

GENERAL PROGRAM OVERVIEW

MORE THAN A TREATMENT CENTER

We are a non-profit, faith based, life recovery center empowering individuals and families through spiritual enrichment, education and personal responsibility. We offer a 90 day residential alcohol and drug recovery program for men and women. Our program includes intense, Bible based teaching and life skills training in an atmosphere of excellence and honor. Graduates may also be eligible for transition, extended-term and ministry training programs.

WE VALUE FAMILIES

Because we place such high value on the family, Wings of Life is one of the few centers in the country that allow husbands and wives to simultaneously participate in the program. We also have a visitation policy that allows for twice-weekly visits with immediate family members.

GREATLY INCREASED SUCCESS

Studies have shown that those who quit nicotine as part of their recovery, have a far greater success rate. Wings of Life is one of a growing number of programs that is nicotine free.

AFFORDABLE RECOVERY

Wings of Life is able to offer an affordable recovery program in a world of rising health care costs. Our fee for the 90 day program is significantly lower than traditional treatment programs. Please contact our admissions staff for details.



1. DAILY SCHEDULE

Residents are expected to comply with all program rules, procedures and participate in daily scheduled activities, including the work therapy program (Food service, housekeeping, maintenance, thrift store, etc.)

2. TOBACCO POLICY

Wings of Life enforces a strict NO NICOTINE policy for our residents and staff. All forms of nicotine are prohibited. E-cigs and vapor systems of any kind are not allowed.

3. RESIDENTIAL POLICY

Wings of Life is a coed facility. Contact or communication between men and women (except married couples) is strictly prohibited and grounds for immediate dismissal.

4. PHONE CALLS

Cell phones are not allowed for 90 day residents. Residents are allowed to have two 10-minute personal calls per week during scheduled phone time. Residents are unable to receive calls.

5. PRIVACY POLICY

Wings of Life will not confirm the enrollment of any individual in our program over the phone.

6. FAMILY VISITATION

Visitation is offered twice weekly and is limited to **immediate family**. This includes legal spouses, children, parents, siblings and grandparents only. Visitation hours are Sundays 12PM-3PM and Wednesdays 5PM-6PM. Pastors may participate in visitation once approved by staff.

7. MAIL AND PACKAGES

Incoming and outgoing mail and packages will be monitored. Residents are not allowed to receive food and drink items through the mail. These items may be brought to visitation by family members.

8. NO ITEM DROP-OFFS

Items are not allowed to be dropped off for residents. Items may only be delivered by family members during regular visitation.

9. OFF-CAMPUS PASSES

10. Off-campus passes are offered at various stages of the program. Passes are an earned privilege and are based on a resident's progress. Residents are not allowed to leave the facility for the first 30 days.

11. PROGRAM FEE

Wings of Life provides an affordable recovery option. **Please contact our admission staff for details.**

INITIAL HERE



POSTPONE MEDICAL OBLIGATIONS

Prior to enrollment, it is the responsibility of the resident to have all medical appointments postponed until completion of the 90 day program. Failure to do so may result in dismissal.

MEDICAL CRITERIA

- Wings of Life is NOT a medical/mental health facility and CANNOT provide medically supervised detoxification.
- Resident must be physically detoxed and able to participate in required daily activities prior to enrollment. Those unable to participate in daily activities will be dismissed.
- Resident must disclose any physical, emotional, mental, or health condition that might restrict or limit their participation in the recovery program. Failure to do so may result in dismissal.
- Resident is required to bring at least a 30-DAY SUPPLY of any approved medication. A 90-day supply is recommended. Resident is responsible for the cost of prescription refills, emergency medical and dental care.

