



Things you should know before applying to Next Step

Next Step is a faith-based Certified Recovery Residential Program that provides a sober living environment through its 2 homes for women and 2 homes for men along with substance abuse groups, AA meetings, peer counseling, case management, life skills training and mental health services. Our goal is to help those who are serious about managing their substance use disorder regain an independent, substance-free lifestyle. Our focus is on assisting you in obtaining the tools that will help you create a recovery lifestyle, not just sobriety. During your participation in the program, you will be required to strive to become self-sufficient and to actively cooperate with the Next Step program in all ways, including:

- You will be required to review and accept the rules and regulations of the program.
- Substance abuse of any kind will not be tolerated while you are a resident of Next Step.
- Program Service Fees are \$115.00 per week and include room, board and all classes. Drug Screens are not included and cost \$10.00 per screen, usually given twice a month. Two weeks Service Fees plus initial drug screen (\$230.00) is required for program entrance, unless other arrangements are made in advance.
- You must sign legal consent to the release of information, about you, between Next Step and other agencies, doctors, and therapists with which you are involved.
- Your personal living area will be subject to inspection and searched at staff's discretion.
- You will be subject to random drug screening at staff's discretion.
- You will continue to take as prescribed any prescription medication.
- You will deal responsibly with your legal, financial, family and health issues.
- You will be expected to find and maintain a job, or if legally disabled, volunteer your time in some way.
- You will be required to show proof of insurance, registration and a valid driver's license for any vehicle you use while a resident.
- You will attend mandatory meetings and classes, and may be asked to see a recovery counselor or mental health therapist, depending on your personal needs.
- You will share household chores, including some meal preparation.
- You will be required to perform service work for a non-profit in the amount of 5 hours per week.

We take recovery very seriously and you will be required to do the same. We believe this is an opportunity for individuals to find a new way of life. We also place great emphasis on responsibility. When you are given assignments, homework, etc., you will be expected to do them on time. Remember, money and employment are not signs of recovery and can result in relapse. Recovery is an "inside job", and no matter how good you look on the outside, material and cosmetic things will not keep you clean. Our goal is that by learning to apply these principles in your life, you can become a responsible and productive member of society.



Eligibility:

1. To be eligible for services, an applicant:
 - A. must be 18 years of age or older;
 - B. is preferred (but not required) to have been evaluated by a detoxification, residential treatment, or court administered program for the need for transitional residential services;
 - C. must have a minimum of 72 hours free of any mind/mood altering substances that are not lawfully prescribed by a licensed physician prior to admittance to the program;
 - D. agrees to active involvement and participation in the support group activities, including daily attendance at recovery oriented classes, as required;
 - E. is willing to be productive; work or find a job in the first month, or if legally disabled, is willing to volunteer;
 - F. has the ability to pay a weekly service fee while a resident;
2. Admission will be denied to applicants who fail to meet the above stated criteria and/or exhibit any of the following:
 - A. the need for emergency medical or psychiatric care beyond the scope of the program capabilities;
 - B. suffer from any physical or emotional illness that precludes full participation in the Next Step program;
 - C. behavior that would be considered dangerous to staff, clients, or to themselves;
 - D. any active infectious disease that would require medical isolation.

In addition, **no client will be admitted** into the program who has been prescribed and has a need for the replacement drug therapy suboxone. We do accept clients on the Vivatrol injection protocol.

