



IRON-ON-IRON RECOVERY PROGRAM INTAKE APPLICATION

383 Poplar Ave - PO Box 330 - Memphis, TN 38101-0330

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www.MemphisUnionMission.org

Program Overview

The Iron-on-Iron program is a long-term, Christ-centered residential recovery program for addicted men who truly desire to change. The program is conducted on three different sites in the Memphis area. Its purpose is to give men an opportunity to leave addictive lifestyles for healthy, functional relationships with God, themselves and others. Its focus is on applied Christianity for the healing of the total person, recovery from life-controlling substances and preparation for successful living.

Residents receive a unique blend of Christian discipleship, chapel services, class work, work therapy, recreational therapy, vocational development, individual, group and family counseling. GED and tutorial services are provided for residents lacking high school diplomas.

Application Procedures and Requirements

- Candidates for admission must thoroughly complete this application and mail/fax it to the Intake Pastor.
- Candidates are responsible for contacting the Intake Pastor with questions regarding their intake status.
- Candidates are not accepted for admission until after completion of a phone interview with the Intake Pastor. Providing false or misleading information may result in denied admission.
- All candidates must resolve all outside issues (debts, business matters, court appointments, etc.) before they arrive.
- It will be at least 60 days before you will be allowed to visit your home. Communication by mail is encouraged. Residents may not receive phone calls.
- Residents may be eligible to participate in the family visitation program only when they complete the Awareness Phase of the program (normally eight weeks after admission.) Visitors will be limited to legally married spouses and immediate family members. All exceptions require the pre-approval of staff.
- No outside work is allowed.
- Personal vehicles are not allowed until the final stage of this program
- Use or possession of any tobacco products is not allowed.

Requirements for Admission

Candidates for admission to the Iron-on-Iron Program must:

- Be male, requesting admission themselves, admitting their addiction problem, and sincerely willing to change
- Agree to abide by all guidelines, fully participate in all aspects of the Christian program, and refrain from any activity staff deems contrary to recovery or Christian growth (Violation of the guidelines may result in disciplinary measures and possible dismissal.)
- Be willing and able to commit to an uninterrupted eight to nine month program
- Be physically able to perform work assignments such as shop, landscaping, farm,

- housekeeping, kitchen, or warehouse. Client does not get to choose their work assignments.
- Be medically able to fully participate in a program that does not provide medical care, dental care, or assistance with medications (All candidates must arrange for outside sponsorship before they arrive.
- Be mentally stable and capable of functioning in a therapeutic community environment with classroom and group activities. The applicant must also have 30 days of medication upon entering the program.
- Be willing to refrain from the pursuit of romantic relationships other than with a legally married spouse while in the program
- Not be a registered sex offender

Personal Items

Residents are allowed to have those items staff deems conducive to recovery and Christian growth. Residents are not allowed to have more than \$20 in their possession and should make arrangements for off-premise staff storage of cash and valuables before arrival.

Residents are not allowed to have cell phones or non-approved medications. Residents are not allowed any food items in the room. Candidates should bring as many of these items as possible, but not exceed limits. Excess items will not be stored.

Permissible items include:

- Five pairs of pants
- Five shirts
- Five undershirts/T-shirts
- Five pairs of underwear
- Five pairs of socks
- Two pairs of shoes
- One pair of shower shoes
- One overcoat
- One jacket
- One sweater
- One laundry bag
- One book bag
- One alarm clock
- Bible, pens, pencils, paper, and notebooks
- Personal hygiene items (not containing alcohol)

Mental and Medical Health

Memphis Union Mission is not a hospital or mental health facility, nor does it provide these services to our clientele. Memphis Union Mission pastors are not licensed or certified in psychiatry, psychology or social work. Our pastors are ministers of the Gospel, empowered by the Holy Spirit of God to teach the inspired Word of God to clients to effect positive, permanent godly behavior and to apply the Word of God to every area of their lives. (1 Peter 4:3; 2 Timothy 2:15; Philippians 4:13)



INTAKE APPLICATION

This form must be completed by the candidate for admission.

