

Application for Admission

General:

Today's Date _____

Name: _____
 First Middle Last

Current Address: _____

Telephone #: _____ Do you have a driver's license? _____

Birthday: _____ Age: _____ Weight: _____ Height: _____

Race: (check one) ___ White ___ Black ___ Asian ___ Hispanic ___ American Indian ___ Other _____

Marital Status: (check one) ___ Single ___ Married ___ Separated ___ Divorced

Do you have dependents? ___ Yes ___ No If Yes, Dependents Name(s), Birthdate and Age:

Drug History:

Have you experimented with drugs or alcohol? ___ Yes ___ No If Yes, why did you experiment with or become involved with drugs?

Drugs Used: _____

Do you consider yourself addicted? ___ Yes ___ No Longest Period of time clean: _____

When was the last date clean? _____

Legal Status:

Are you now on probation? ___ Yes ___ No

If Yes, Name of Probation Officer: _____ Phone #: _____

Any other information you feel is vital to your situation:

Health Status:

1. Range your general health: ___ Excellent ___ Good ___ Fair ___ Poor
2. Do you have any Communicable Disease: ___ Yes ___ No If Yes, What? _____

3. Do you have epilepsy, seizures, diabetes? ___ Yes ___ No If Yes, What? _____
4. List any medical problems or handicaps: _____

5. Are you currently taking any medications? ___ Yes ___ No If Yes, What? _____

6. List all medications to which you are allergic or sensitive to: _____

7. List all allergies (including food, latex, insects, etc.): _____

8. Have you ever had psychiatric care? ___ Yes ___ No If Yes, please give date(s) and explanation of treatment: _____

9. Have you ever attempted suicide? ___ Yes ___ No If Yes, How? _____

Applicant's Signature _____ Date _____

Witness' Signature _____ Date _____

Staff Signature _____ Date _____

RULES AND GUIDELINES FOR THE HOUSE

This house provides transitional treatment and recovery-based services that give residents the tools they need to transition from addiction to recovery with *Faith based programs* such as *Stepping into Freedom* (a twelve-step program) and/or *Celebrate Recovery*.

Each resident will be required to find employment after the first 2 weeks of residency and a rent donation of **\$85.00 per week** will be required for the remainder of their stay at the house.

Residents will be encouraged to attend a local church service and to become active in the community.

There will also be opportunities for fun activities and outings as a group.

Each resident will be responsible for chores within the house, personal laundry and keeping living area clean and tidy.

A specific curfew will be enforced.

The house will be **smoke-free** and **drug-free**, with the exception of valid prescription medication. **This will be monitored.**

Room inspections will be done on a random basis.

Drug test will be conducted at any time.

Specified visitation with family will be offered **after two weeks** is completed in the house.

Mentors will be provided to assist residents in going to job interviews, probation meetings and to be a spiritual support.

There will be a limit on cell phone use and All mail will be monitored.

Period of stay at the house will be a maximum of 6 months.

THE BUTTERFLY TRANSFORMATION HOUSE RESIDENT AGREEMENT

THIS FORM MUST BE SIGNED AND WITNESSED
BEFORE YOUR APPLICATION CAN BE PROCESSED

1. I have read the rules and consent to abide by all of them, whether I agree with them or not.
2. I release to The Butterfly Transformation House the right to do a room search and/or drug screen without warning.
3. I release the right to The Butterfly Transformation House to make a thorough search of my person and belongings on the day of my admission.
4. I understand that The Butterfly Transformation House will not be held responsible for any of my personal property left, lost or stolen while I am in this program. When leaving, I understand that all my personal property must be taken with me.
5. I release The Butterfly Transformation House from all financial or legal responsibilities in case of accident, injury, illness, or other misfortune.
6. I understand that I will not receive payment for doing chores while in the house. I also understand that the purpose for this work is to aid in my character development.
7. I release the right to withhold any of my belongings that is deemed necessary.
8. I agree to submit to the authority of ALL staff members.

Applicant's Signature _____ Date _____

Witness' Signature _____ Date _____

Staff Signature _____ Date _____