

**TWELVE WAY FOUNDATION PROGRAM APPLICATION
FAX (903)923-9525**

TODAY'S DATE _____ **PHONE # TO CALL YOU BACK** _____

Could you pass a 10 panel drug test today? _____ YES _____ NO

It is imperative that you be medically stable (detoxed and drug free) prior to admission to Twelve Way. Contact the Director for more information.

PERSONAL INFORMATION

SS# _____

NAME _____
(last) (first) (middle) (name called)

PERMANENT ADDRESS _____
(PO Box or Street) (City) (State) (Zip)

MAILING ADDRESS _____
(PO Box or Street) (City) (State) (Zip)

CELL PHONE No. _____

WHERE ARE YOU STAYING NOW? _____

DATE OF BIRTH _____ **AGE** _____ **PLACE OF BIRTH** _____

NUMBER OF BROTHERS _____ **SISTERS** _____ **YOUR POSITION IN FAMILY(1ST,2ND,etc.)** _____

EMERGENCY NOTIFICATION _____ **PHONE** _____
(Name) (Area Code & Number)

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

PARENTS NAME (If living) _____

PARENTS ADDRESS _____
(PO Box or Street) (City) (State) (Zip)

Are Parents Separated? _____ **Divorced?** _____ **Reason** _____

Is either Parent Deceased? _____ **Father** _____ **Mother** _____ **When?** _____

Do you own/rent a home? _____ **Property?** _____ **Vehicle?** _____ **(Model/Year)** _____

Is Your Vehicle legal to Drive? _____ **Do you have Insurance coverage on the vehicle?** _____ **Do you have current**

Registration/Tags/Inspections on the vehicle? _____

PLEASE PROVIDE PROOF OF THE ABOVE

Do you possess a valid Driver's License or I.D.? _____ **Yes** _____ **No**
State _____ **Number** _____ **Type** _____

OCCUPATIONAL EXPERIENCE

Usual Occupation _____ How Many years at Trade? _____

How long on present Job? _____ Is this your usual occupation? _____ If not, why not? _____

Are you now working? _____ If yes, what company and where? _____

If not working, why not? _____

List any special skills(such as cook, barber, printer, mechanic, etc.) _____

Last steady job _____

(What)

(Where)

(How long)

Have you ever been **Fired** from a job because of your use of Alcohol or Drugs? _____ Have you ever **Quit** a job because of Alcohol or Drugs? _____ If so, explain _____

Number of jobs in the past five years _____ Preferred type of work _____

MILITARY EXPERIENCE

Are you a Veteran? _____ Branch of Service _____ Highest Rank _____

How long in the Service? _____ Date and Type of Discharge _____

Serial Number _____ if other than honorable discharge, explain _____

Are you retired from the Service? _____ Amount of Retirement Income _____

Do you have a Service connected disability? _____ Amount of disability Income _____

Type of work you did in the Service _____ Were you ever Court-martialed? _____

If Yes, explain: _____

Results of Court-martial _____

MARITAL STATUS

Married? _____ Single? _____ Separated? _____ Divorced? _____ Widowed? _____

Wife's Name _____ Date of Birth _____ Age _____

Wife's Address _____

(PO Box or Street)

(City)

(State)

(Zip)

How long married? _____ How long separated? _____ How long divorced? _____

Reason for separation or divorce? _____ Has ex-wife remarried? _____

MARITAL STATUS continued

Number of times married? _____ (if more than one complete below)

Marriage #1 _____ When divorced? _____ Reason _____

Marriage #2 _____ When Divorced? _____ Reason _____

Marriage #3 _____ When Divorced? _____ Reason _____

If widowed, date wife died _____ Cause of death _____

Are you subject to any alimony payments from any of the above marriages? _____ If so, how much? _____

Per week/month/other? _____

If presently married, does wife work? _____ If yes, where? _____

Occupation _____ Income _____

CHILD SUPPORT

Number of children _____

Total amount of child support per pay period _____ or monthly total _____

Where do your children live now? _____

EDUCATION

How many years in: GRADE SCHOOL _____ HIGH SCHOOL _____ COLLEGE _____ GRAD SCHOOL _____

College Degree _____ Major/Minor _____ Post Graduate _____
(Type & Year) (Degree)

