



Founded
March 25, 2002

**GENERAL INFORMATION
&
APPLICATION FOR ADMISSION**

NAME: _____

DATE: _____

PHONE: _____

E-MAIL: _____

FAX: _____



Post Office Box 549
Black Mountain, NC 28711
Phone: (828) 686-0354
Fax: (828) 686-0359

Recovery Ventures is a two-year therapeutic community with comprehensive clinical services for men and women ages 18 and older

Program Highlights:

- **Self-sustaining Operation:**
Recovery Ventures is fully self-supporting through the work all associates do - we accept no funding from any outside sources. The associates are responsible for all functions of the treatment community.
- **Orientation Program:**
All new associates attend a 5 day orientation program that helps with the transition into long-term residential treatment. This program focuses on some basic psycho-education groups on addiction and recovery, as well the structure and rules of the program.
- **Individual and Group Counseling:**
There are therapeutic groups 5 days a week that all associates attend, and individual counseling is available from any of our certified clinical staff upon request.
- **Mileu Therapy:**
"The community is the agent of change" Recovery Ventures is a peer-based program where associates learn to take responsibility for themselves and others within the community.
- **Family Education Program:**
A 2 day program offered to the family members of any associate. The program consists of substance abuse education followed by a multifamily process group.
- **Aftercare Services:**
A continuum of care is provided to all graduates of the program, including supportive housing, group and individual counseling.
- **Accountability:**
Teaches all associates the cause and effect relationship of our actions.
- **Job Training:**
By working to support their own recovery, all associates receive extensive job training from several of the employers in the surrounding community.
- **Life Skills:**
A strong emphasis is placed on developing the basic skills that are needed to live a self-sufficient and healthy life in recovery after the program.

Referrals:

Self, Treatment Community, Criminal Justice System

Program Phases

The Recovery Ventures program is comprised of 5 phases, where privileges are earned as associates progress through each phase. With these privileges comes more responsibility to help others in the community, and help run the facilities as well.

1. Transition:

The transition phase is the first phase of our program and usually lasts between 45 to 60 days. During this phase, you become familiar with your surroundings and the structure of the program. You also learn the rules, policies, and procedures of our program.

2. Acclimation:

Following the transition phase, you are beginning to understand the program and the direction you are headed in your personal recovery. During this phase, you receive a larger role in personal responsibility and accountability. You have the opportunity to earn privileges, with a more active role in assisting newer residents. An initial treatment plan is established based on your input and issues that have surfaced.

3. Leadership:

The leadership phase is the first major step up in the program, typically this lasts about six months. You should know the guidelines of the program at this stage and accept more responsibility for the proper guidance and development of newer residents, as well as take on active roles in house responsibilities. During this phase, you will work extensively on your personal issues and develop the skills you need to deal with them.

4. Enrichment:

Your personal development of responsibilities and accountability continues in the enrichment phase. This phase also lasts about 6 months. This is a significant stage of development where supervision, counseling, and guidance are performed on an as needed basis. Your treatment plans are revised to include individual interests, as well as career and educational goals.

5. Internship:

The last phase is aftercare. In this phase, associates begin to transition back into society as productive citizens by securing gainful employment of their own while maintaining interaction with the core of the program. The transitional housing structure is less demanding and restrictive than the primary care facilities, but is the most valuable for sustainable recovery after graduation.



Application Procedures and Admission Process

The "PRIMARY QUALIFICATION" for acceptance is the sincere desire to remain in recovery and to make a lifelong commitment to help others recover.

Primary Exclusionary Criteria:

1. Applicants whose criminal history includes convictions for **arson** or **sexual misconduct**.
2. Applicants with long histories of **violence**.
3. Applicants who have **exhibited exaggerated psychotic symptoms** or **suicidal attempts** within the past 90 days.

TO APPLY:

- Complete all application paperwork
- Submit an autobiography
 - Minimum 3-6 pages
 - Give details of your life from as far back as you can remember, up to and including your personal decision to complete our application
- Obtain a criminal background check from any state that you resided in as an adult (if you need assistance discuss this with our admissions coordinator)
- Complete a telephone interview with an admissions coordinator. Admissions office hours are Monday - Friday: 8:30 AM - 5 PM

UPON ACCEPTANCE:

- Transportation arrangements need to be discussed with admissions coordinator.
- An entry date will be scheduled by the admissions coordinator. Failure to report on your scheduled entry date can result in loss of bed space. Do not show up without a scheduled entry date.
- **Entry fee of \$300** must be paid at time of arrival and is **NON-REFUNDABLE**. Recovery Ventures only accepts payment in the form of **personal check, cashier's check or money order**.
- Associates that have previously left or been terminated from Recovery Ventures are required to pay a **\$400 RE-ENTRY** fee.
- **DO NOT** bring anything that is not on the approved clothing inventory list. Items brought that are not on this list will be taken and disposed of accordingly.

