time with a Mature Christian Friend	
<input type="checkbox"/> Budgeting Help	<input type="checkbox"/> Acquiring Transportation	
<input type="checkbox"/> Job Training	<input type="checkbox"/> LIFE SKILLS	
<input type="checkbox"/> Parenting	<input type="checkbox"/> cooking	
<input type="checkbox"/> Recovery Issues	<input type="checkbox"/> housekeeping	
<input type="checkbox"/> Anger Management	<input type="checkbox"/> auto maintenance	
<input type="checkbox"/> Divorce Recovery	<input type="checkbox"/> sewing	
<input type="checkbox"/> Abuse in Past	<input type="checkbox"/> crafts	
<input type="checkbox"/> Marriage Mentoring		
17. What makes you a good candidate to enter the 24/7 Recovery Program?		

Criminal History

18. Current Correctional Facility:		
19. Correction Facility Contact Information (Address, City, State, Zip Code, Phone#)		
20. Name of Counselor/ Case Manager at current correctional facility:		
21. Name of Chaplain at current correctional facility:		
22. Attorney's Name:		23. Attorney's Phone #:
24. What charge are you currently being held for?	25. Tentative release date:	
26. Past or present Probation/Parole Officer		
27. IDOC #	28. Do you have community service hours to complete? How Many? YES _____ NO _____ To be completed by:	
29. Have you ever been accused or convicted of any violent crimes? YES _____ NO _____	30. Have you ever been accused or convicted of a sex crime? YES _____ NO _____	31. Have you ever violated the terms of your probation/parole? YES _____ NO _____
32. If you have answered yes to questions 29, 30, and/or 31, please explain here in detail:		
33. List required of you by IDOC (include frequency):	34. List Meetings required of you by Drug Court (include frequency):	
35. List any other required meetings or programs as part of your sentencing:		

Criminal History, continued

36. Correctional Facility History (list institution and dates incarcerated starting with the most current):			
Facility	Charges	Date incarcerated	Date released
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
37. Have you filed a "Life Plan" with IDOC or any other agency or Treatment Provider? (If you answer yes to this question you will need to submit a copy of this Life Plan to your 24/7 Case Manager.)			

Substance Abuse History

38. List Substance Abuse history including alcohol:			
Substance	Date of last Use	Substance	Date of Last Use
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
39. Do you attend NA /AA Meetings? YES ____ NO ____		40. How many NA/ AA meetings do you attend each week?	
41. What Programs have you been participating in to work on your recovery? (Check all that apply) Detox and Intensive Outpatient ___ Outpatient ___ Residential Treatment ___ 12-Step Program ___ Other- Specify:			
42. If you checked any boxes in question 38, please explain details below, including names, names of facilities and dates enrolled:			

Spiritual Assessment

43. Describe the family you grew up in, how many brothers/sisters, how you got along with family member and what your home life was like.

44. What is your current marital and family status?

45. Describe the religious/spiritual tradition you grew up in.

46. How did your family express its spiritual beliefs?

47. How would you describe your current spiritual or religious orientation?

48. As you were growing up, did you believe you were worthy of love? What did you do to get love?

Spiritual Assessment, continued

49. When you were growing up were other people willing and able to love you? How was love demonstrated to you?

50. How do you deal (what do you do) with sorrow, emotional pain, or obstacles in your life?

51. Who are your current “cheerleaders in life?

52. Were others willing and capable of meeting your needs while you were growing up, and how did they demonstrate this?

53. Are others willing to meet your needs now? Explain.

54. How trustworthy and reliable were others while you were growing up?

Spiritual Assessment, continued

55. Do you now find others to be trustworthy and reliable? How has your answer been demonstrated to you?
56. What has been your level of involvement in the recovering community? How supportive are they to you?
57. Describe your level of involvement in a faith-based community.
58. What have been some of the challenges in your life?
59. What gives you hope for the future?
60. Summarize your current religious/spiritual beliefs.
61. Of your beliefs, what one or two things do you find particularly meaningful?

Spiritual Assessment, continued

62. How do your beliefs help you in personal trials or to overcome obstacles?
63. Who and/or what gives you a sense of hope, strength, comfort and peace?
64. Looking at your answer to the above question, how does your relationship(s) help you face life challenges?
65. How would you describe your current relationship with God?
66. Describe any experiences you have had with God that have encouraged you.
67. How would you, or others, describe yourself?
68. How do you determine right and wrong?