Trade School _____ Did you complete? _____ Year _____

Name of College or Trade School _____

Specialized Training _____

MEDICAL INFORMATION

What is the state of your health? _____ Excellent _____ Good _____ Poor _____ Declining

Height _____ Weight _____ Usual Weight _____ Have you had any recent weight changes? _____

List all major illnesses or operations you have had: _____

Are you disabled or handicapped? _____ Type of handicap or disability _____

Do you receive any government or state financial assistance? \$ _____ per week or month

Do you now have a venereal disease? _____ Have you had any venereal disease in the past? _____

What? _____ When? _____ When cured or arrested? _____

Are you HIV positive? ____ yes ____ no. If yes, what treatment are you receiving?

Do you smoke cigarettes, cigars or pipe? ____ Do you use chewing tobacco or snuff? ____

Have you ever been **hospitalized** for Alcoholism or Drug Addiction? ____ List all related illnesses:

Where? _____ When? _____ Condition _____

Where? _____ When? _____ Condition _____

Other Alcohol or Drug Rehabilitation Centers attended?

Where? _____ When? _____ Completed? ____ Yes ____ No

Where? _____ When? _____ Completed? ____ Yes ____ No

Where? _____ When? _____ Completed? ____ Yes ____ No

Have you ever attended AA or NA Meetings? When? _____ How long? _____

Are you now taking any medication, **prescribed** or **over the counter**? _____

If yes, what? _____ How long have you been taking it? _____

MEDICAL INFORMATION continued

Have you ever suffered from depression? ____ Describe any treatment you may have received _____

Have you ever had any thought of Suicide? ____ When? _____ Have you ever attempted suicide? _____

When? _____ How did you try to do this? _____

Have you ever been treated for any Psychiatric illness? ____ If yes, explain and describe treatment you received

Would you be willing to sign a Release of Information form so that we might obtain information concerning Social, Medical or Psychiatric reports or information? ____ YES ____ NO

ALCOHOL/DRUG USE HISTORY

IMMEDIATE PAST USE: What was your use of Alcohol or Drugs just prior to being accepted for this interview?

Alcohol: _____ How much? _____ How long? _____
(beer? wine? whiskey? all?)

Drugs: _____ How much? _____ How long? _____
(Pot? Crack? Cocaine? Speed? Meth? Other?)

What was your age and the circumstance of your first drinking or drugging experience? _____

Has your drinking or drugging pattern changed? _____ In what way? _____

What's your drinking or drugging pattern now? _____

Have you ever tried to control your drinking or drugging on your own? _____ How? _____

Have you ever had a blackout? _____ Seizures? _____ Hallucinations? _____ D.T.'s _____ If yes, explain in detail _____

What is your drinking or drugging behavior? _____
(Aggressive-Calm-Abusive-Quiet-Happy, etc.)

What is your longest period of sobriety in the past two years? _____

Have you ever misused or abused prescription drugs? _____ If so, what drugs? _____

Have you ever abused or misused over-the-counter drugs? (Nyquil, No-Doz, Vivarin, Aspirin, etc.) _____

Is so, what drugs? _____

Have you used or abused any other substances (not listed above) in the past to change your mood or get you "high"? _____

If yes, what? _____ How long? _____

Any other information concerning your past Alcohol or Drug use that you would like to share: _____

Have you been arrested for or convicted of a Sex Crime? ____ Yes ____ No

Has your Driver's License ever been suspended or revoked? _____

If so,

Why?	When?	Where?

Continued on next page →

Are there any charges pending against you at this time? _____ If so, explain: _____

Any courts pending at this time? _____ If so,
When? _____ Where? _____
When? _____ Where? _____
When? _____ Where? _____
When? _____ Where? _____
When? _____ Where? _____

Do you object to us notifying the Law that you are here? _____ YES _____ NO _____ If yes, why? _____

Are you presently on probation? _____ How long? _____ County? _____
Probation officer's name: _____ Phone #: _____
Explain why _____

Are you presently on parole? _____ How long? _____ County? _____
Parole officer's name: _____ Phone #: _____
Explain why _____

RELIGIOUS BACKGROUND

Are you a church member? _____ Have you ever been a church member? _____ If so, what

