

***Welcome to
Jacob's Well Recovery Center
for Women***

***45 Buford Lane
Poplarville, Ms 39470
Fax (601)795-2803
Admissions (601)916-4944
Admissions (601)590-2460***

***Admissions Information and
Application for Residency Packet***

JACOB'S WELL RECOVERY CENTER FOR WOMEN

45 BUFORD LANE

POPLARVILLE, MISSISSIPPI 39470

Jacob's Well Recovery Center Introductory Letter

Jacob's Well Recovery Center is a Christ centered addiction recovery center for women located near Poplarville, Mississippi. We are a privately owned, privately operated, nonprofit corporation organized under 501-c3 guidelines. Our ministry was established in June of 2005 by Founders and Ministry Directors Pastor Charlie Haynes and his wife Pam. Our recovery program is based on the healing power of our Lord and Savior Jesus Christ through whose Grace we believe and have been witness to the fact that women can be healed from ALL types of addiction once and for all and forever.

Jacob's Well is a "resident" six month worship and work program where women are taught sound biblical principles of living by being required to sit under three hours of teachings, devotions and preaching every day six days a week and four hours on Sunday. These teachings, devotions and preaching are presented daily by a great staff of Pastors from many different Christ centered denominations who volunteer their time weekly to come and minister to the residents in the program. *Jacob's Well* is an interdenominational and inter-racial recovery program. In addition to a concentrated program of biblical teaching we also offer the residents a soundly structured daily schedule based on rules, policies and procedures that teach them responsible behavior and good work habits. Even during the work times the staff of the ministry encourages the residents to enter into and remain in fellowship with each other as they work together in such a way that they are daily building social skills that demonstrate the love and behavior of Christ one to the other.

We consider *Jacob's Well* to be not only an INDIVIDUAL healing ministry but a FAMILY healing ministry as well. New residents are not allowed visitors or phone calls the first thirty days of residency to give them an opportunity to get firmly grounded in the program without distraction. However, after the initial thirty days of residency the families and significant people in the lives of the residents are not only INVITED but ENCOURAGED to come and take part in the healing process with their loved one. Our families are very important to us. Our visitations are generous and are centered around our worship services and teachings so that the families are led to come and worship with their loved one while they are healing. Our hope and desire is that by doing so the resident AND those significant to her will exit the program "equally yoked." *Jacob's Well Recovery Center* operates on only that money which God provides through the personal donations of local churches, civic organizations, individuals and the modest tuition that we ask of the residents who enter our program. *Jacob's Well* also works closely with the Miss. Dept. of Corrections, law enforcement and the judicial system to give women an alternative to incarceration when they run afoul of the law in their addictive behaviors.

God has blessed us with a remarkable healing success in our program. An overwhelming number of the women who complete our program will remain free from their addiction and live productive lives. A very large percentage of the women who come through this program as well as family members will be led to Christ as their personal Lord and Savior or re-dedicate their lives to Christ and be baptized while they are in residency here. We are pleased and confident to say to all who will listen that God is doing a mighty work in the lives of otherwise broken and hopeless women and their families through the ministry of *Jacob's Well Recovery Center*. May Christ receive all the glory for what He is doing in the lives of those He calls to this place? "*By His stripes we are healed...*"

PLEASE NOTE:

- Please read the Information Letter and Pre-assessment packet carefully Before you apply

Where is Jacob's Well located?

- Travel Interstate 59 and get off at Exit #19. At the end of the ramp, turn WEST.
- Travel 2.5 miles to the stop sign and turn RIGHT.
- Travel .7 miles to Buford Lane. Turn LEFT on to Buford Lane
- We are the second Building on your left on Buford Lane.

How long is the program?

- This is a Six Month residential program.

What about medical care?

- We are **NOT** a medical facility.
- Narcotics, barbiturates, anti-depressants, psychotropic medications, or any other potentially addictive medications **ARE NOT ALLOWED**.
- All **APPROVED** medications must be turned in to the staff upon admission.
- Medical or Dental matters must be taken care of **prior to enrollment**.
If a **major** medical condition occurs during the residents program, the resident will be asked to postpone her program and return after the medical condition has stabilized.
- The resident is responsible for all costs of Off-Campus emergency medical care.

What is the Cost? (*Fees are due prior to, or at the time of admission.)

- The total program cost is \$4,500.00 for 6 months which consists of the following:
- ***Registration fee \$300.00 which includes:**
 1. Application process
 2. Background check
 3. Initial and additional monthly drug screens
 4. Pregnancy test
- ***Monthly tuition fee of \$700.00**
 1. Room and board
 2. Three meals per day
 3. Laundry services
 4. All bedding
 5. Personal hygiene products

What forms of payment are accepted?

