

Application for Admission

General

Name: _____ SSN: _____ - _____ - _____
Last First Middle

Address: _____
Street City State Zip

Birthdate: ____/____/____ Phone: _____

Spouse's Name: _____ Are you an American citizen? Yes ____ No ____ Last Grade Completed:

3 4 5 6 7 8 9 10 11 12

College Completed: 1 2 3 4 Degree/Major: _____

Hobbies/Recreation: _____

Special Abilities: _____

What significant changes have occurred in your life recently?

Legal

Have you ever been arrested? Yes ____ No ____ How many times? _____

<i>Date</i>	<i>Charge</i>	<i>Convicted</i>		<i>Sentence</i>	<i>Jail Time</i>	
_____	_____	Yes	No	_____	Yes	No
_____	_____	Yes	No	_____	Yes	No
_____	_____	Yes	No	_____	Yes	No
_____	_____	Yes	No	_____	Yes	No

Are you on probation or parole? Yes ____ No ____ Time Remaining: _____

Drug History

Explain your first drug experience: _____

Why did you become involved with drugs? _____

Explain any patterns of drug/alcohol abuse: _____

<i>Drugs Used</i>	<i>Date first used</i>	<i>Date last used</i>	<i>Rarely (1x/month)</i>	<i>Monthly (1-3x/month)</i>	<i>Weekly (1-5 days/week)</i>	<i>Daily (6-7 days/week)</i>
Alcohol						
Amphetamines (uppers)						
Barbiturates (downers)						
Crack/Cocaine						
Hallucinogens						
Heroin						
Inhalants						
Marijuana						
Methadone						
PCP						
Tobacco						
Others (specify)						

Treatment

What is the main problem as you see it? _____

What are your greatest needs? _____

Have you ever been in a treatment program before? Yes ___ No ___

<i>Program Name</i>	<i>Date</i>	<i>City</i>	<i>State</i>	<i>Reason for Leaving</i>	<i>Religious</i>
					Yes No
					Yes No
					Yes No
					Yes No

Have you ever attended a long-term faith-based program? Yes No

When? _____ Where? _____

Why did you leave? Dismissed____ Completed Program____ Left AMA____

Explain why you left or were dismissed:

Please write a letter of why you feel our program is best for you, what you want this to accomplish for you, and how long you are willing to commit to our program.

Signature

I CERTIFY THAT ALL THE INFORMATION RECORDED HERE IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND HAS BEEN FULLY COMPLETED BY ME. I UNDERSTAND THAT ANY FALSE OR INCOMPLETE INFORMATION MAY RESULT IN DISQUALIFICATION OF ANY APPLICATION OR FOR ENTRANCE AND/OR PARTICIPATION IN THE RAM CENTER PROGRAM.

Applicant's Signature: _____ Date:

Instructions for Completion of Medical Form

- 1) Make an appointment at a local doctor of your choice. Tell them you need a doctor to take several blood tests for entrance into a drug recovery program. The following are the tests/shots **required** for entrance:
 - **Hepatitis B & C Screening**
 - **Tuberculosis Test**
 - **HIV Test**

- 2) When the doctor has completed the exam, made comments, signed the form printed on the next page, and **attached all lab reports** for all the tests performed, you will need to contact my office and fax or email the results to me. Our fax number is 307-756-3900. Our email is office@adultteenchallengebh.org. Please let us know to be looking for them.

- 3) Upon proper review, my office will assist you in reserving an admission date.

RAM Center

18048 U.S. Highway 14
Sundance, Wyoming 82729
307-257-3193
office@ramcenter.org

Laboratory Tests and Physical Examination Form

Name: _____ Birthdate: _____ 1.

The following lab work and copies are **MANDATORY** within 45 days of admission:

HIV Test: Date of result: _____ Positive Negative

Hepatitis Screening: Date of result: _____

Hepatitis B Positive Negative Hepatitis C Positive Negative

Tuberculin Text/PPD: Date read: _____ Size: _____ If 5mm or greater a chest x-ray is required

Chest X-ray: Positive Negative Date of result: _____

Lab results and documents from the above items must be included with this form.

Results included should be no older than 6 months prior to admission to the program.

2. PE: BP _____ T _____ HR _____ RR _____ HT _____ WT _____

	NL	ABNL	If ABNL, please explain.
GEN			
HEENT			
CV			
PULM			
ABD			
M.SKEL			
DERM			
NEURO			
SEIZURES			
OTHER (<i>specify</i>)			

3. Please list any allergies you have to any medications, foods, or other substances: _____

4. Past medical history: _____

5. Current/routine medications:

	MEDICATION	DOSAGE
1.		
2.		
3.		
4.		

Name of Examiner (Please Print)

Address

Signature of Physician

Date of Examination

Form will be UNACCEPTABLE if examiner's title and address are ILLEGIBLE.

Thank you for your interest in R.A.M. Center. Our program is designed to help those who are struggling with life- controlling chemical dependency issues and who desire a Christian, faith-based approach to recovery.

To complete the admissions process you must:

- Carefully review all of the information in this packet to determine if our program is right for you. If not, please contact our admissions office to request a referral list of other programs.
- Complete the attached application (**please print legibly**) and email, fax, or mail it to the address below.

