

# INSPIRATION

Restoring community.

Phone: 260.226.2347  
Fax: 260.572.1126  
136 W. Main St. | Butler, IN 46721  
Email: info@inspiration-ministries.org

Please return Application & Conduct Agreement to Inspiration to the above fax number, email, or mailing address

## Application for Recovery Program

Date of application \_\_\_\_\_ What is your projected discharge or release date? \_\_\_\_\_ When is your next court date? \_\_\_\_\_

Which program are you applying for?  Men DeKalb County  Women DeKalb County  
 Men Noble County  Men Allen County

## Demographic

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_  
Current Location \_\_\_\_\_ Current Mailing Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

## Addiction & Recovery

Are you currently battling an addiction? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Are you willing to remain alcohol and drug free while in the program? \_\_\_\_\_

1. Primary Drug Choice: \_\_\_\_\_ How Use? (Smoked, Oral, Injection, Etc.): \_\_\_\_\_  
Frequency (Daily, Weekly, Monthly): \_\_\_\_\_ Age When First Started: \_\_\_\_\_
2. Second Drug Choice: \_\_\_\_\_ How Use? (Smoked, Oral, Injection, Etc.): \_\_\_\_\_  
Frequency (Daily, Weekly, Monthly): \_\_\_\_\_ Age When First Started: \_\_\_\_\_
3. Third Drug Choice: \_\_\_\_\_ How Use? (Smoked, Oral, Injection, Etc.): \_\_\_\_\_  
Frequency (Daily, Weekly, Monthly): \_\_\_\_\_ Age When First Started: \_\_\_\_\_

Have you ever been in one of Inspiration's Recovery Homes or Program before? \_\_\_\_\_ If yes, what was the result? \_\_\_\_\_

Ever lived in another recovery/half-way house? \_\_\_\_\_ If yes, where? \_\_\_\_\_

How long & what was the result? \_\_\_\_\_

Longest you have been sober/clean in the last 12 months? \_\_\_\_\_

## Inspiration Connection

Who referred you? (Self, Lawyer, Supervision Officer, Treatment Center, Friend, Family, Acquaintance) \_\_\_\_\_

How did you make initial contact? (Online Application, Appointment, Phone, Walk-In, Mail Application, Supervision Officer) \_\_\_\_\_

Do you know anyone currently in the program? \_\_\_\_\_ If yes, who and what is your relationship with them? \_\_\_\_\_

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## **Family**

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Domestic Partnership \_\_\_\_\_ Dating \_\_\_\_\_

Do you have Family support? \_\_\_\_\_ When & Who was your last family contact? \_\_\_\_\_

Result of last family contact? \_\_\_\_\_

Do you have children? \_\_\_\_\_ If yes, list their full names and ages below:

Name	Age	Name	Age	Name	Age	Name	Age
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## **Medical**

Are you currently receiving treatment from a mental health provider? \_\_\_\_\_ If yes, where? \_\_\_\_\_

If no, have you ever received treatment from a mental health provider? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Do you take prescription drugs? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you ever received a mental health diagnosis? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Please list all current prescribed medications: \_\_\_\_\_

\_\_\_\_\_ Can you provide a 30-day supply of any of these medications? \_\_\_\_\_

When was your last physical exam? \_\_\_\_\_ Are you physically in good health? \_\_\_\_\_

Have you ever received a diagnosis for a physical disease, disorder, or disability? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Do you have any physical limitation with stairs, standing, or sitting? If yes, explain \_\_\_\_\_

**Women:** Are you currently or could you be pregnant? \_\_\_\_\_ If yes, how far along? \_\_\_\_\_

## **Education & Employability**

\_\_\_\_\_ Highest completed level of education? (9, 10, 11, HS, GED, BA, Trade) \_\_\_\_\_ If trade completed, what skill? \_\_\_\_\_

Are you interested in furthering your education? \_\_\_\_\_ If so, how? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

What's the longest you have kept the same job? \_\_\_\_\_ How many jobs in the last 12 months? \_\_\_\_\_