APPROVED MEDICATIONS

- All prescription medications MUST BE pre-approved prior to check-in and turned in upon arrival. Anti-depressant medications, Neurontin (Gabapentin) for neuropathy, and medically necessary non-narcotic medications for chronic conditions such as diabetes and hypertension may be allowed if approved. NO narcotic, mood-altering or anti-psychotic medications allowed.
- All over-the-counter medications MUST BE pre-approved prior to check-in and turned in upon arrival.
- Approved over-the-counter medications: (Must be sealed)
 - Pain Relievers - Tylenol, Naproxen, Motrin, Ibuprofen, Aleve
 - Stomach Medications - Prilosec OTC, Nexium, Prevacid, Roloids, Pepto-Bismol.
 - Cold, Cough and Sinus Medications - Claritin, Chlortabs, Tylenol Cold & Sinus (all non-drowsy), Alka-Seltzer Plus Cold Daytime, Mucinex, Alcohol Free Cough Syrup, Tussin CF, Cough Drops.

NON-APPROVED MEDICATIONS

- Anti-histamines/decongestants or COLD medicines containing dextromethorphan (medicines ending with "D" or "DM"), barbiturates, natural/herbal remedies, narcotics, opiate blockers, sleep-aids, mood-altering, psychotropic or any other potentially addictive medications ARE NOT ALLOWED.

INITIAL HERE

ITEMS TO BRING

Due to limited space, the overall amount of items brought in should be minimal.

- **Identification documents**
Picture ID or Driver's License, Social Security Card, Insurance Card, Marriage license. (married couples only)
- **Linens**
Blanket, pillow, towels, washcloths. (Bedding is provided)
- **Personal Items**
Shampoo, soap, toothpaste, mouthwash (alcohol free), feminine hygiene, alarm clock (no radio), stamps and envelopes, wrist-watch
- **Classroom Supplies**
Bible, back-pack or book-bag, pen, highlighters, notebook
- **Clothing**
Women are required to wear women's clothing. Casual clothing for classroom (Jeans, shorts, t-shirts), casual/dressy clothing for church services (pants, dresses, skirts-no jeans). Bring appropriate clothing and shoes for recreation and work program. No tank tops. Tops must have sleeve or half-sleeve. Shorts and skirts (or leggings) must be to knee. Bring no more than 10 outfits and 3 pairs of shoes.
- **Locked Valuables**
Need padlock for locker.

OPTIONAL ITEMS

Snacks (Dry food only), umbrella, hair dryer, etc.

PROHIBITED ITEMS

- Drugs, alcohol, non-approved medication
- Any items with broken seals
- Anything containing alcohol: mouthwash, cologne, etc.
- Items under pressure: aerosols, hair spray, etc.
- Pocket knife or any item that could be considered a weapon
- Cell Phone, Camera, Computer, tablet, C.D. Player, IPod, or Radio
- No secular books, videos, magazines and/or music
- No C.D.'s or DVD's
- Jewelry (no facial or body jewelry allowed)
- No cross-gender clothing or reference to alcohol, gambling, tobacco, secular music or profanity
- No nicotine in any form. No tobacco, gum, patches.
- No eCigs or vapors
- No loose powder of any kind
- No bath salts
- No energy drinks, diet aids or workout supplements (Powdered drink or pill form.)
- No personal vehicles
- No pets
- No hot plates, toasters, crock pots, cookers, etc.
- No playing cards

Wings of Life strives to protect all residents from negative influences. Violators are subject to immediate dismissal.

INITIAL HERE



Client Intake Form

Please Print Clearly

Personal Information									
Last Name		First Name							
Date of Birth		Spouse Name							
ID Number	<small>List: Type of ID, State & Number</small>	Social Security							
Address		Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No						
City		State		Zip Code					
Home Phone		Work #							
Cell #		Fax							
Age		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Height		Weight			
Religion				Race/Ethnicity					
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed								
Emergency Contact Name				Relationship					
Emergency Ph #		Secondary #							
Emergency Address									
<p>Are you currently receiving any type of income? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i></p>									
<p>Have you ever been in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If dishonorable discharge please explain.</i></p>									
Education									
<p>Circle last year completed: Primary: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 +</p>									
<p>Can you read and write? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>									
OFFICE USE ONLY		Entry Date:			Graduation Date:				
Room #	Bed #								
Cash in possession:	Items secured during intake:								