R.A.M. Center

18048 US Highway 14

Sundance, WY 82729

Phone: (307) 257-3193 Fax: (307) 756-3900

Adult & Teen Challenge is a voluntary program. Upon receipt of your application, an admissions representative will contact you and begin processing your application. The length of the application review process can vary, but usually takes approximately 5 to 10 business days. In processing applications, a number of things are taken into consideration including: mental health conditions, medical conditions, past and present legal issues, funding eligibility, and level of care required.

It is important that your contact information is current. If you submit an application and have relocated, **please be sure to notify our Admissions Department of your current contact information.**

Important Applicant Information:

- Applicants will not be admitted without a photo identification and social security number. If you do not possess these items at the time of application, please begin the process to receive them before admittance.
- Applicants must go through detoxification prior to entry if needed.
- Applicants are strongly encouraged to enter the program with at least a 30-day supply of all current prescribed medications (with the exclusion of prescribed narcotics). Only three prescribed and three over the counter medications are allowed.
- A physical examination is required prior to admissions. Some applicants may be approved for admissions prior to having a physical examination, provided they agree to have a physical immediately upon entering our program. The student will be responsible for the cost of the physical exam. Test for HIV, Tuberculosis and Hepatitis B & C are required as part of the physical exam.

Thank you again for your interest in our program. We look forward to the opportunity to help you in your recovery from drug and alcohol abuse.

Program Policies & General Information

The R.A.M. Center Program is a Christian residential recovery program. The program assists individuals in permanently recovering from drug and alcohol abuse and the life-controlling problems associated with it.

R.A.M. Center does not discriminate on the basis of race, color, creed, religion, national and ethnic origin, marital status, public assistance, sexual orientation, family status, or disability in the administration of its educational, admission, or program policies procedures.

Each student will have access to our “Student Manual” which covers the policies of the program. R.A.M. Center reserves the right to make changes in policy whenever necessary. When a change in policy occurs, students and staff will be notified and the “Student Manual” will be updated to reflect the change. Below are some basic requirements/guidelines all R.A.M. Center students are expected to adhere to while in the program. This is not a complete list of rules, but will serve as a basic example of what will be expected:

Appearance & Dress Code

Personal hygiene must be maintained in a neat and clean manner. Students are not allowed to bring any hygiene items which contain any form of alcohol in the first three ingredients. **Please be sure to check ingredients before packing hygiene items.**

*Please do not bring t-shirts which include images portraying drugs, alcohol, tobacco, skulls, or secular bands.

Employment/Work Therapy

Due to the nature and schedule of our program, students may not actively be employed in the initial phases of their recovery. Each situation will be looked at individually.

- Students are required to participate in work therapy assignments. All students will be required to participate in general housekeeping and clean-up assignments.
- Students will be scheduled to participate in *up to* 30 hours of work therapy activities per week.
- Students voluntarily participating in other work therapy assignments will allow them to learn new or refine existing skills.

Mail/Visitation

- Students may receive visits from their personal physician, religious advisor, county case manager, attorney, and parole/probation officer at any reasonable hour.
- Correspondence will be limited to those who have been approved. Mail from those who have not been approved will be returned to the sender.
- Students may temporarily lose phone, mail, or visitor privileges if they are caught manipulating the system.

Possession/Use of Drugs, Alcohol, & Tobacco

Possession and/or use of drugs, alcohol, and tobacco are prohibited while enrolled in our program.

- Drug and/or alcohol tests may be administered at any time to students without prior notice. Students who test positive for drugs and/or alcohol use while in our program will face disciplinary action and possible discharge from Adult & Teen Challenge Black Hills.
- Students, their rooms, and their personal property may be searched at any time without prior notice or approval.

Program Fee Information

R.A.M. Center average monthly cost per student is approximately \$1,200. **Every student may receive financial assistance.** Students will have a suggested \$600 per month room fee with the first payment due at the time of admission.

Daily Schedule

Students are required to participate in all daily scheduled programming and activities, with the exception of optional recreational activities. A typical week day at R.A.M. Center would include devotions, chapel, classroom education, and group/individual discipleship. Sundays and Saturdays are less structured and include time in the afternoon for visits from approved family and friends as well as passes for upper-level students.

Holiday Breaks

There are two scheduled holiday breaks in the program –Thanksgiving and Christmas. All normal student activities cease during these times. R.A.M. Center is not liable for the safety of students who are away from our facility on break.

Eligibility:

Students may go home during these breaks only if all of the following conditions are met:

1. They must be in our program at least 90 consecutive days prior to the start of the break.
2. They must have the approval of the Program Director.
3. If on parole/probation, they must have permission from their probation officer.

Transportation:

R.A.M. Center does not provide transportation for students who are going away on break. This includes transportation to/from airports, train stations, bus stations, or any other location.

Students remaining at R.A.M. Center during break:

Recreation and other activities will be scheduled for students who remain in our facility during these breaks. Family and friends desiring to visit students during scheduled breaks must contact the program director to arrange dates and times of visitation.

Break Schedule:

A schedule of when students may depart and when they must return will be provided to the student by the Program Director and will also be posted on the bulletin board in the student's living facility. Students who do not return from break on time may be discharged, set back in the program, and/or lose future opportunities to go home during scheduled breaks.