



Justin's Place Recovery Program

Justin's Place is a 12 month Christian Discipleship Program, divided into three tracks; Motivational Track (4 weeks), Discovery Track (8 months), and Transition Track (3 months). The goal of Justin's Place is to help men and women struggling with an addiction find freedom, hope, and healing, based on the reality that there is a living God who wants to redeem, restore, and equip those with a life free from addiction.

Throughout the program, residents are required to attend lectures, classes, group meetings, Bible studies, church, and outside 12 step support meetings. Each phase is structured and designed to provide the tools needed in order to achieve a successful journey in recovery. Please review the following points before moving forward with the application. We want to insure you have a full understanding of the program and are committed to receiving the help that is needed for life change.

Points of Interest

- Justin's Place is a tobacco/vapor free facility. Resident's attend a nicotine cessation class at the beginning of the program, where they are provided with nicotine replacement to assist them in ceasing the use of nicotine by the end of week 2.
- Residents are not permitted electronic devices until reaching Transition Track (10th month). This includes, but not limited to cell phone, iPod, CD player, laptop, kindle, tablet, etc. Smart phones and tablets are not permitted until the 11th month in the program.
- Resident's will be in a "blackout period" in the first Track of the program. They will not be permitted phone calls or mail, unless it pertains to legal, medical, or financial concerns.
- During Motivational Track, residents participate in the Justin's Place Feeding Ministry, providing meals for the homeless population during lunch and dinner.
- When the residents are starting the program, the lights are out at 10pm and on at 6am.
- Justin's Place is a curriculum and work based program; reading and writing skills may be required at times throughout the program. Residents are also required to participate in the work program; which includes Agriculture, Hospitality, Maintenance, Laundry, Kitchen, Pool Maintenance, etc.
- Resident's will be assigned to do outreach projects within St. Matthews House and off property. This includes, but not limited to, working in the kitchen, helping at the thrift store, tending to Justin's Place properties, and other service projects brought to the program by the community.
- Resident's walk to class and meal time each day. This could add up to a few blocks a day. They will also be taking the stairs to their rooms in Discovery Track; which includes walking up 3 flights multiple times a day.
- During Transition Track, the residents will begin part-time employment at a St. Matthews House social enterprise. This includes jobs such as, Discipleship Team, Catering/Kitchen, Warehouse, Car Wash, Thrift Store, Development, etc. In Transition Track, residents learn the balance between work and recovery, and also how to budget their finances. Resident's must be able to do this part of the program which requires physical labor and employment.

2001 Airport Road South, Naples, FL 34112

Matthew 25:31-46



- Justin's Place is not a medical or mental health facility.
- Certain medications are not permitted throughout the program, please contact the Intake Services Department to inquire a list of restricted medications.
- Individuals who have medications must have the means to be able to pay for those medications and enter into the program with a 90 day supply.
- Church, Bible Study, Group, and 12 Step participation are a mandatory part of the program.
- Residents will be allowed weekly phone calls after completing 30 days in Discovery Track (approximately 2 months). They are allowed visitation after 90 days in Discovery Track (approximately 4 months). The visitation request must be approved one week prior to visitation. Approved visitors include, legal spouse and immediate family members.
- Justin's Place is a safe location. With that, we cannot house sexual offenders or individuals with pending DCF or other Social Services regarding sexual offenses.
- There is a one-time admission fee of \$1000. The fee covers the initial assessment, curriculum, and other initial program costs. The fee is non-refundable.
- Please contact the intake office if you have any further questions.
- All items entering into the program are subject to search and/or review.

With the exception of \$20 cash or below, residents entering into the Justin's Place Recovery Program are not allowed to keep any personal cash/cards on their persons. Upon intake, anything exceeding the above will be collected with any cash being applied as credit to resident's fees. All cards will be collected and turned over to Motivational Track staff upon transfer from shelter stabilization to Motivational Track entry at the Justin's Recovery Center (firehouse).

May God give you the strength and courage that is needed for taking the steps towards a better path. You will continue to be in our prayers during this time. We look forward to helping you on this journey!

Intake Department
Email: Intake@stmatthewshouse.org
Phone: 239-774-0500
Men's Program Ext: 183 and 112
Fax: 239-774-7146



It is our priority to offer a respectable program for the applicants of Justin's Place. In order to do this, a mutual respect is needed. This starts with the way we present ourselves. There will be no apparel that refers or references to old behaviors or past lifestyles. This includes drug references, gang references, and other associated/related references.