Spiritual Assessment, continued

69. What is your definition of sin?

70. What key values do you live by?

71. How do you deal with anger and guilt?

72. What role does forgiveness play in your life for yourself and others?

73. Have you made Jesus Christ Lord of your life? If Yes, describe this experience.

74. If you have accepted Jesus as your Lord and Savior, how has this experience changed your life?

Physical, Mental, and Emotional Health

<p>75. Do you have Medical issues that require the regular use of Prescription medications? YES___ NO___ (If YES, list prescription drugs you are currently taking.)</p>			
<p>76. List any medical conditions that we should be aware of, including past physical injuries or conditions that might limit your physical abilities:</p>			
<p>77. If you have a medical problem, or if you take prescription medicines, provide the names of your doctors and their phone numbers.</p>			
Name:	Phone #:		
Name:	Phone #:		
Name:	Phone #:		
<p>78. Please check any of the items below that apply to you:</p>			
<input type="checkbox"/> Depression	<input type="checkbox"/> Bi-Polar	<input type="checkbox"/> Anger	<input type="checkbox"/> Emotionally abused
<input type="checkbox"/> Suicidal tendencies	<input type="checkbox"/> Post Traumatic Stress	<input type="checkbox"/> Fits of Rage	<input type="checkbox"/> Physically Abused
<input type="checkbox"/> Bad Dreams	<input type="checkbox"/> Attention Deficit	<input type="checkbox"/> Violent responses	<input type="checkbox"/> Sexually Abused
<input type="checkbox"/> Trouble Sleeping	<input type="checkbox"/> Hyper Activity	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Sexually Active
<input type="checkbox"/> Chronic Lying	<input type="checkbox"/> Other Mental Illness		
<p>79. Please check any of the items below that apply to you:</p>			
<input type="checkbox"/> Occult Involvement	<input type="checkbox"/> Adopted out children (How many ?)		<input type="checkbox"/> Abortion
<input type="checkbox"/> Walked away from programs before completion	<input type="checkbox"/> Emotionally Abused others	<input type="checkbox"/> Sexually Abused others	
<input type="checkbox"/> Physically Abused others	<input type="checkbox"/> Lost custody of children	<input type="checkbox"/> Ran away from home as an adolescent	
<input type="checkbox"/> Dismissed from programs before completion			
<p>80. If you marked any of the items above, please explain (Use additional pages if necessary):</p>			

Physical, Mental, and Emotional Health, continued

What are your triggers or red flags?

How do you plan to spend your personal time?

How do you plan to spend your money?

What is the longest time you have been clean and sober? While incarcerated, while not incarcerated?

What was your life like when you were working?

Where were you living?

Where were you working?

Client Comment and Questions (We invite you to list your comments and questions below. Use another page if necessary.)

Program Expectations Read carefully and initial on each line provided.

- Clients enrolled in the 24/7 Recovery Program will actively participate with their mentor.
- Clients are required to attend weekly house meeting/bible studies.
- Clients are required to attend weekly Sunday services at Anthem Church.
- Clients are required to be a part of a community group through Anthem Church.
- Clients are required to attend CSC, Genesis Process, Freedom, and Recovery classes as they are held.

Financial Expectations

- Clients are expected to pay \$300 per month program fees
- First month's program fees are due when the client moves into the 24/7 residence
- Program fees are due on or before the 1st of the month. Late payment will result in a termination letter.
- Clients are expected to be financially responsible while enrolled in the program.

Within the first 5 days upon entering the 24/7 Program you will:

- Meet with the 24/7 Administrative Secretary for program orientation.
- Meet with House Manager to receive room and chore assignments.
- Meet with assigned Case Manager at set meeting times.
- Attend and participate in all required classes and meetings.
- Check in with probation and parole.

General Expectations:

- Clients will comply with all terms issued by probation /parole officer
- 24/7 housing is open for visits and searches by probation /parole officers at all times.
- No smoking in the house.
- Alcohol use is prohibited.
- Illegal substance use is prohibited.
- 6:00 PM curfew first two weeks, 9PM after that unless restricted.
- Clients will complete chores on time.
- Clients must be on time for work and meetings.
- Clients must practice good hygiene.
- Client's living space is to be tidy. Beds made, clothes in the dressers, and no personal items lying out.
- Visits and rides need to be approved by client's PO, House Manager and/or Director.

Behavioral Expectations:

- Clients are expected to maintain a positive attitude and properly resolve all conflicts.
- Clients will be respectful to all 24/7 staff, clients and community partners.
- Foul and abusive language is prohibited.
- Unmarried clients will abstain from any sexual activity. Sexual activity will result in dismissal.
- Clients are to complete all assignments given to them by 24/7 staff.
- Clients will participate in random UA testing.
- Clients are responsible for their own medical and dental transportation and costs.

Visitation:

- No visitation during the first two weeks. Visitation thereafter by family members only, on Sundays from 2:00-5:00PM. Anyone else needs approval from 24/7 staff.
- No visitors of the opposite sex without supervision.
- Child overnight stays at 24/7 houses must have approval of Case Manager.
- Clients will thoroughly clean up after visits from children.

Employment:

___ Clients must be employed, or actively searching for employment.

___ If a client desires to seek different employment, staff must be notified in advance.

___ If a client is terminated from their employment, they must notify 24/7 staff within 24 hours.

___ Clients who are not employed without cause run the risk of Termination of Services.

24/7 Notice of Privacy Practices

This Privacy Practice Statement tells you how 24/7 may use or disclose information about you. Not all situations will be described. 24/7 is required to give you notice of its privacy practices for the information it collects and keeps about you.

24/7 does not discriminate against any person on the basis of race, color, national origin, handicap, gender, or age in admission, treatment, or participation in its programs, services, and activities.

24/7 Privacy Practice

24/7 may use and disclose information without authorization...

- **For treatment:** 24/7 may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For appointments and Other Information:** 24/7 may send you reminders for medical care or treatment. 24/7 may also send you information about other services that may be interested in you; such as Social Security Dept., Idaho Commerce & Labor Dept., Dept. of Corrections, potential employer, etc.
- **As Required by Law and for Law Enforcement:** 24/7 will use and disclose information when required or permitted by federal or state law or by a court order.
- **To Avoid Harm:** 24/7 may disclose personal information to law and law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- **To Disclose Information to Family, Friends, and others:** 24/7 may disclose information to your family or other persons who are involved in your treatment. You have the right in this case to object to the sharing of this information.

I, _____ (applicant's name), have filled out this application for the 24/7 Program to the best of my ability, and all my answers contained herein are truthful. I understand that if I am accepted into this program, that the 24/7 Program rules and guidelines can change without notice. I have seen and read 24/7 "Notice of Privacy Practices", and do hereby authorize 24/7 Staff members to collect whatever information they need from Idaho Department of Corrections to verify information contained in this application or to get personal reference information from IDOC employees.

Applicant's Signature

Date

Legal or IDOC Staff Witness

Date