On a scale of 1 to 10, how serious a problem do you think you have with drugs or alcohol?
(No Problem) 1 2 3 4 5 6 7 8 9 10 (Very Serious Problem)

On a scale of 1 to 10, how motivated are you to make changes in your life at this time?
(Not at all) 1 2 3 4 5 6 7 8 9 10 (Very motivated)



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Application for Admission

Date: _____

Name: _____
Last: _____ First: _____ Middle: _____ Sex: _____ Race: _____

SSN: _____ DL#: _____ State: _____ License Status: _____ DOB: _____

Permanent Address: _____

City: _____ State: _____ County: _____ Zip: _____

Height: _____' _____" Weight: _____ lbs Hair Color: _____ Eye Color: _____

Distinguishing Marks: (Tattoos, Scars, etc.) _____

Marital Status: Married: _____ Divorced: _____ Single: _____ Separated: _____

If married, Spouse's Name _____

Do you have any children? _____ How Many? _____

Child's Name	Who is the Child Staying With	Child's Age

In case of Emergency, Notify: _____ Phone #: _____

Relationship to Applicant: _____ Emergency Contact E-mail: _____

Parent's Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Have you ever resided in any state other than North Carolina? Y__ N__.

If Yes, where? _____

First time applying to RVC? Y__ N__ Have you previously been a resident in RVC? Y__ N__ Did you complete? Y__ N__

Circumstances around discharge: _____



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Criminal Justice Information

Applications may be submitted and a determination to accept or reject the applicant will be made prior to the scheduled court date. Failure to disclose pending legal action(s) may be grounds for immediate dismissal from the program.

Do you have any outstanding warrants? _____ If Yes, please describe: _____

Do you have any outstanding charges? _____ If Yes, please describe: _____

When is your court date? _____ State and county: _____

Are you represented by an attorney? _____

Attorney's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

***Must provide legal documents pertaining to any and all court cases/judgments/release orders.**

Are you on supervised probation? _____ If Yes, what are the charges? _____

If yes, in what county and state? _____

Probation Information: Officer's Name: _____

Address: _____

City/State/Zip: _____

Phone _____

Last Seen/Spoken With: _____

Is your probation officer aware that you are seeking long term treatment? _____

County: _____ Case worker Name: _____

Financial Information

Are you obligated to pay child support? _____ Are payments current? _____

County: _____ Case worker name: _____

Are you obligated to pay probation restitution? _____ If yes, explain: _____

Do you receive any ongoing financial reimbursement for any reason (disability, trust fund, etc.)? _____

If yes explain? _____



Medical History Information

Do you have any medical conditions that will limit your activities? _____

If yes, explain: _____

Are you taking any prescription medication(s)? _____

If yes, list all medications and how long have you been taking this medication(s)? _____

Have you ever experienced or been diagnosed as having any of the following:

_____ Seizures _____ TB _____ Diabetes _____ Hepatitis

_____ Heart Disease _____ Epilepsy _____ Cirrhosis _____ High BP

Are you currently under the care of a physician? _____

Doctor's Name: _____ Phone #: _____

Reason(s) for current treatment: _____

List any past mental health hospitalizations:

Hospital name Date(s) Reason

Any diagnosis of schizophrenia or other psychotic disorders? _____ If yes explain: _____

Any history of suicide attempts, suicidal ideations, or other self-harm? _____ If yes explain: _____

Are you currently experiencing any of the above? _____ If so, do you have a plan? _____

If so, please explain _____

Are you having homicidal thoughts? _____ If so, Please explain _____

Are you a veteran? _____ Do you qualify for medical benefits? _____

Do you have health insurance? _____

Do you have or maintain a primary residence at this time? ____ Yes ____ No

If No, where have you been staying/sleeping? _____ Relative ____ Friends ____ Shelter ____ On Street

How long have you been in this situation? _____ Years ____ Months ____ Days



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Educational Information

Did you graduate from high school? _____ Year: _____

If not, highest grade completed? _____

Did you earn a GED? _____ Year: _____

Have you had any college or vocational school training? Y ___ N ___

Name of College/School: _____

Location: _____

Degree/Certificate Received: _____ Year: _____

Employment Information

Are you currently employed? Y ___ N ___ If yes, where. _____

How Long? _____ Do you enjoy this type of work? _____

What type of work would you like to do? _____

How long has it been since you last worked? Where? _____

Substance Use History

Drug(s) of Addiction: _____

Drug	Age at first use	Amount used at peak	Current use	Date of last use

Have you ever experienced treatment for substance use? Y ___ N ___ If yes, please describe. (Name, dates, type of treatment, did you complete?, etc.) _____



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**RELEASE OF INFORMATION
AUTHORIZATION**

Client Name: _____

Date of Birth: _____ Social Security Number: _____

I, _____, hereby authorize _____
(Client's Name) (Facility, Physician, and address of person releasing information)

to release/exchange specified information in my client record to: _____
(Recipient Name and Address)

This data shall include (Nature & Extent of Information)
Specify Time Period: _____