- We accept the following forms of payment: Cash, Check, Bank Draft, Money Order, Pay Pal/Credit Card

Rules of admission:

- Legal obligations of the resident must be handled by their legal representative.
- Residents with non-legal obligations can be handled by the resident or a representative.
- Make sure you are fully informed about our:
 1. **Type of Program**
 2. **Policies: Medical and Legal**
- **Financial obligations:** MUST BE FULFILLED AS AGREED UPON in the application. Failure to meet the financial obligation may result in the termination of the resident's care.
- All court dates and legal obligations must be postponed until **AFTER** graduation. If, for some unforeseen reason the court date cannot be postponed, the resident may **ONLY** be transported by an approved representative.
- Complete and fax the Application for Admission to:
 1. Admissions Fax: (601)795-2803
 2. Completed application and ALL required documentation must be received by the Admissions Office prior to admittance.
- **Send completed application AND cover sheet:**
 1. **Make sure to include your: Name, Address, and a Contact number on the cover sheet.**
 2. **You will be contacted upon our receipt of the Admissions Package for a face to face interview.**
- **Legal representative must attach the following documents:**
 1. **Legal status while in the program**
 2. **All orders pertaining to *Jacob's Well Recovery Center* and the resident**

If approved:

- You will be provided a date and time for admission. You **must** be checked into *Jacob's Well Recovery Center* **within** 24 hours of the "Face to Face" interview.

What is the daily schedule?

Monday through Friday:

5:45AM—Wakeup Call
6:15AM---Breakfast Fellowship
6:45AM---Morning Devotion
7:45AM---Morning Work Call
11:00AM-Mid Day Devotion
12:00PM- 1st Shift Lunch
12:30PM- 2nd Shift Lunch
4:00PM---Work Day Ends
4:30PM-- Supper Fellowship/Free Time
5:45PM---Evening Devotion
8:30PM---Quiet Time
10:00PM- Lights Out

Saturday's schedule is the same except:

6:45AM—Wakeup Call
9:00PM-Quiet Time
10:30PM-Lights Out

Sunday is scheduled as follows:

7:45AM—Wakeup Call
9:30AM--Leave to go to Church
10:00AM—Church Service
12:00PM---Fellowship Lunch
2:00PM----Visitation Ends
6:00PM---Testimony Service
8:30PM—Quiet Time
10:00PM—Lights Out

ALL RESIDENTS ARE REQUIRED TO BE PRESENT AND SEATED 15 MINUTES PRIOR TO EACH SCHEDULED ACTIVITY.

Will I be allowed visitors?

Only the following people will be considered as candidates for visitation with a resident of *Jacob's Well Recovery Center*.

- 1) The resident's IMMEDIATE family to include: Husband*, Children, Father, Mother, Brother, Sister, Grandparents, Grandchildren
- 2) Pastor of the church in which the resident worshipped REGULARLY before entering the program.

* In some cases a man who is considered significant in the resident's life, but is NOT her spouse will be allowed to visit a resident. This will be decided at the discretion of the Ministry Director.

Procedures: (Please comply with visitation rules.)

- Please park and visit in the designated areas. Leave promptly at 2:00 pm.
- Please leave all cell phones and purses in vehicle. (PHONES ARE NOT ALLOWED IN VISITATION AREA.)
- Do not enter the residents living area.
- Do not bring any prohibited items on campus.
- Animals are NOT ALLOWED at visitation.
- Only pre-approved visitors will be allowed at visitation.
- We reserve the right to restrict visitation on an individual basis.
- We reserve the right to search and or drug test any and all visitors.
- A maximum of 2 ADULT visitors plus the children of the resident are allowed.

What is the telephone policy?

- Residents are scheduled one 15 minute phone call per day after the initial 30 days.
- Residents cannot receive incoming calls.

Is there a tobacco policy?

Yes, tobacco products are allowed in the designated area only. You will be strongly encouraged to quit. Nicotine patches, gum, and other similar products are permitted.

Can transportation arrangements be made?

Prior to admission for those who travel a great distance, transportation arrangements can be made to have the resident picked up at the following locations:

1. The Greyhound Bus Station in Hattiesburg, MS
2. The Amtrak Train Station in Picayune, MS

What items do I need to bring?

NOTE: Due to limited space all clothing and shoes must fit into a designated dresser and a assigned closet space, not including linens. All other items must fit into an additional three foot container.

- Personal Items:

Although we are able to furnish all personal hygiene products the resident may bring the following items at their discretion: shampoo, soap, toothpaste, mouth wash (must be alcohol free), tampons, laundry detergent.

- Classroom Supplies:

Envelopes and Stamps

Optional items to bring:

- Snacks and drinks (we do provide a vending machine on campus).