Denomination? _____ Where? _____

Pastor's Name: _____ How often did you attend? _____

Did you attend church as a child? _____ How often do you read your Bible? _____

Do you every pray? _____ If so when? _____

Are you saved? ___Yes___ ___No___ ___Not sure. If Yes, when? _____

Religious background of your wife: _____

Do you seek or would you like to seek a personal relationship with Jesus Christ? _____

I HAVE READ AND FILLED OUT THIS APPLICATION TO THE BEST OF MY KNOWLEDGE. I AGREE TO SOCIAL, CRIMINAL AND MEDICAL BACKGROUND CHECKS AND UNDERSTAND THAT I WILL BE REQUIRED TO PASS A TEN PANEL DRUG TEST PRIOR TO ENTRY INTO THE TWELVE WAY PROGRAM. I UNDERSTAND THAT I WILL BE CHARGED \$4.00 FOR THE COST OF THE BACKGROUND CHECK.

Signature _____ Date _____

RESIDENT MEDICATION LIST

Resident's Name _____ Date _____

List all prescription medications, over the counter medications, vitamins , or supplements that you are taking at this time:

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

Resident Signature _____ Date _____

**Any medications not listed on this form and taken or
in your possession will be cause for dismissal.**

MEDICAL AND PRESCRIPTION POLICY FOR RESIDENTS

EFFECTIVE JULY 1, 2009

Twelve Way Foundation is designed to provide a safe and secure environment for you to recover from a dysfunctional life. Since this is a drug and alcohol free facility, we must know of all medications taken, (prescribed or over the counter), including vitamins or supplements. The following policy will be followed:

Before going to the doctor, dentist, you must **report to staff and pick up a MEDICAL RECORDS RELEASE FORM**. We want to know where you are going and why you are going. Upon arrival at the doctor, you will **present your Medical Records Release Form to them. Upon your return, you will report back to staff** with your diagnosis and treatment.

You **MAY NOT** fill a prescription or buy over the counter medication, vitamins, or supplements without approval from a director. We will approve and document what you are taking and for how long to put in your file. **Upon finishing the medication, you will report to staff** that you are no longer taking any medication.

You MAY NOT take narcotic medications at all. Any other medications can only be taken with approval from a director.

IF YOU VIOLATE THIS POLICY or we find any **unapproved** medication, even Advil, cold medication, vitamins etc. on your possession, in your room, or in your system, you will be terminated from the program.

RESIDENT SIGNATURE _____ DATE _____

Twelve Way Foundation

3901 Elysian Fields Road
Post Office Box 607
Marshall, Texas 75671
Phone (903)935-4115
FAX 903 923-9525

Resident's Name _____ DOB _____ SS# _____

CONSENT RELEASE OF CONFIDENTIAL INFORMATION

Texas law, and in some instances, Federal Law require that the Information contained in medical records, legal and/or court records, etc. be held in strict confidence and not be released without your written authorization. The authorizations you sign on this page will remain in effect until you request in writing that your authorization be withdrawn, which you may do at any time. You have a right to receive a copy of all parts of this authorization upon your request.

AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

_____ do hereby authorize _____
(Name of client/legal representative) (Agency or individual in possession of record)

_____ to release to _____
(Address of agency or Individual) (Employed by Twelve-Way Foundation)

The following confidential information pertaining to me for the purpose of providing the best possible services, assessment, case management, referral, counseling, treating, monitoring, etc. to me. This authorization expires a year from the date signed by the client/client representative. Resident is responsible for his health. **Twelve Way is not responsible for diagnosis, treatment or recovery for any medical illness.**

CHECK ANY AND ALL THAT APPLY:

____ Medical and /or Hospital Records ____ Mental Health
____ Psychiatric/Psychological Records ____ Legal/Court Record
____ Alcohol/Drug Treatment Records Other Specify _____

DATE _____ WITNESS _____
PRINT NAME _____

SIGNATURE OF CLIENT/REP _____

PRINT NAME OF CLIENT/REP _____

PLEASE FAX COPIES OF MEDICAL RECORDS TO TWELVEWAY : (903) 923 – 9525

A Non-Profit 501 (c)(3) Organization

EIN 41-2131469

TWELVE WAY FOUNDATION

CONSENT FOR DRUG/ALCOHOL TESTING

URINALYSIS – I understand that abstinence from alcohol and drugs is a requirement of the program, and I agree to submit to every request for drug and alcohol testing.