Personal Data

Name: _____ Birth date: _____

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

S.S. No.: _____ Religious/Denominational Preference: _____

Occupational Background: _____

Emergency Contact: _____ Emergency Phone Number: _____

Why do you want admission to the Iron-on-Iron program?

List your addictions: ☐ Alcohol ☐ Gambling ☐ Sex ☐ Self-Abuse Drugs
☐ Cocaine ☐ Marijuana ☐ Heroin ☐ LSD ☐ Opium
☐ Sedatives ☐ Inhalants ☐ Psychotropic Medications
☐ Prescription Medicines ☐ Amphetamines
☐ Meth-Amphetamines ☐ Tobacco Products

Have you ever been in the Iron-on-Iron program before? _____ If so, when? _____

Who referred you to Memphis Union Mission? _____

Have you ever been treated for an alcohol or drug addiction before? ☐ Yes ☐ No

If so, where, when and how long did you stay in each?

Phone number where you may be reached during the day: (____) _____

Marital Status: ☐ Co-habitation ☐ Divorced ☐ Married ☐ Separated
☐ Single ☐ Widowed

Number of children: _____

Health Issues

List physical disabilities: ☐ Heart Disease ☐ Type 1 Diabetes ☐ Type 2 Diabetes
☐ Seizures ☐ Epilepsy

Others: _____

Have you tested positive for any of these communicable diseases:

☐ Tuberculosis ☐ H.I.V. ☐ Hepatitis of any kind

List any medications you are supposed to be taking and their purpose:

Do you have any other medical problems? If yes, explain:

Do you have any type of health insurance? ☐ Yes ☐ No

Mental Health Issues

List any mental health treatment (give diagnosis, if known) and any medications prescribed:

List dates of any suicidal actions in the last five years: _____

List any family or relationship problems you are currently experiencing:

Do you have homosexual tendencies? ☐ Yes ☐ No

Justice System

Probation/Parole Officer's name and telephone (if applicable): _____

List any court cases pending: _____

List your record of criminal charges, jail or prison time (if applicable):

Have you ever been accused of child molestation? ☐ Yes ☐ No

Are you a sexual offender? ☐ Yes ☐ No

Have you ever been convicted of a violent crime? ☐ Yes ☐ No

If yes, explain: _____

Are you required to pay child support? ☐ Yes ☐ No

Are your payments current? (Explain): _____

Education

Highest grade level completed: _____

If you did not graduate from high school, do you have a G.E.D.? ☐ Yes ☐ No

List colleges or vocational schools and degrees attained: _____

Finances

List the monthly amount and source of any income you have (Disability, SSI, etc.):

Please Note: Participants in our programs are prohibited from receiving unemployment or food stamp benefits.

Who will finance your medical needs? _____

Answer the following questions either **yes** or **no**:

Do you agree to comply with all the requirements for admission as listed on pages 1 through 3 of this application? ☐ Yes ☐ No

Are you able to and do you commit to uninterrupted program time at Memphis Union Mission?
☐ Yes ☐ No

If not, why? _____

Do you commit to refrain from the pursuit of romantic relationships other than with your legally married spouse while in the program? ☐ Yes ☐ No

Are you physically and mentally able to fully participate in all aspects of this program, including work assignments? ☐ Yes ☐ No

I have read and personally completed the three pages of this application, and I agree to the terms and conditions which it contains for my admission to the Iron-on-Iron Recovery Program. Falsifying information given on this application may be grounds for dismissal from our programs.

Signed _____ Date _____

In the space below, give a brief history of your alcohol or drug abuse problem. Please write legibly. Use additional paper if necessary.



DISCIPLINE PROCEDURES

Placing a Client on Discipline

Most drug and alcohol programs have a set of rules to which clients are expected to adhere. Memphis Union Mission has designated seven rules for which there are strict guidelines for immediate dismissal from our programs. These are:

- Use of drugs or alcohol after entry into our programs
- Tampering with the integrity of our drug testing procedure
- Theft of property
- Threats or acts of violence
- Failure to comply with requirements for passes
- Acting inappropriately toward volunteers or other clients
- Romantic relationships other than with your legally married spouse

If you break these rules, you will be dismissed from the Iron-on-Iron program for a period of six months. This one-year period may be shortened if you step forward and confess breaking these rules. In such cases the waiting period for readmission to our programs will be three months.