Items to pack:

Personal Items

- 1 Book Bag (journal, stamps, appropriate reading material)
- Personal Hygiene ****CAN NOT CONTAIN ALCOHOL****
- No more than 5 hats
- 2 pairs of sunglasses
- Jewelry/piercings (case by case)
- Hairstyles including beards and mustaches must be well kept

Clothing

- 2 pairs work pants
- 5 work shirts
- 2 pairs of non-work pants (class-wear, no holes)
- 5 shirts (t-shirt or otherwise, no inappropriate or no vulgar material)
- 3 pairs of shorts (no holes)
- 1 pair of swimming trunks
- 12 pairs of underwear
- 12 pairs of socks
- 1 jacket and 1 sweatshirt
- 7 white t's/undershirts

Shoes

- 2 pairs of tennis shoes
- 2 pairs of work boots
- 2 pairs of flip flops/sandals for free time
- 2 pairs of dress shoes

Formal Wear – (for attending Church services and dinners during Discovery Track)

- 2 dress slacks/khakis
- 5 button down (Oxford style) dress shirts
- 5 polo shirts
- No more than 5 ties

Notes:

- If lacking any above items, they will be provided as needed
- Justin's Place is not a storage facility. Each resident will be given a reasonable amount of space to store the amount of items listed above. Please pack accordingly.



Justin's Place Recovery Program
Application

Please complete this information to the best of your ability prior to the screening. After returning the application, please contact the Intake Services Office by phone to schedule a phone interview. If you have problems, questions, or concerns they will be handled at that time. St. Matthews House / Justin's Place does not discriminate for any reason; however, there are certain guidelines that must be followed. This is a **CHRIST CENTERED PROGRAM that focuses on helping men and women overcome addiction and seek a new way of life.**

Demographic Information:

Phone Number:

Email :

Gender (at birth):

Date Completed:

Name:	SS#
Date of Birth:	Place of Birth:
Age:	Relationship Status (if married, list county):
# of Dependents:	Do you have an open DCF case?
Who has custody of your children now?	Do you owe child support? If so what county?
Mailing Address:	Can you read and Write? Yes____ No____
Education Level:	Did you Graduate? Yes____ No____
Do you have a State ID or valid Driver's License?	If yes, please provide a color copy
Emergency Contact Name:	Emergency Contact Phone:
	Relationship to you:
How did you hear about Justin's Place Recovery Program?	

Physical Health Data:

Describe your Physical Health: Excellent:____ Good: ____ Average: ____ Poor:____ Weight: ____ Height:____

Are you now under a doctor's care? Yes____ No____

Reason for doctor's care _____

Recent major illness, surgery, or hospitalizations: _____

Do you have any current concerns about your physical health that would prevent you from performing manual work-related tasks while in the program? Please specify: _____

Date of last physical: _____

Please list any prescribed medication you are currently taking or have taken in the past 60 days:

Females Only: Are you pregnant? Yes / No

Physical – circle any of the following symptoms that apply to you:

Headaches	Stomach trouble	Skin problems	Dizziness	Tics
Dry mouth	Palpitations	Fatigue	Burning or itchy skin	Muscle spasms
Twitches	Chest pains	Tension	Back pain	Rapid heart beat
Sexual disturbances	Tremors	Unable to relax	Fainting spells	Blackouts
Bowel disturbances	Hear things	Excessive sweating	Tingling	Watery eyes
Visual disturbances	Numbness	Flushes	Hearing problems	Don't like being touched

Level of Pain

Are you currently experiencing any pain? If so, on a scale from 1-10 (with 10 being the worst), what is your level of pain and explain. **With any experience of chronic pain, intake services will require a letter from a doctor verifying that you are able to participate in the program.**

* Past 30 days - If you have experienced any of these in the past 30 days, list how many days.

**Lifetime - If you have experienced any of these throughout your lifetime, list how many years.

Mental Health

medical records may be requested

	Past 30 days *		Lifetime **	
Serious Depression		days		years
Serious Anxiety/Tension		days		years
Hallucinations		days		years
Trouble Understanding/ Concentrating/remembering		days		years
Trouble controlling temper Or violent behavior		days		years
Suicidal Ideation		days		years
Suicide Attempts		days		years
Emotional Abuse		days		years
Physical Abuse		days		years
Sexual Abuse		days		years

- Ever hospitalized or Baker Acted for psychological problems?

When/where/diagnosis/duration of hospital stay (s):

- Ever entered an inpatient or outpatient treatment facility for psychological problems?

- Ever received a diagnosis for a mental health disorder?

If yes, what/when was the diagnosis and who was the doctor for diagnosis:

- Currently receiving help for psychological problems?