I know that a positive test will result in my termination. I know that if I refuse to comply, I will be discharged from the program.

I am aware that drug/alcohol testing is to help diagnosis of chemical dependency and to assure my compliance with my treatment program. I will always be given an explanation of the results and a positive result and consequences will be discussed with me. I know I have the right, at my expense, to have any positive test re-tested.

I understand this whole procedure and that the results are confidential and covered under the Federal Law.

I, _____ consent to drug and alcohol testing. During my Participation in the program at Twelve Way Foundation for the purpose of detecting Mood/mind altering chemicals.

RESIDENT SIGNATURE _____ DATE _____

STAFF SIGNATURE _____ DATE _____

NEW RESIDENTS

KEEP THIS AND THE REMAINDER OF THESE PAGES FOR YOURSELF

*Refer to these sheets until you are familiar with Twelve Way procedure.
If you are unsure or have any questions, be sure you ask.*

RESIDENTS WEEKLY SCHEDULE

BIBLE STUDY: MONDAY THROUGH FRIDAY 6 AM MANDATORY

If you are in the building you are expected to be at Bible Study every morning.

MONDAY:	7:00 PM Meeting
TUESDAY:	7:00 PM Meeting
WEDNESDAY:	7 PM Meeting
THURSDAY:	7:00 PM Step Study Meeting
FRIDAY:	7:00 PM AA Meeting

All residents must attend Leadership Meetings. **If you work on Friday night**, you must attend a Friday morning Leadership Meeting. **If you are going on a pass**, you must attend Leadership before you leave Twelve Way.

GED CLASS: We strongly recommend the GED class for the residents who do not have a High School Diploma.

NUMBER OF MANDATORY MEETINGS

- 1. HOUSE ARRESTS (HA):** Residents and those without jobs must attend **all** meetings
- 2. OR, PHASE 1, AND PHASE 2 :** Residents must **attend 5 meetings each week**.
- 3. PHASE 3 Residents:** Must attend **3** meetings each week

SATURDAY: NO MEETINGS

SUNDAY: 10:30 AM CHURCH is mandatory for all **OR** and **Phase 1** residents.

Attending a church each week is mandatory for all residents.

8:00 PM HOUSE MEETING IS MANDATORY FOR ALL RESIDENTS .

CLEAN TEAM: NIGHTLY—residents are to keep Twelve Way clean. If you are not able to make Clean Team at night, you should complete any cleaning chores in the AM.

If you know you are going to miss your night meeting, you must attend the 8 AM meeting.

Anyone who misses their meeting without permission from staff will be written up and consequences will happen (fines, drop phases, and/or termination of your stay.)

MANDATORY TB SKIN TESTS

Each new resident must get a TB Skin test upon admission to Twelve Way. They are given at the Harrison County Health Department at a cost of \$10. For more information please call (903) 938-8338.

HOURS:MONDAY: 8 AM – 11:45 AM/1:45PM-4:45

TUESDAY: 1:45 PM – 4:45 PM

WEDNESDAY: 8 AM – 11:45 / 1: 45PM-4:45

NO THURSDAY

FRIDAY: 8AM – 11: 45/ 1: 45 – 4:45

HIV TESTING

HIV testing is also available. Please see a staff member for more information.

DRIVER’S LICENSE OR ID

We need to make a copy of your Driver’s License or I D. If you do not have one you need to take steps to get one, and then we can make a copy.

POLICY FOR LEAVING TWELVE WAY EACH DAY

OR and PHASE 1 RESIDENTS

CAN NOT LEAVE the premises without a phase 2 resident or higher and permission from staff. **On Sundays** you may leave (for a 2 hours maximum pass) with your family **ONLY** if they attend church with you.

PHASE 2 RESIDENTS

CAN NOT BE gone more than six consecutive hours at any time except work. Longer times would be considered a pass and must be approved. Also, you must speak with a staff member on duty before leaving. **On Sundays** you may leave (for a 2 hours maximum pass) with your family **ONLY** if they attend church with you.

PHASE 3 RESIDENTS

Please communicate with the staff on duty before leaving. All residents must attend Clean Team unless on a pass.