FILE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Southeastern Carolina Crossroads, Inc.**

RESIDENT APPLICATION & TELEPHONE INTERVIEW DATE:\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you know what Southeastern Carolina Crossroads is about? YES\_\_\_\_ NO\_\_\_\_

Have you been here before? YES\_\_\_\_ NO\_\_\_\_

Southeastern Carolina Crossroads is a faith-based drug & alcohol recovery ministry developed to help those who are ready to change their current lifestyle and break the bondage of addictions. We believe there is victory over addiction through a relationship with Jesus Christ and a Christian walk guided by the truths of the Bible. We utilize classroom teaching, DVD and CD spiritual teachings, Pastoral counseling, written assignments, worship services, and work projects to accomplish our objective.

Will you agree to partner with us in this journey? YES\_\_\_\_ NO\_\_\_\_

1. Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(First) (Middle) (Last)

Social Security # :\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_

Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Address) (City) (State) (Zip)

High School Diploma or GED? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_ Driver’s License or ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your main reason for considering Southeastern Carolina Crossroads?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. When was your last drink or drug? \_\_\_\_\_\_\_\_\_\_\_ What was it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you subject to DT’s or seizures? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

(We recommend that you have at least 48 Hrs. detoxification)

1. What is your marital status? Single:\_\_\_\_ Separated/Divorced:\_\_\_\_ Married:\_\_\_\_ Engaged:\_\_\_\_
2. Who are you currently living with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name & Relationship)
3. Can you return there upon exit? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_
4. Do you have a job you can return to when you exit the program? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_
5. Do you have any court dates pending? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_ If Yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Do you have a prior criminal record? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_ If Yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Are you on parole or probation? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_ If Yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Are you a convicted felon? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_

Have you ever been charged with child molestation or a sex offense? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_

Have you ever been convicted of manufacturing or soliciting illegal substances? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_

Do you have a history of repeated violent offenses? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_

**NOTE: SECC may complete a criminal background check on all applicants prior to residency.**

**Southeastern Carolina Crossroads, Inc. is considered a Group Care Facility.**

*Group Care Facility Definition:*

*A facility operated by a non-profit or church related organization, with the support and supervisory personnel that provide room and board, personal care, or habilitation services in a group environment. This definition includes halfway homes, homeless shelters, and substance abuse programs which are developed to provide services which meet the specific needs of each group. This definition does not include individuals who are current users of illegal controlled substances, persons convicted for illegal manufacture or distribution of a controlled substance, sex offenders, and juvenile offenders. All of which are not considered disabled under the Fair Housing Act.*

1. Our program is for **90** consecutive days and requires a one-time, non-refundable **$750.00** entry fee. Do you have the $750.00 entry fee? YES: \_\_\_\_\_\_\_ NO: \_\_\_\_\_\_\_
2. We expect all residents to make a firm commitment to complete our program. Residents will not be allowed to leave the premises for doctor’s appointments, dentist appointments, attorney appointments or court dates. We will make every effort to assist in rescheduling any court dates. Only true medical emergencies will be accommodated.

Do you understand and agree? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you smoke? YES: \_\_\_\_\_ NO: \_\_\_\_\_ Do you use smokeless tobacco? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_

We do allow cigarette smoking (manufacture cigarettes only), in designated areas **ONLY.**

1. **We do want to inform you that there will be no phone calls and/or visitation for the first 30 days upon entry date.** Do you understand: Yes: \_\_\_\_ No: \_\_\_\_

*\*****Note****: there are rules and guidelines we require all residents to observe, such as no “tolerance rules”. Infractions of such rules may result in immediate dismissal from the program. Also, you are* ***required*** *to participate in daily work projects. These projects are designed to produce discipline, accountability and responsibility. They are not optional nor are they a source of income. Do you agree? YES: \_\_\_\_\_ NO: \_\_\_\_\_*

2. Health and related Issues:

A. How would you rate your health? GOOD: \_\_\_\_\_\_ FAIR: \_\_\_\_\_\_ POOR: \_\_\_\_\_\_

ARE YOU DISABLED? YES: \_\_\_\_\_\_\_ NO: \_\_\_\_\_\_\_

If Yes, Limitations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. When were you last Hospitalized? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. When was your last physical exam? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Was everything ok?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Have you ever been diagnosed with Hepatitis? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_

If Yes, which type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is it in remission? \_\_\_\_\_\_\_\_\_\_\_\_ NOTE: We must have a doctor’s letter confirming your status.