## **Spiritual**

Do you have a relationship with Jesus Christ? \_\_\_\_\_ Do you have a home church? \_\_\_\_\_ If so, where? \_\_\_\_\_

Do you understand that Inspiration is a faith-based program? \_\_\_\_\_

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## Driving & Identification

Do you have a current driver's license? \_\_\_\_\_ If no, why not? \_\_\_\_\_

Do you have a state ID? \_\_\_\_\_ Do you have a social security card? \_\_\_\_\_ Do you have your birth certificate? \_\_\_\_\_

## Exploratory

Do you have health insurance? \_\_\_\_\_ Do you have food stamps? \_\_\_\_\_ Do you receive disability? \_\_\_\_\_

Regarding child support (please circle one): Receive Pay Neither If yes, how much? \_\_\_\_\_

Do you have any unpaid/current court or supervision fees? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

Are you a veteran of the armed forces? \_\_\_\_\_ Do you have a family member in the military? \_\_\_\_\_

## Current Case & History

How many times have you been arrested? \_\_\_\_\_ How many times in prison? \_\_\_\_\_ Longest jail/prison term? \_\_\_\_\_

Do you have a pending case of any kind? Yes no If yes, what? \_\_\_\_\_

Current charge? \_\_\_\_\_ Name of lawyer? \_\_\_\_\_ Name of judge? \_\_\_\_\_

Are you currently supervised by one of the following? (*circle one*) Probation Parole Comm. Corrections Drug Court None

If yes, what county & name of supervisor: \_\_\_\_\_

Do you have to register with the sheriff's office for any past offenses? \_\_\_\_\_ if so, why? \_\_\_\_\_

Please list your two most recent arrests:

1. Month/Year: \_\_\_\_\_ Charges: \_\_\_\_\_

County/State: \_\_\_\_\_ Sentence: \_\_\_\_\_ Supervision? Probation or Parole

Officer? \_\_\_\_\_ Phone: \_\_\_\_\_ How often do you meet? \_\_\_\_\_

Drug tested? \_\_\_\_\_ Can we make a phone call to your probation officer? \_\_\_\_\_

2. Month/Year: \_\_\_\_\_ Charges: \_\_\_\_\_

County/State: \_\_\_\_\_ Sentence: \_\_\_\_\_ Supervision? Probation or Parole

Officer? \_\_\_\_\_ Phone: \_\_\_\_\_ How often do you meet? \_\_\_\_\_

Drug tested? \_\_\_\_\_ Can we make a phone call to your probation officer? \_\_\_\_\_

## Recovery Works

Recovery works is a state program that provides funding for those eligible to participate in treatment & recovery services.

Want to hear more about Recovery Works? \_\_\_\_\_ Interested in connecting with a Recovery Works consultant? \_\_\_\_\_

Are you currently an interested party in a CHINS case? \_\_\_\_\_ Are you currently an involved party in a DCS case? \_\_\_\_\_

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## Next Steps

*Inspiration is a person-driven organization. Rank your program priorities. (#1 as most important and #9 least important)*

\_\_\_\_\_ Stable Housing

\_\_\_\_\_ Family Resolution

\_\_\_\_\_ Obtaining A Job

\_\_\_\_\_ Spiritual Growth

\_\_\_\_\_ Further Education

\_\_\_\_\_ Mentoring/Life Coaching

\_\_\_\_\_ Recovery

\_\_\_\_\_ Church Fellowship

\_\_\_\_\_ Transportation

When do you want to move-in? \_\_\_\_\_

How long do you think you need to be a resident with the program? \_\_\_\_\_

What are your goals and objectives while a resident in this program? \_\_\_\_\_

What would be your ideal exit plan once you complete the program? \_\_\_\_\_

*Please note that by signing this application, you are agreeing to the following non-negotiable policies:*

 **Dismissal Contingency:** The Inspiration Recovery Program is committed to your life recovery and restoration. In circumstances of dismissal from the program, Inspiration will help in your transition to the best of our ability.

