



Believing in the power  
of a second chance

## Application for Residency

(Please Print Clearly)

Date: \_\_\_\_\_

Print Name (Last, First, Middle)			Date of Birth
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Social Security Number
If Currently Incarcerated, Name of Facility	Projected Release Date		DOC Number (if applicable)
Current Mailing Address ( <i>Home, Jail, Prison or other</i> )			Driver's License Number
City	State	Zip Code	Telephone Numbers
Email Address			Home: _____
			Mobile: _____

**Carefully read the following statements. If you agree with the statement, put your initials in the box to the left of each statement. If you do not agree with the statement, do not initial that statement.**

Initials	
	I understand that the Inside Out Recovery facility on Hendrix street in Brazil Indiana is for men only, who are 18 years of age or older.
	I understand that Inside Out Recovery is a Christ-centered transitional housing option where sound biblical instruction, Christian principles and the Twelve Steps are necessary tools for recovery support from addictions and life controlling issues.
	I agree to follow all Rules and Regulations, and I will be respectful and courteous to others.
	I understand that Inside Out Recovery has a zero tolerance standard for drug and alcohol use. Therefore I will arrive at the facility clean and sober and agree to help keep Inside Out Recovery free from alcohol and illegal drugs at all times. This includes illegal use or abuse of prescription drugs.
	I understand that Inside Out Recovery does not house Sex Offenders or Violent Crimes Offenders; therefore, I confirm that I am not required to register with the Sex Offender Registry or the Violent Crimes Offender Registry.
	I am willing to participate in a highly structured program. I will attend recovery meetings as required and will participate in weekly Church services.
	I understand that each person in the program plays a significant role in the day to day operations of the facility. Therefore, I will do my part of the house chores as assigned by the staff.
	I agree that accountability is essential for recovery and positive life change; therefore I will remain accountable at all times, including my financial activities and my time.
	I understand that Inside Out Recovery's purpose is to help me safely transition back into society, therefore I am making a commitment of one to two years to successfully complete the program.
Please continue to page 2 of the application	

**Below is a list of things you will be required to do if you are admitted to the Inside Out Recovery Ministry Center. These House Rules will help ensure that the Ministry Center is a safe environment for all our residents, guests, friends and neighbors. By nature we seem to dislike rules. But rules are an important part of our recovery process; by adhering to them, we learn discipline and gain self-respect and will experience personal growth. All rules and guidelines are enforced for the safety and well-being of everyone.**

<b>Initials</b>	<b>Carefully read the following statements. If you agree with the statement, put your initials in the box to the left of each statement. If you do not agree with the statement, or will not comply with the statement do not initial.</b>
	<b>REQUIREMENTS</b>
	I will work a Recovery Program to the best of my ability. <ul style="list-style-type: none"> <li>• Your recovery program is to include:                             <ul style="list-style-type: none"> <li>○ A minimum of two recovery meetings per week.                                     <ul style="list-style-type: none"> <li>▪ i.e.: AA, NA, CA, Celebrate Recovery, Christian Twelve-step, etc.</li> </ul> </li> <li>○ Step work or counseling with your Sponsor or Mentor at least two times per month.</li> <li>○ Demonstrate and maintain a willingness to take direction and guidance from others.</li> </ul> </li> </ul>
	I will attend weekly church services.
	I will pay a residential services fee of \$100 per week for recovery support.
	I will attend regular weekly House Meetings.
	I will follow all house rules, regulations and staff directions and decisions.
	I will voluntarily submit to a random drug screen when requested by a director of Inside Out Recovery.
	I will allow random searches of my personal possessions and vehicles that are on Inside Out Recovery property by any Director of Inside Out Recovery, Parole Officer, Probation Officer or any officer of the court.
	I agree to waive any landlord-tenant rights in order to be a resident of Inside Out Recovery.
	I understand that a criminal background check will be performed prior to admission to Inside Out Recovery. This check can include: County, State, National and Federal Records.
	I understand that Inside Out Recovery may discharge me <b>immediately</b> for any of the reasons listed below: <ul style="list-style-type: none"> <li>• Being under the influence of or possessing alcohol and/or drugs.</li> <li>• Possession of weapons.</li> <li>• Threats either verbal or physical, acts of violence and/or fighting.</li> <li>• Destruction of property (i.e. personal property of others or the ministry center’s property).</li> <li>• Failure to submit to a random drug screen.</li> <li>• Failure to comply with curfew.</li> <li>• Unaccountable or discrepancies in times when you are away from the Ministry Center.</li> <li>• Lies, either found on your intake paperwork or otherwise, stealing, unusual behavior, and/or any criminal activity.</li> <li>• Failure to comply with the House Rules and/or staff directions and decisions.</li> <li>• Gambling of any kind. Including lottery and scratch tickets.</li> </ul>
Please continue to page 3 of the application	

