



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 that statement. If you do not agree or cannot comply with the statement, do not initial.

Initials	
	I understand that the Inside Out Recovery facility on Hendrix Street in Brazil, Indiana is for men only 18 years of age or older.
	I understand that Inside Out Recovery is a Christ-centered transitional housing facility, where sound biblical instruction, Christian principles, and the Twelve Steps are necessary tools for recovery support from addictions and life-controlling issues. Everything we say, do, and believe is founded in the written Word of God.
	I agree to follow all House Rules and Regulations, and I will always be respectful and courteous to others.
	I understand that Inside Out Recovery is a Smoke, Vape, and Tobacco-Free ministry. Therefore, I will arrive at the facility Smoke, Vape, and Tobacco Free and agree to not use tobacco in any shape or form.
	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 the unlawful use or abuse of prescription drugs.
	I understand that Inside Out Recovery does not house Sex Offenders or Violent Crimes Offenders. 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 participate in weekly Church services.
	I understand that each person in the program plays a significant role in the facility's day-to-day operations. Therefore, I will do my part of the house chores assigned by the staff.
	I agree that accountability is essential for recovery and positive life change. Therefore, I will always remain accountable for my time, finances, actions, words, and whereabouts.
	I understand that Inside Out Recovery aims to help me safely transition back into society. Therefore, I am committing to eighteen months to complete the program.
Please continue to page 2 of the application	

Below is a list of things required upon admission to the Inside Out Recovery's Ministry Center. These House Rules will help ensure the Ministry Center is a safe environment for our residents, guests, friends, and neighbors. By nature, we seem to dislike rules. However, rules are essential to our recovery process; by adhering to them, we learn discipline, gain self-respect, and experience personal growth. All House Rules and Guidelines are equally enforced for everyone's safety and well-being.

Carefully read the following statements. If you agree with the statement, put your initials in the box to the left of that statement. If you do not agree or cannot comply with the statement, do not initial.	
Initials	REQUIREMENTS
	I will work with Inside Out Recovery's Program to the best of my ability. <ul style="list-style-type: none"> • The recovery program includes but is not limited to: <ul style="list-style-type: none"> ○ Celebrate Recovery, The Quest for Authentic Manhood, Winning at Work & Home, The Purpose Driven Life, Boundaries, Safe People, Bible Studies, and Financial Responsibility. ○ Step work or counseling with your Sponsor or Mentor at least two times per month. ○ Demonstrate and maintain a willingness to take directions and guidance from others.
	An essential part of our recovery program includes being under the authority of sound biblical teaching. Therefore, I will attend weekly church services on Sunday mornings, Sunday evenings, and Wednesday evenings.
	I will pay a residential services fee of \$125 per week for recovery support.
	I will attend regular weekly House Meetings, to ensure that the house runs smoothly and efficiently.
	I will follow all House Rules, Guidelines, and staff directions and decisions.
	I will voluntarily submit to random drug and alcohol screens when requested by a director of Inside Out Recovery.
	I will allow random searches of my possessions and vehicles 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 to be a resident of Inside Out Recovery.
	I understand that a criminal history background check will be performed before admission to Inside Out Recovery. This check can include County, State, National, and Federal Records.
	I understand that Inside Out Recovery may discharge me immediately for any of the reasons listed below: <ul style="list-style-type: none"> • Being under the influence of or possessing tobacco, alcohol, and drugs. • Possession of weapons. • Threats, either verbal or physical, acts of violence, and fighting. • Destruction of property (i.e., personal property of others or the ministry center's property). • Failure to submit to a random drug screen. • Failure to comply with the curfew. • Unaccountable or discrepancies in times when you are away from the Ministry Center. • Lies, either found on your intake paperwork or otherwise; stealing, unusual behavior, and any criminal activity. • Failure to comply with the House Rules and staff directions and decisions. • Gambling of any kind. Including lottery and scratch tickets.
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 them to this application so that you can respond thoroughly.


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 most significant and challenging problem or issue you need to deal with?

5) What goals would you like to accomplish while you are at Inside Out Recovery?

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 them to this application so that you can respond thoroughly.

6) Tell us about your family, if you have children, how many, and their ages.


7) How did you hear about us, and who suggested you apply to Inside Out Recovery?

8) Where would you live if you are 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 active addiction. If you lived and used in several locations, please list each area (including city and state).

11) List all programs you have completed or participated in during the past five years. (e.g., Celebrate Recovery, Christian 12 Steps, AA, NA, CLIFF Program, Plus Program, Kairos, IOP, Matrix, RWI, 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 them to this application so that you can respond thoroughly.

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

13) Were you a victim of physical, sexual, verbal/emotional, mental/psychological, or financial/economic abuse? If so, please describe.

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

15) Please add any other thoughts or insights that you would like to share to help us get to know you better?

Please continue to page 6 of the application



References:

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

Letters of recommendation:

We highly recommend that you request at least three people to write a letter of recommendation on your behalf. Attach their "Letters of Recommendation" to this "Application for Residency," or have them mail, email, or fax their "Letter of Recommendation" to us (address and fax number listed below).

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

Applicants Signature

Date

Name (print)

Your portion of the application process is complete. When we receive your application, we will review it promptly. Once our review process is finished, you will receive a written response letting you know if you have been accepted for residency or if we believe your specific needs would be better served at another facility. Please send this completed application and any supporting documentation you may have to Inside Out Recovery:

By Email	By Mail	By Fax
Kevin@InsideOutRecovery.org	Intake Coordinator Inside Out Recovery 1408 E Hendrix St Brazil IN 47834-1542	866-729-8970

BUT SEEK FIRST HIS KINGDOM AND HIS RIGHTEOUSNESS...