Dress code:

Residents will dress in a manner appropriate to the weather conditions with modesty and respect for the goals and visions of *Jacob's Well Ministry*. Included in this dress code, but not limited to these items would be:

- No jewelry through pierced body parts (only pair of earrings in your ear)
- No hats or head coverings allowed in devotions or worship services.
- No bandanas, no do rags or hats turned backwards.
- No sunglasses worn inside building or on top of your head.
- No cut offs (knee length shorts only)
- No halter tops, exposed midriffs, low cut shirts or blouses.
- Bras must be worn at all times.

Free-time dress code:

- Residents must remain fully dressed at all times when they are present in the common areas of the ministry.
- Residents must be fully dressed for all teachings, preaching's and devotions (No pajamas!!)

Bedtime dress code:

- At bedtime, residents may wear Pajamas, Nightgowns, Night shirts, Sweats or T-shirts (No Nudity).
- Any resident leaving her room must be fully dressed (including bra).

What items are prohibited?

- Drugs, alcohol, non-approved medication
All over the counter medication. Cigarettes must be turned into staff with an un-broken seal
- Anything containing alcohol: mouthwash, cologne, hairspray, etc
- Pocket knife or any item that can be considered a weapon
- Any electronic devices, including but not limited to: Ipod/MP3 players, camera, cell phone, computer, radio
- Musical instruments, magazines, hot plate, toaster, etc...
- Jewelry (no facial or body jewelry allowed). A single pair of earrings only worn in the bottom hole will be allowed.
- Personal vehicles
- No references to alcohol, gambling, profanity, or war stories

REQUEST FOR ADMISSION

Please Print and Answer All the Questions

Admission Staff Use Only

Received: _____ Entered: _____ Approved: _____ Admission Date: _____

A. Resident's personal data:

Name: _____ SSN: _____

Permanent Address: _____ County/Parish: _____

City: _____ State: _____ Zip: _____ Age: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____ Fax Number: _____

Please check all that apply:

- Marital St: Single Married Separated Divorced Widowed
- Race: White Black Hispanic Asian Am. Indian
- Religious Background: _____ Church: _____ City: _____
- Attended Jacob's Well: Yes No When: _____ Graduated: Yes No
- Custody of Children: Yes No (Arrangements must be made prior to admission)

B. Emergency contact 1:

Name _____ Relationship: _____

Address: _____ County/Parish: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

C. Emergency contact 2:

Name _____ Relationship: _____

Address: _____ County/Parish: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

D. Required information: (Must be completed in full)

Level of Education: _____ GED: ___ Yes ___ No Special Skills/Trades: _____

Driver License # _____ State: _____ Valid: ___ Yes ___ No Any DUI's ___ Yes ___ No

Any Physical Handicaps: _____

Work history: Employed: ___ Yes ___ No Last Date of Employment: _____

Employer: _____ Occupation: _____

Employer Address: _____ Phone: _____

E. Medical information

Health History:

___ Allergies	___ Dental	___ Heart	___ Sleeping Disorder
___ Allergy To Medication	___ Diabetes	___ Hepatitis (Types) ___	___ STD's
(Type): _____	___ Eating Disorder	___ High Blood Pressure	___ Suicide Attempts
(Type): _____	___ Epilepsy	___ HIV	___ Tuberculosis
___ Blackouts	___ Eye Problems	___ Liver Disease	___
(When): _____			
___ Broken Bones	___ Hallucinations	(Type): _____	(Where): _____
___ Cancer	___ Handicaps	___ Seizures	___ Ulcers
___ Convulsions	___ Hearing Voices	___ Shakes	___ Other: _____

Have you ever been diagnosed with a psychiatric disorder(s)? ___ Yes ___ No

<u>Diagnosis</u>	<u>Medications</u>	<u>When</u>	<u>Length of treatment</u>
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Have you ever been in treatment for substance abuse? ___ Yes ___ No

Date of treatment: _____ Treatment facility: _____

Period of effectiveness: _____

Use of tobacco:

Do you use tobacco products? ___ Yes ___ No (If yes, _____ Packs)

- You will be strongly encouraged to quit. Nicotine patches and gum are permitted.

Addiction history (Check all that apply. Please circle primary reason for admission.)

<input type="checkbox"/> Benzopines	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Opiates	<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Acid
<input type="checkbox"/> Klonopin	<input type="checkbox"/> Crack Cocaine	<input type="checkbox"/> Loritab/Loricet	<input type="checkbox"/> Meth.	<input type="checkbox"/> Mushrooms
<input type="checkbox"/> Xanax		<input type="checkbox"/> Morphine/Oxy	<input type="checkbox"/> Ritalin/Adderall	
<input type="checkbox"/> Valium	<input type="checkbox"/> THC	<input type="checkbox"/> Heroin	<input type="checkbox"/> Crystal/Ice	<input type="checkbox"/> Gambling
	<input type="checkbox"/> Marijuana			
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Other	<input type="checkbox"/> GHB/GBL	<input type="checkbox"/> Nicotine/Tobacco	<input type="checkbox"/> Pornography