- | | |
|---|--|
| <input type="checkbox"/> Summary of Evaluation & Treatment | <input type="checkbox"/> Acquired Immunodeficiency Syndrome (Aids History & Treatment) |
| <input type="checkbox"/> Admission Assessment/Screening | <input type="checkbox"/> Treatment Plan & Diagnosis |
| <input type="checkbox"/> Alcohol or Drug History & Treatment | <input type="checkbox"/> Medication History |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Financial Information |
| <input type="checkbox"/> Psychiatric Evaluation & History | <input type="checkbox"/> Educational Information |
| <input type="checkbox"/> Human Immunodeficiency (Virus) (History & Treatment) | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Other: _____ | |

I understand this information will be used for:

- | | |
|--|---|
| <input type="checkbox"/> Evaluation & Treatment Planning | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Case Management Services | <input type="checkbox"/> Continuity of Care |
| <input type="checkbox"/> Other: _____ | |

I hereby request and authorize the above named agency, organization or individual who possesses information relative to the client named above to release information, as specified, to the agency, organization or individual named on the request. I understand that the information to release may include information regarding drug abuse, alcohol abuse, sickle cell anemia, or psychological or psychiatric information.

I certify this authorization is made freely, voluntarily and without coercion. I understand that the information to be released is protected under state and federal laws and cannot be re-disclosed without my further written consent unless otherwise provided for by state and federal law. This consent shall be valid for a period not to exceed one year. I further acknowledge that I may revoke this consent, in writing, at ANY time except to the extent that action based on this consent has been taken.

Client: _____ Legal Representative: _____

Date: _____ Witness: _____

Person Releasing Information: _____ Date: _____



MAXIMUM CLOTHING INVENTORY

The following list must be strictly adhered to. Any items over the amount specified will be disposed of accordingly
The personal items should be kept at or below the following:

Men

- 10 pants (1 or 2 pair of slacks, black/khaki)
- 10 shirts (1 or 2 dress shirts, black/white)
- 10 t-shirts 5- undershirts
- 5 shorts
- 1 suit
- 1 pair of slippers
- 1 pair of flip-flops
- Necessary toiletries/hygiene items(NO alcohol/aerosol)
- 10 pair of underwear, 10 pair of socks
- 1 winter coat
- 1 jacket
- 1 Bible, 1 AA/NA Book, 1 Journal
- 4 pictures (no significant others/spouses, immediate family only)
- 3 pair of shoes **TOTAL:** 1 dress/work shoes (black non-slip), 1 work boots, 1 sneakers
- 2 hats
- 1 Wallet with Social Security Card, Picture ID-**ONLY**
- 1 alarm clock
- 1 sunglasses
- 3 cartons of tobacco products
- 1 pillow with pillowcase
- 1 twin sheet set
- 2 towels, 2 washcloths
- 1 twin comforter

Women

All clothing should be Very LOOSE fitting

- 10 pants (1 or 2 pair of slacks, black khaki)
- 10 shirts (1 or 2 dress shirts, black/white)
- 10 t-shirts (NO white), 5 undershirts/camisoles
- 5 shorts (at least knee length)
- 3 pair of pajamas, robe
- 1 pair of slippers, 1 pair of flip-flops
- Necessary toiletries/hygiene items(NO alcohol/aerosol)
- 10 pair of underwear (NO thongs), 10 pair of socks, 5 bras
- 1 winter coat
- 1 jacket
- 1 Bible, 1 AA/NA Book, 1 Journal
- 4 pictures (no significant others/spouses, immediate family only)
- 3 pair of shoes **TOTAL,** 2 pair sneakers, 1 pair work shoes (black non-slip)
- 2 hats (winter)
- 1 Wallet with Social Security Card, Picture ID-**ONLY**
- 1 alarm clock
- 1 sunglasses
- 3 cartons of tobacco products
- 1 pillow with pillowcase
- 1 twin sheet set
- 2 towels, 2 washcloths
- 1 twin comforter

NOTE: Do not bring jewelry, watch, perfume, cologne, body spray, scented lotion, make-up, cell phone, music devices, hair clippers/electric shavers, stuffed animals, letters, books, magazines, money, credit cards, address books, or anything not listed above.

If you do not have all of the above items, we will do our best over the following weeks to assure that you receive the clothing items you require.

You **WILL NOT** be allowed to request any items to be sent from home until your first family visit, which is when you make Leadership phase (approximately 6 months). *Birthdays and Christmas gifts will be dealt with on an individual basis.*

Recovery Ventures Corporation will not be responsible for any personal items left behind if you leave against clinical advice. You will be given one business day to make arrangements to pick up your belongings, after that they will be disposed of or delivered to a local charity as a donation. You are encouraged during your stay to not bring anything of sentimental value!!

I understand that if I bring items other than those specifically listed above, the items will be disposed of at the time of my entry into the program and this may result in accountability. The list above is all-inclusive; there are no exceptions.

Print Name

(Signature)

Date