There are other infractions which are of a more minor nature, but those rules are just as important to the smooth operation of our programs. Repeated violations of these rules are grounds for discipline, short of dismissal from the program.

Red Strikes and Yellow Strikes

For the purposes of the discipline of clients there will be two classifications of incidents which require written reports to be included in clients' files: red strikes and yellow strikes. These strikes will be explained more in detail at the Calvary Colony orientation.

To graduate from the Awareness Phase to the Calvary Colony Phase, you must be nicotine free. If you test positive for nicotine in the Awareness Phase, you may be given more time in the program.

Signed _____

Date _____



TOBACCO-FREE POLICY

The Memphis Union Mission is designated as tobacco free. This means that the use of any tobacco product (cigars, cigarettes, smokeless tobacco, etc.) by anyone is prohibited on most properties owned or controlled by Memphis Union Mission.

It also means that for you to join the Iron-on-Iron alcohol and drug program, it will be necessary to test negative for the use of nicotine.

1. The only place on property owned or controlled by Memphis Union Mission where smoking is permitted will be the “Transient Patio” at 383 Poplar Ave. Smoking anywhere else on Memphis Union Mission property is not permitted. Clients enrolled in the Iron-On-Iron Program are not allowed on the patio.
2. Memphis Union Mission has limited tolerance for those who continue to smoke after joining our drug and alcohol program. Each program pastor has resources approved by the American Lung Association and American Cancer Society and other tobacco-free advocacy organizations which will enable you to live smoke free.
3. If you continue to smoke after being admitted to the program, you will come under a unique disciplinary procedure. If you violate the non-smoking policy, you will be assessed “strikes”. This disciplinary procedure will be explained in detail during the Calvary Colony orientation

I have read these expectations, understand them, and will abide by them.

Signed _____

Date _____



RELEASE OF INFORMATION

To Whom it May Concern:

I hereby authorize Memphis Union Mission to secure information from and/or release information to any person, corporation, society, organization, governmental agency, institutions, or any other entity regarding my case records and/or my circumstances.

I also hereby authorize any person, corporation, society, organization, governmental agency, institutions, or any other entity to release to Memphis Union Mission any information regarding my case records and/or my circumstances.

My case information will remain available indefinitely to the person (s) or agency (ies) indicated above.

A photostat or faxed copy of this release shall be as valid as the original.

Signed _____

Date _____



RELEASE OF MEDICAL INFORMATION

I understand that this authorization is voluntary and that if the person or organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations, including HIPAA.

I, (client's name) _____ hereby authorize (name of agency or health care provider making disclosure) _____ to disclose to Memphis Union Mission, located at 383 Poplar Ave, Memphis, TN 38105 for date(s) of service _____. My Social Security number is _____, and my birth date is _____.

The following information is being requested. Please check all that apply:

- ☐ Diagnostic Reports (Please list: _____)
- ☐ Drug Treatment and/or Counseling Reports
- ☐ Medical History, Examinations, Laboratory Tests and Treatment Reports
- ☐ Summary of Previous Mental Health Treatment and Medication Management
- ☐ Other Records (Please list: _____)

The purpose of this authorized disclosure is to assist in determining eligibility for enrollment into Memphis Union Mission's Iron-On-Iron Recovery Program. Memphis Union Mission's opportunity to request the above information expires 90 days after the date below and may be revoked at any time with my written statement.

Upon acceptance into Memphis Union Mission's Iron-On-Iron Recovery program, the information requested above will become part of my confidential client file stored on Memphis Union Mission property. If I chose not to enroll or am not accepted into the program for any reason, the requested information will be properly destroyed.

(Client) Signed: _____ Date: _____

(Witness) Signed: _____ Date: _____