 **Suboxone Policy:** Inspiration only accepts residents who are prescribed to **NO MORE THAN** 8mg of Suboxone per day. After entrance into the Inspiration Recovery Program, you must FULLY taper off Suboxone before you can complete Phase One, obtain a phone, and engage in work privileges.

 **Activity Participation:** Regardless of your transitional housing need, all residents participate in a variety of activities, programs, and classes to best achieve success in your transitional development. Refusal to participate in your recovery will result in your termination from the Inspiration Recovery Program.

 **Financial Terms:** Inspiration does not expect money from the resident to be accepted in the program. The fee for room and board and services is \$210 and begins when the resident starts employment and can take financial responsibility.

## Additional Notes

\_\_\_\_\_  
\_\_\_\_\_  
I, \_\_\_\_\_, fully understand and agree to all policies described in this application. To the best of my ability, I have provided correct and true information. If anything I have provided is revealed to be false, my application will be denied. I also understand the information I have provided will remain confidential and will only be used to provide Inspiration team members with information that will help in my recovery and/or transition. I am signing this application as a Release of Information, so that Inspiration can communicate with service providers, lawyers, and the criminal justice system on my behalf.

Signature: \_\_\_\_\_

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

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The Inspiration Recovery Program is a certified recovery program that assists men and women achieve their goals in transition and recovery. This agreement is between Inspiration and the undersigned resident to acknowledge that Inspiration operates under high standards of conduct, behavior, and moral principles; therefore, each resident shall reflect these standards.

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**Name of Applicant**

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**Date**

Initial: \_\_\_\_\_ The Inspiration Recovery Program will always default to the rules of probation and parole enforced by a resident's officer. **You must know your rules and follow those rules above all else.**

To be accepted into the Inspiration Recovery Program, a person must be willing to:

- a. Be drug and alcohol free for 72 hours prior to admission.
- b. Be medically clear if required.
- c. Submit to a drug and alcohol screen or evaluation if requested.

## **Important & Non-Negotiable Items**

1. Each resident will experience a "blackout" period for **at least** the first 45 days. This includes but is not limited to no phone, no borrowing a phone, no employment, no family visitations, and no passes.
2. Residents are not allowed to possess a cell phone during their "blackout" period.
3. Inspiration Recovery Program is a nicotine-reduction program. The House Manager will introduce you to smoking procedures on campus. Inspiration maintains a **NO VAPING** policy.
4. Our desire for you in this program is for you to focus on yourself, your recovery and your relationship with God. We recognize that relationships with the opposite sex during your recovery will impede that focus. Therefore, no Inspiration Recovery Program participant may start fraternizing with the opposite sex (including "just friends") while in the recovery program. In the case of spouses or long-term, established relationships, limited contact may be allowed with staff approval.
5. Inspiration reserves the right to drug and/or alcohol test any resident at any time. We do not condone drug or alcohol consumption of any kind. Failure to comply may result in immediate dismissal.
6. Diabetics: Before admission, you are required to bring with you to the program any necessary materials including lancets, syringes, test strips, meter, and insulin and/or medication.
7. If you have been prescribed an EPI pen for an allergy, it will be required to admit you into our program.
8. The Inspiration Recovery Program is a 9-month program.

## **General Rules**

1. The living arrangements for all residents are under the authority of Inspiration's staff. Daily activities and care of Inspiration Recovery Program shall be the responsibility of the House Manager who shall implement the policies set forth herein with the assistance of other Inspiration staff.
2. Upon transition to Phase 2, residents will begin looking for a home church and mentor which must be verified and established (history of meetings) before transitioning to Phase 3.
3. Curfew is 10:00 pm on weeknights; 11:00 pm on Friday and Saturday, and 4:00 pm on Sunday. This is at the discretion of management. Resident shall remain on the premises until leaving the following day for work, re-entry services, or other prescribed activity. If resident has an earlier curfew enforced by parole or probation, then the resident must adhere to the earlier curfew.