Are you presently taking illicit drug(s): Yes No

Please list non-prescribed drugs you are presently taking:

Drug: _____	How Often: _____
Drug: _____	How Often: _____
Drug: _____	How Often: _____
Drug: _____	How Often: _____

Are you prescribed any medication(s): Yes No

Please list ANY prescribed medication(s):

Drug: _____	How Often: _____
Drug: _____	How Often: _____
Drug: _____	How Often: _____
Drug: _____	How Often: _____

Jacob's Well Medication & Medical Policy

- We are **NOT** a medical facility.
- Narcotics, barbiturates, anti-depressants, psychotropic, psychoactive medications or **ANY OTHER** potentially addictive medications **ARE NOT ALLOWED**.
- Medical or Dental matters must be completed **PRIOR TO ENROLLMENT**.
- In the Case of a Medical Emergency a resident will transported to the emergency room **BY AMBULANCE** at the resident's expense.
- The resident is responsible for **ALL** costs of off-campus medical care. The resident is also responsible for **ALL** costs of **ANY** medications.

F. Legal information (Prior to admission)

Do you have pending legal obligations: Yes No

IMPORTANT: THE LEGAL OBLIGATIONS OF A RESIDENT MUST BE HANDLED BY THEIR LEGAL REPRESENTATIVE.

- **A background check will be done on the applicant.** Please attach a copy of the following:
 - 1. Drivers license (or picture identification)**
 - 2. Social Security Card**
- All court dates must be postponed while in the program.
- Applicants entering the program without notifying the court/probation office (PO) **IN ADVANCE** may be disqualified and required to leave the program.
- Court or PO phone calls or progress reports will be provided upon request.
- The Court or PO may contact the resident's counselor to check the resident's status.
- The Court/PO **WILL BE NOTIFIED** in the case of dismissal, leaving the program, or not fulfilling the financial obligations to *Jacob's Well Recovery Center*.

Court dates pending: Yes No **When:** _____ **Where:** _____

Are you currently on probation? Yes No

Probation officer: _____ **County/Parish:** _____ **Phone:** _____

Are you currently under court order? Yes No (Court Order must be attached to the application)

Did you notify the Court/Probation Office (PO) about entering Jacob's Well? Yes No

Legal background information:
(This will not affect your admission.)

Have you ever plead guilty to or been convicted of a crime? Yes No

Have you ever been in prison? Yes No **How many times?** _____ **Last date:** _____

H. Visitor's list

Residents name: _____

Please make note of the following policies:

- Visitation is for immediate family only.
- Visitation is each Sunday from 10:00 am to 2:00 pm.
- All visitors must be approved prior to visitation by Jacob's Well Directors/Staff.
- Jacob's Well Reserves the Right to search any and all vehicles, personal properties, and drug test any individual on the premises.
- Jacob's Well Reserves the Right to refuse admission to the facilities to any one for any reason.

THIS LIST MUST BE COMPLETED FULLY PRIOR TO ADMISSION. ALL INFORMATION IS REQUIRED

	Visitor's Name	Relationship	Age
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

➤ I understand that I am responsible for the actions of my visitors. If they do not comply by the visitation rules, including un-authorized visits I may be subject to the loss of visitation privileges. **I further understand necessary legal action will be taken in suitable situations.**

I. Resident's acknowledgement

**PLEASE DO NOT SIGN UNTIL YOU HAVE COMPLETED
YOUR FACE TO FACE INTERVIEW**

I, _____, hereby acknowledge the following to be true:

- That I have read and completed this entire Request for Admission form and/or have had it explained to me and my questions about it answered to my satisfaction.
- That I understand that Jacob's Well Recovery Center is not required to admit me to their program.
- That I understand that if I am admitted into Jacob's Well Recovery Centers Program, that I understand Jacob's Well has the right to dismiss me from their Program at their sole discretion for consistent failure to follow the rules policies and procedures, determined solely by and in the sole discretion of Jacob's Well Recovery Center: and
- That if I am admitted to the program I will abide by all of the Rules, Policies, and Procedures of Jacob's Well Recovery Center and will respect the other residents and staff at Jacob's Well Recovery Center.

Resident's Printed Name: _____

Residents Signature: _____

Date: _____

Witness' Printed Name: _____

Witness' Signature: _____

Application checklist:

Please verify the following before turning in the application:

- The application is completely filled out. Incomplete applications will not be considered.
- Legal information has been completed.
- Courts and Probation Officers have been contacted and court dates postponed.
- Responsible Party and/or Resident has signed section G. (Financial Information)
- Visitation information has been fully completed.
- Resident and Witness have signed Section I. Resident's acknowledgement, in the presence of a Director and/or Member of Staff.