

FILE #: _____

Southeastern Carolina Crossroads, Inc.

RESIDENT APPLICATION & TELEPHONE INTERVIEW DATE: _____

We are a SMOKEFREE Facility! If that is ok, we will proceed.

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.

(First) (Middle) (Last)

1. Name: _____ Age : _____ Date of Birth: ____/____/____

Address:

(Street Address)

(City)

(State)

(Zip)

Social Security #: _____ - _____ - _____

(Emergency Contact)

Phone 1: _____ 2. _____

***** Every resident must provide, upon admission, a verifiable emergency contact person and phone number. This must be a family member or someone legally authorized to make official/medical decisions for the resident, should the need arise.***

High School Diploma or GED? YES: _____ NO: _____

Do you have a form of ID? Driver's License, Birth Certificate, and/or SS Card: Yes ____ No ____

Referral Source: _____ Phone: _____

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

B. When was your last drink or drug? _____ What was it? _____

C. Are you subject to DT's or seizures? Yes ____ No ____

(We recommend that you go to detoxification)

D. What is your marital status? Single: ____ Separated/Divorced: ____ Married: ____ Engaged: ____

E. Do you have any court dates pending? YES: ____ NO: ____ If Yes, explain:

F. Do you have a prior criminal record? YES: ____ NO: ____ If Yes, explain:

G. Are you on parole or probation? YES: ____ NO: ____ If Yes, explain:

H. 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.

I. 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: ____

J. 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 No, explain: _____

K. **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. _____

H. 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. Please be advised, there are many medications which we cannot allow on our property. We will review your medications and inform you if any are on our restricted list.***

*****YOU MUST arrive with a 90-day supply of all medications or make provision for needed medication to be delivered as needed. Medication will be locked in the dispensary and distributed according to the prescription by staff members.***

I. 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.

*****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. 10 Sets of clothes 3 pairs of shoes (The rest will be sent home or stored)***
- ***A collared shirt and pants for Church/Chapel services. (This is not an option)***
- ***At least two (3) wash cloths and two (3) 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. (Absolutely, no outside food or drinks)***

*****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 Cigarettes, no electric cigs (vapes).
- No knives or weapons of any kind
- No over-the-counter medication
- ***(No items containing alcohol such as mouthwashes, colognes, and hand sanitizer. 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: _____

3. Do you have any questions? YES: _____ NO: _____ If Yes what? _____

4. Is there anything else you can think of that would help us minister to you?

5. 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: _____

6. 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

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: _____