**Please complete the following section. Give as much detail as possible. If necessary, you may write your comments on a separate sheet of paper and attach to this application so that you can respond completely.**

1) Tell us why you would like to come to Inside Out Recovery.

2) If you are a Christian, describe how you came to know Jesus Christ. If not, where are you in your faith now?

3) Describe where you are in your recovery now.

4) What do you think is currently your biggest and most challenging problem/issue?

5) Describe how you would like your life to be five years from now.

Please continue to page 4 of the application



**Please complete the following section. Give as much detail as possible. If necessary, you may write your comments on a separate sheet of paper and attach to this application so that you can respond completely.**

6) Tell us about your family. If you have children, how many and what are their ages:

7) Whose idea was it for you to apply to Inside Out Recovery?

8) Where would you live, if you were not accepted for residency at Inside Out Recovery?

9) What problems or issues do you need to work on while living at Inside Out Recovery?

10) Please tell us where you were living during your addiction. If you lived and used in several locations please list each location. (Include city and state)

11) List all programs have you completed in the past five years? (e.g. Celebrate Recovery, Christian 12 Steps, AA, NA, CLIFF Program, Plus Program, Kairos, IOP, etc.)

Please continue to page 5 of the application



**Please complete the following section. Give as much detail as possible. If necessary, you may write your comments on a separate sheet of paper and attach to this application so that you can respond completely.**

12) What was happening that prompted you to seek recovery or treatment at this time?

13) Were you a victim of abuse such as physical, emotional, verbal, mental or sexual? If so, please describe:

14) Do you have any health problems that require special care? If yes, please describe in detail.

15) Are there any other comments, statements or information you would like to add to help us get to know you better?

Please continue to page 6 of the application



**References:**

<b>Please provide a list of references. People who will attest to your character, recovery progress, achievements and Spiritual growth. (E.g. Chaplain, Pastor, Friends and Family, etc.)</b>			
<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Relationship</b>
1.			
2.			
3.			
4.			

**Letters of recommendation:**

We highly recommend that you request from at least three people to write a letter of recommendation on your behalf, you may attach their “Letters of Recommendation” to this “Application for Residency”, or they can mail the “Letter of Recommendation” to the address listed below:

By signing this application below, you are indicating that you have answered all questions truthfully to the best of your ability.

\_\_\_\_\_

Applicants Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Name (print)

This completes your portion of the application process. When we receive your application, it will be reviewed in a timely manner. Once we complete our review, you will receive a written response, letting you know if you have been accepted for Residency at Inside Out Recovery or if we believe that your specific needs would be better served at another type of facility. Please send this completed application and any supporting documentation you may have to Inside Out Recovery:

<b>By Email</b>	<b>By Mail</b>	<b>By Fax</b>
KevinEckiss@gmail.com or JohnAndrewGammon@gmail.com	Intake Coordinator Inside Out Recovery 1408 E Hendrix St Brazil IN 47834-1542	N/A

***BUT SEEK FIRST HIS KINGDOM AND HIS RIGHTEOUSNESS...***