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*Initials*

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4. After blackout, residents must seek and obtain employment. You need to find **A JOB**, not the job. Residents are responsible to find their own transportation to and from work.
  5. Residents will pay rent to the house manager every Friday by 6:00 pm. It is prepaid for the following 7 days and is non-refundable. Each resident will exercise the skill of financial responsibility and giving back as they are ready and able.
  6. If you have any active warrants, you must contact the proper authorities and take care of it immediately. You must provide proof of its completion, or we will call the authorities to pick you up. Inspiration works hard on their relationship with the judicial system, and we will not harbor a fugitive.
  7. Any resident who is terminated from residency for the use of alcohol and /or drugs and wishes to be readmitted must apply, wait 30 days, and get written approval from the director.
  8. If you have been at the Inspiration Recovery Program previously, you must fill out an application and get written approval from the director to be readmitted. No exceptions.
  9. If you are subject to the parole, probation, and/or community corrections, violation of any condition of such supervision shall constitute a violation of this agreement.
  10. Inspiration reserves the right to modify and/or add to the rules of conduct consistent with the purpose and vision of the organization.
  11. You must sign necessary all paperwork required by Inspiration to document its services provided.
  12. All residents are expected to manage their own schedules. It is your responsibility to set your alarm to give yourself adequate time to ensure you are present and on time for work and any mandatory meetings or events. The House Manager will not be responsible for waking you up.

## **Program and Attendance**

1. All residents will attend a place of worship, though you will have the opportunity to attend a place of worship of your choosing only if there is no compromise in your safety, and with the approval of the treatment team and the respective parole and probation officers.
2. All residents will attend all programs when not at work.
3. Residents are to attend all prepared meals unless specifically excused. With adequate notice and approval, a late plate will be prepared. Visitors may eat at the house upon approval.

## **Responsibilities and Chores**

1. Each resident will complete items on the chore list assigned by the House Manager every Sunday. Non-compliance will lead to dismissal from the house. In a spirit of cooperation and unity, each resident shall be responsible for the cleanliness and tidiness of the residence in general and the area where he/she sleeps.
2. Residents are responsible for their own laundry. Laundry supplies are furnished by Inspiration. If you do not have a full load, please ask the House Manager if any house laundry needs done. This saves the house money and water.
3. Residents must be up and dressed no later than 7:00 am on weekdays and 9:00 am on weekends. Lights out at 10:00 pm on weekdays and 11:00 on weekends.
4. Residents share their food stamps and vouchers with Inspiration as a way of contributing to the nutrition and wellness of the recovery residence.

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## **House, Property, and Substances**

1. Use of illicit drugs and/or alcohol, misuse of prescribed medication, and/or drug seeking is prohibited.  
 Use of flame burning devices, including but not limited to candles and incense is prohibited.
2. Any resident who uses alcohol or drugs, or knows of another resident who is using, and does not report it to management, will be dismissed from the program.
3. Possession or ownership of firearms or other weapons by resident is prohibited.
4. All prescription medications will be kept in the house safe not in your room or car. Management will make them available to you at the appropriate times; however, you are responsible for dispersing the proper amount of medication as it is prescribed. Violations will result in immediate dismissal.
5. Inspiration is not responsible for lost or stolen articles or personal injury on or off the premises.
6. Each resident is limited to two (2) 30-gallon trash bag sized bags of personal property.
7. Any resident who leaves the residency program, voluntarily or not, has seven (7) days to retrieve their personal property, providing all fees due to the Inspiration Recovery Program are paid. After that time, personal property will be disposed of.
8. No house property will be taken from the premises without previous approval and signing items out.
9. It is every resident's responsibility to help manage utility costs. When a room is unoccupied, please turn lights off. Thermostats are to be operated by staff only. Room temperatures are to be kept at 70 degrees unless otherwise specified by Inspiration Recovery Program management.
10. Residents with vehicles must have a valid driver's license and proof of insurance. No exceptions! If you have a vehicle on the grounds and do not possess a driver's license, you must still have insurance on said vehicle.
11. Use of computers and/or computer equipment **is not allowed** on premises unless approved by House Manager or another Inspiration' staff member.
12. Inspiration is not responsible for the safe keeping of personal property belonging to the residents.
13. There will be no profane language or pornographic/offensive materials in the residence or possession or use of any DVDs or VHS movies containing such language or materials. If there are questions, the movies in the house will be under the discretion of the House Manager.
14. Residents may not have personal pets.