E. Have you ever had TB? YES: \_\_\_\_\_\_\_ NO: \_\_\_\_\_\_\_ If yes, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F. Have you ever been diagnosed with any of the following? Please, check each that apply:

Diabetes: \_\_\_\_\_ Emphysema: \_\_\_\_\_ Heart Problems: \_\_\_\_\_ Ulcers: \_\_\_\_\_

High Blood Pressure: \_\_\_\_\_\_ Asthma: \_\_\_\_\_\_

List all allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sexually Transmitted Diseases? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_ if YES, which one(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G. Are you currently on medications or supposed to be on any medication(s)? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_

If Yes, list medications. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you taking any antibiotics? \_\_\_\_\_\_ If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***We require documentation of all current medications with your name and attending physician on each. NOTE: There are many medications which we can not allow on our property. We will review your medications and inform you if any are on our restricted list.***

I. What substances have you used in the past? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Any IV drug use? YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_

***NOTE****: If you have any open wounds of infections, they must be treated and healed before you enter SECC. This includes injected sites from IV drug use. Also, residents must be free of all infectious diseases such as Staph, Influenza, and/or Strep.*

1. The following are items residents will need to bring upon entry to SECC:

* ***Bible, if you have one. (IF NOT, WE CAN PROVIDE ONE)***
* ***Work clothes and dress clothes (NO SLOGANS ABOUT ALCOHOL, BARS, DRUGS, SEX, WOMEN, TOBACCO, MUSIC OR ANYTHING ELSE CONTRARY TO A CHRISTIAN LIFESTYLE)***
* ***Clothes needed for one week between washing. Please keep clothing to a minimum.***
* ***A collared shirt and pants for Church/Chapel services. (This is not an option)***
* ***At least two (2) wash cloths and two (2) towels***
* ***Personal toiletry items such as soap, toothbrush, toothpaste, deodorant, shampoo, etc.***
* ***We provide all meals, many snacks, and a canteen is on site where you may purchase drinks, chips, snacks, etc.***

1. All items below are considered contraband. They will not be allowed and are considered grounds for immediate dismissal from the program.

* NO VISIBLE BODY PIERCINGS OF ANY KIND
* No Cell Phones, I-Pods, MP3 Players, CD/DVD Players, Computer Devices
* No Electronic cigarettes or smokeless nicotine products of any kind (Will be thrown away)
* No knives or weapons of any kind
* No over-the-counter medication
* ***(No items containing alcohol such as mouthwashes and colognes. No forms of aerosol are permitted)***

**To some these terms may seem extreme but they are non-negotiable!**

Do you still want to come? YES: \_\_\_\_\_ NO: \_\_\_\_\_

1. Do you have any questions? YES: \_\_\_\_\_ NO: \_\_\_\_\_ If Yes what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there anything else you can think of that would help us minister to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If you are approved for our program, you will be expected to arrive within 24 hours unless the distance from your location to our facility would make that impossible. In such cases you would be expected to arrive as soon as possible. Do you accept these terms? YES: \_\_\_\_\_ NO: \_\_\_\_\_
3. How will you arrive? (Residents CAN NOT drive themselves to SECC) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(This application will be submitted and reviewed by our administrative department for approval. There is no guarantee of bed availability or admission approval at this time. Someone will contact you as soon as a decision has been made concerning application approval or denial.)**

PLEASE, maintain contact with us by phone or email. (910) 549-8487 or [secarolinacrossroads@gmail.com](mailto:secarolinacrossroads@gmail.com)

**WARNING! WARNING! If you bring or are found in possession of any unauthorized controlled substances on Southeastern Carolina Crossroads property you will be reported and turned over to local county law enforcement authorities!!!**

**BY SIGNING BELOW; I CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS OF THIS APPLICATION FOR SOUTHEASTERN CAROLINA CROSSROADS INC. I ALSO DECLARE THAT ALL INFORMATION AND STATEMENTS GIVEN ARE THE TRUTH.**

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**