No client will be admitted who has been prescribed and has a need for any benzodiazepines.
3. Applicants who are deemed inappropriate for admission may be referred to other, more appropriate, community resources.
4. Next Step is a faith-based program, but is not affiliated with any particular religious organization or denomination. While a resident, you may attend the services of your choice.
5. Completed applications may be faxed to Next Step at (812)645-1303 or mailed or dropped off to staff at **619 Washington Ave., Terre Haute, IN 47802**



APPLICATION FOR RESIDENCY

Date: _____

First Name: _____ Last Name: _____

Street Address : _____

City: _____ State: _____ Zip: _____ Mobile
or Home Phone: _____

Age: _____ Gender: _____

Are you in jail or prison now? Yes No If yes, what is the expected release date? _____

Were you referred? Yes No If yes, by whom? _____

Date of Birth: _____ Social Security Number: _____

Are you an alcoholic? Yes No If yes, date of last drink _____

Are you addicted to drugs? Yes No If yes, date of last drug use _____

Primary drug used? _____ Other drugs used? _____

Method of use: Ingested Smoke Intravenous

Age of first use? _____ How long is your longest period of sobriety in the past? _____

List all outpatient drug and alcohol programing/treatment you have participated in: (12-step, drug court, IOP)

Have you previously been in any residential facilities? Yes No

If yes, where and when? _____

Do you want to stop drinking alcohol and using addictive drugs? Yes No

What was/is happening that prompted you to seek recovery? _____

What problems do you want to work on while here? _____

Do you have support from sober family or friends to enter this type of program? Yes No

What are you willing to do to obtain/maintain recovery? _____



Are you employed? Yes No If yes, who is your employer? _____

If no, why not and when were you last employed? _____

Are you receiving disability, supplemental income or other non-job related income? Yes No

If yes, what is the source of income? _____

Do you have an occupational skill or trade? Yes No If yes, what is your skill or trade? _____

If you do not have a job, are you willing to get one? Yes No Do you need help getting a job? Yes No

What is your income each month now? _____ If \$0, what will be the source of your admission fees? _____

What is your current educational status?

Graduate high school GED Some College College Degree other; highest grade completed _____

Do you have any health problems that require special care? Yes No If yes, explain _____

Do you have a medical doctor? Yes No Dr. Name _____

Have you ever tried to commit suicide? Yes No If yes, when? _____

Have you ever received mental health treatment Yes No If yes, Inpatient Outpatient

Are you currently receiving mental health treatment? Yes No

If yes, list the treatment provider and phone number _____

Do you have a mental health diagnosis? Yes No If yes, what is the diagnosis? _____

Do you take prescription drugs? Yes No

If yes, list the drugs and the reason the drug has been prescribed:

How many times have you been arrested _____ Do you have any court cases pending? Yes No

If yes, explain _____

Are you currently on probation or parole? Yes No If yes, are you currently in compliance? Yes No

If yes, please provide the County and PO Name: _____

Are you enrolled in the Recovery Works program? Yes No

Do you have any outstanding warrants for your arrest? Yes No

Have you ever been convicted of a sexual offense? Yes No



If female, are you pregnant? Yes No If yes, when is the due date? _____

Single Married Separated Divorced In a relationship

Name of partner _____ Is your partner clean and sober? Yes No

Do you have children? Yes No If yes, how many? _____ Ages? _____

Who are they currently living with? Open DCS Case With Family/Friends Adopted out

If you are currently separated from your minor children, will you be having visitations? Yes No
If yes, how often? _____

Useful Telephone Numbers - Family, Friends, Doctor, etc.

Name and address	Relationship	Telephone

Are you a veteran? Yes No

Do you have anything else you would like to tell us?

I, _____, agree to allow the staff of Next Step to discuss my background and treatment with other professionals and agencies. I understand for the protection of myself and others there may be a need for the Board of Directors or the staff of Next Step to check on my legal standing and criminal background.

I also understand that I am giving permission for the staff of Next Step to contact any and/or all names and facilities on this application.

I have read all the questions and answered them honestly.

I agree to not use non-prescribed drugs, consume alcohol or violate the law while living at Next Step.

I agree to maintain gainful employment.

I agree to stay current with my service fees.

I agree to attend all required meetings and classes.

I agree to participate in weekly house meetings and share regular house chores.

I agree to these conditions because recovery from drug and / or alcohol addiction is important to me.

Printed Name _____

Signature _____ Date: _____

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