WINGS of LIFE RECOVERY

Legal History
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No How many times? _____ <i>If yes, give details:</i>
 If yes, under what name were you arrested? _____
Have you ever done jail time? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what for and how long?</i>
Are you on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, give probation or parole officer's contact information below:</i> Probation Officer's Name: _____ County? Probation Officer's Phone Number: _____ State or Federal? Probation Officer's Fax Number: _____
Are you court ordered here? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, give contact information regarding your court case:</i> Judge's Name: _____ Judge's Phone Number: _____
Do you have any legal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Where?</i> <i>What are the charges?</i>
Do you think you may have any outstanding warrants? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>
Do you have any other pending legal matters that would require you to attend to in the next 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, give details below:</i>



WINGS of LIFE RECOVERY

Medical History			
Date of last physical exam: <i>Results:</i>			
List any physical ailments or handicaps that you may have:			
Do you wear glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wear contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List anything that you may be allergic to:			
Do you currently have any chronic medical conditions not listed above that require regular visits to the doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>			
Are you presently on any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list below and give reason for taking it:</i>			
Are you physically able to perform all assignments (you must be able to lift 25 lbs, be able to stand for long periods of time as well as climb up to 4 flights of stairs) as part of this program? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please explain:</i>			
Have you ever been diagnosed with any mental condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>			
Have you ever been under psychiatric care or been admitted to a mental health institution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>			



WINGS of LIFE

RECOVERY

<p>If female, are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Have you been pregnant in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Do you have any children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many and what are their ages?</p>
<p>If male, are you the father of any children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If yes, how many children do you have and what are their ages?</p>
<p>Do you consider yourself to be: (This will not affect your consideration for the program) <input type="checkbox"/> Heterosexual (straight) <input type="checkbox"/> Bisexual <input type="checkbox"/> Homosexual (Gay/Lesbian)</p>
<p>Goals</p>
<p>What goals do you have while in this program?</p>
<p>What do you want to happen in your life while you are in this program?</p>

How did you hear about us? (Check all of that apply)

- | | |
|--|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Internet / Social Media |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Brochure / Flyer |
| <input type="checkbox"/> Church Leader | <input type="checkbox"/> Other: _____ |



WINGS of LIFE

RECOVERY

Drug History				
Have you ever used drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how old were you?</i>				
Why did you try them?				
<input type="checkbox"/> To help me deal with life.		<input type="checkbox"/> Some of my family use drugs.		
<input type="checkbox"/> To escape reality.		<input type="checkbox"/> Just for fun.		
<input type="checkbox"/> To fit in with my peers.		<input type="checkbox"/> I'm bored.		
<input type="checkbox"/> My friends use drugs.		<input type="checkbox"/> Curiosity.		
<input type="checkbox"/> To make physical pain go away.		<input type="checkbox"/> Other: _____		
<input type="checkbox"/> To make emotional pain go away.				
Have you ever sold drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you think you have a problem with drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain				
<i>Explain why or why not:</i>				
Since you've been using, what's the longest period of time that you've been sober?				
Please fill out information below concerning your drug use.				
Drug <i>(if you did not use drug listed leave blank, if drug is not listed fill in)</i>	First Time <i>(How old were you or what month/year?)</i>	Last Time <i>(Approximate date?)</i>	Frequency <i>(How often did you use: occasionally, monthly weekly daily, etc.)</i>	Amount Used <i>(How much did you use per day/week/month?)</i>
Alcohol				
Barbiturates				
Benzodiazepines				
Cocaine/Crack				
Glue/Paint				
Heroin				
Inhalants(Snuffing)				
LSD				
Marijuana				
MDMA (Ecstasy)				
Meth				
Mushrooms				
PCP				
Prescription Drugs				
Speed				
Tobacco				
Other:				

RESIDENT VISITATION LIST

Visitation is offered twice weekly and is limited to **immediate family only**.

This includes legal spouses, children, parents, siblings and grandparents only. Visitation hours are Sundays 12PM-3PM and Wednesdays 5PM-6PM.

Pastors may participate in visitation once approved by staff.

Name: _____

Date: _____

Please list names of visitors and their relation to you:

<u>Visitor Name</u>	<u>Relation</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

Visitor Sign In:

<u>Date</u>	<u>Name</u>	<u>Date</u>	<u>Name</u>	<u>Date</u>	<u>Name</u>