## **Visitors**

1. Visitors will only be allowed upon approval by management. Volunteers, mentors, sponsors, and program teachers will be allowed at the house at the discretion of the House Manager.
2. Visitors are responsible for their own children. If they are visiting you, it is your job to inform them of all rules that apply to them and you. Please do not let your children out of your view at any time. It is not the Inspiration Recovery Program's responsibility to watch your children!
3. Visitors must stay in the common areas of houses and grounds. No visitors, including family members, are allowed inside resident rooms, without approval. Overnight guests are **never** permitted.
4. All visitors, items, and money brought in from clients and visitors must first be screened by a staff member for safety of clients.
5. Any resident or visitor that is disruptive to the smooth operation of the house, or deemed inappropriate by management, will result in expulsion from the property and may result in that person being banned from the property indefinitely. This includes but is not limited to fighting, bullying, spreading gossip, and pranks.

## **Character and Attitude**

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1. There will be no fraternization between the residents unless married. Residents have no reason to be alone anywhere, anytime, with members of the opposite sex. Any sexual activity on Inspiration property will result in expulsion of all parties involved.
  2. Acts of violence, bullying, criminal activity, sexual activity, willful failure to obtain and maintain employment, refusal to participate in program functions, or gambling is prohibited.
  3. Residents are responsible for good personal hygiene. Please shower daily.
  4. Residents are not to be in another person's room when they are not present.
  5. Residents and guests are to be properly attired in the common areas of the house. This means shirts; pants or shorts; shoes or sandals. This is effective during the business hours of 8:00 am until 10:00 pm. Please wear a robe while going between the bathroom and your room.
  6. Residents will report any illness to staff; however, the staff will not report your absence from work; that is the resident's responsibility. If you are sick more than 1 day, you must seek medical help. Missing work and losing a job due to lack of following this procedure will not be tolerated and you will be dismissed from the house.
  7. Inspiration depends on the support and good will of our communities' citizens, agencies, organizations, and merchants. Your appearance, conduct, and manners may be the only measure of our program that many people will ever observe. Your free time (at or away from Inspiration properties) is generally your own to spend as you see fit, providing it does not negatively reflect on Inspiration. If your appearance, conduct, and manners reflect negatively on Inspiration, you may be subject to disciplinary action, including expulsion from our program.

## **Pass and Restrictions**

1. Starting in Phase 2, residents will be eligible to receive a 2- or 3-hour pass on the weekend.
2. Once in Phase 3, residents will be eligible to receive a 24-hour pass on the weekend.
3. Passes are a privilege, not a right.
4. Passes must be applied for and approved by the House Manager.
5. All pass requests must be submitted to the House Manager a minimum of 48 hours prior to the requested absence. Signed authorization is required prior to being absent from the house. If you do not have signed authorization, you cannot be absent after curfew.
6. 24-hour passes earned:
  - a. Must be taken in 24-hour increments.
  - b. Not more than 48 consecutive hours in a week.
  - c. Not more than 96 hours total in a month.
  - d. No overnight holiday passes except when approved by staff.
  - e. All passes are at the discretion of the House Manager.
7. You must inform the House Manager if leaving the premises, destination, & what time you will return.
8. If you leave the premises for appointments, errands, or any other business, whether organization related or personal, you must make use of the sign out sheet provided by the House Manager.
9. A urine drug test or a breathalyzer screen will be administered randomly upon return from pass.

I, \_\_\_\_\_, have read the Conduct Agreement for admittance into the Inspiration Recovery Program, and I agree to comply with all rules. I understand that if I violate any of the above rules, I will be asked to leave the program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
*Initials*