

Open Door Addiction Center

RESIDENT APPLICATION & TELEPHONE INTERVIEW DATE: _____

This application is for the purpose of providing a better understanding between us so that we can better help you.

Do you know what Open Door is about? YES ___ NO ___

Have you been here before? YES ___ NO ___

1. Open Door is a Christian renewal center developed to help those who really want to change their current lifestyle and break the bondage of addictions. We believe there is victory over addiction through Jesus Christ and the truths of the Bible. This is achieved through classroom teaching, DVD and CD spiritual teachings, Pastoral counseling, homework, worship services, and work projects. Will you consider what we have to offer? YES ___ NO ___

2. Name: _____ Age: _____ Date of Birth: ____/____/____
(First) (Middle) (Last) (Day) (Month) (Year)

Social Security #: _____ - _____ - _____ Phone 1: _____ 2: _____

Address: _____
(Street Address) (City) (State) (Zip)

High School Diploma or GED? YES ___ NO ___ Drivers License or ID#: _____

Referral source: _____ Phone: _____

A. What is your main reason for considering Open Door?

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

C. Are you subject to DT's or seizures? _____

(We ask that you have at least 48 hours of detoxification)

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

E. Who are you currently living with? _____ Can you return there upon exit? _____

F. Do you have a job you can return to when you exit the program? YES: ___ NO: ___

G. Do you have any court dates pending? YES: ___ NO: ___ If Yes, explain: _____

H. Are you on parole or probation for anything? YES: ___ NO: ___ If Yes, explain: _____

I. Do you have a prior criminal record? YES: ___ NO: ___ If Yes, explain: _____

J. Are you a felon? YES: ___ NO: ___

Have you ever been charged with child molestation or a sex offence?

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: ODAC may complete a criminal background check on all applicants prior to residency.

ODAC, Inc. falls under a Group Care Facility. Group Care Facility Definition:

A facility operated by a non-profit, 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.

3. Our program is for 30 consecutive days with a one-time, non-refundable \$500.00 entry fee. We expect all residents to make a firm commitment to complete our program. Is there anything; including entry fee payment, court dates, or doctor's appointments that would prevent you from completing our program? YES: ___ NO: ___

If yes, explain: _____

4. Do you smoke? YES: ___ NO: ___ Do you use smokeless tobacco? YES: ___ NO: ___

We do allow cigarette smoking, but in designated areas **ONLY**.

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 a source of income.

5. Health and Related Issues:

- A. How would you rate your health? GOOD: ___ FAIR: ___ POOR: ___

ARE YOU DISABLED? YES: ___ NO: ___

If Yes, Limitations? _____

Treatments: _____

Medications: _____

- B. When were you last Hospitalized? _____ Reason? _____

- C. When was your last physical exam? _____ Was everything alright? _____

- D. Have you ever had Hepatitis? YES: ___ NO: ___ If Yes, which type? _____

When? _____ Is it in remission? _____ *You need to send us 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: _____

Any 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 which medication(s)? _____

(a) 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.

H. What substances have you used? _____

Anything IV? YES: ___ NO: ___ If yes, explain: _____

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

6. The following are items residents will need to bring upon entry to ODAC:

- * Your Bible, if you have one.
- * Work clothes and dress clothes (**NO SLOGANS ABOUT ALCOHOL, BARS, DRUGS, SEX, WOMEN, TOBACCO, MUSIC OR ANYTHING ELSE CONTRARY TO A CHRISTIAN LIFESTYLE**)
- * Only clothes needed for one week between washing. Please keep clothing to a minimum.
- * A collared shirt and pants for Chapel services. (This is not an option)
- * At least two (2) wash cloths and two (2) towels
- * Personal toiletry items such as soap, toothbrush and toothpaste, deodorant, shampoo, etc.
(No items containing alcohol such as mouthwashes and colognes. Also, no forms of aerosol are permitted.)

7. All of the items below are considered contraband. **They will not be admissible upon entry to ODAC.**

- *NO VISIBLE BODY PIERCINGS OF ANY KIND
- *No I-pods, MP3 players, CD/DVD players, computer devices, and electronic cigarettes
- *No Cell Phones
- *No knives
- *No over-the-counter medication
- *No outside food or beverages.

We are offering to help you overcome your bondage of addiction; however, this must be on our terms.

Are you willing? YES: ___ NO: ___ Do you still want to come? YES: ___ NO: ___

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

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

How will you arrive? (Residents **CAN NOT** drive themselves to ODAC) _____

(This application will be submitted and reviewed by our administrative department for approval. There is no guarantee on bed availability or resident approval at this time. Someone will be in contact with you as soon as confirmation of application has been given.)

PLEASE, keep in contact with us by phone or e-mail (910) 532-2175 or opendooraddictioncenter@gmail.com

If you bring any unauthorized controlled substances onto this property you will be turned over to the County Authorities!!!

FILE #: _____

BY SIGNING BELOW; I HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS OR THIS APPLICATION LISTED ABOVE FOR ODAC. I AM ALSO DECLARING THAT ALL INFORMATION AND STATEMENTS GIVEN ARE THE TRUTH.

RESIDENT: _____

DATE: _____