Have you ever struggled with: Anorexia ___ Bulimia ___ Abusing self (cutting) ___ Abusing others ___ Sex ___ Pornography ___ Gambling ___ Over-eating ___ Stealing ___ Video Games ___ Overworking ___
If yes, explain:

Do you feel that you are addicted to any kinds of foods? If yes, explain:

Amount you consume each day: _____

Cigarette packs smoked per day: _____ Coffee cups consumed per day: _____

Substance Abuse Treatment:

Have you ever been to Detox? Yes ___ No ___ If yes, how many times, when, and where?

Have you ever been in treatment for Substance Abuse/Addiction? Yes ___ No ___ How many times? _____

If Yes, When and Where: _____

Did you complete the program? _____

Did you stay clean and sober? Yes ___ No ___ How long? _____

Did you attend meetings? Yes ___ No ___ Did you get a Sponsor? Yes ___ No ___

-*Past 30 days - List how many days in the past 30 days that you've used a particular substance

-+Lifetime - List how many years you have been using a particular substance, and on average, how many times per week you use the particular substance.

Substance Abuse History:

	Past 30 Days*		Lifetime (3x/week)+		Route of Admin	Age 1 st Use
Alcohol – any use		days		years		
Alcohol – to intoxication		days		years		
Heroin		days		years		
Methadone		days		years		
Other opiate/analgesics		days		years		
Barbiturates		days		years		
Benzodiazepines		days		years		
Cocaine		days		years		
Amphetamine		days		years		
Cannabis		days		years		
Hallucinogens		days		years		
Inhalants		days		years		
More than one substance		days		years		

Alcohol and Drug History:

Have you ever felt you should cut down on your drinking and/or drug use? Yes____ No____
Have people annoyed you by criticizing your drinking and/or drug use? Yes____ No____
Have you ever felt bad or guilty about your drinking and/or drug use? Yes____ No____
Have you ever used alcohol or drugs in the morning to steady your nerves or get rid of a hangover? Yes____ No____
Have you ever had any drug or alcohol related arrests? Yes____ No____
Have you experienced any blackouts from drugs or alcohol? Yes____ No____
Have you ever injected drugs? Yes____ No____

- Substance(s) of Choice: _____
- Currently clean and sober? _____
- Experienced Withdrawal: Yes____ No____ If yes, how many time(s) _____
- Did any of the withdrawals give you seizures? Yes____ No____

Legal Data:

Are you a sex offender? Yes____ No____
Have you ever been charged with a violent offense? Yes____ No____
Violent Charges: _____
Why are you incarcerated now? _____
Estimated Release Date: _____
Previous jail or prison served? Yes____ no____
If yes, how many times: _____
What are your previous charges? _____

Do you currently have any pending cases with DCF or other Social Service Agencies? Yes__ No__ If yes, please explain:

Do you have any outstanding fines? Yes____ No____
Amount owed: _____
Are you currently on Probation? Yes____ No____
Explain _____
Do you have any stipulations as a part of your probation? (community service hours, classes etc.) Yes____ No____
If so, what is required completion date? _____
Have you ever had a DWI (Driving While Intoxicated)? Yes____ No____ How Many: _____
Arrest warrant____ Court appearance____ Criminal charges____ Sentencing____ Other____

Religious Data:

Current Religious Preference:

In Childhood: _____

Do you have a Home Church? Yes____ No____ where? _____

Have you accepted a higher power? If yes, please describe: _____

Relationships:

	Close Relationship	Serious Problems Last 30 days	Serious Problems Lifetime
Spouse or Signif. Other			
Mother			
Father			
Siblings			
Children			
Close Friends			
Other Family			
Neighbors			
Co-workers			

Family History

Have you witnessed or been involved in incidences of domestic violence?

Yes _____ NO _____

If YES please describe:

Have you experienced any significant loss within the past year?

Yes _____ NO _____

If YES please describe (i.e., Who? How? Etc.):

Have you experienced any significant loss in your life time?

Yes _____ NO _____

If YES please describe (i.e., Who? How? Etc.):

Are you adopted? Yes _____
NO _____

If known, please complete the following chart regarding blood relatives:

Family History

	<u>Family Members</u>								
<u>Illness/Condition</u>	<u>Grandparents</u>	<u>Father</u>	<u>Mother</u>	<u>Brother</u>	<u>Sister</u>	<u>Sons</u>	<u>Daughters</u>	<u>None</u>	<u>Describe</u>
<u>Cancer</u> (describe type for each person)									
<u>Heart Disease</u>									
<u>Diabetes</u>									
<u>Stroke/TIA</u>									
<u>High Blood Pressure</u>									
<u>Liver Disease</u>									
<u>Alcohol or Drug Abuse</u>									
<u>Anxiety, Depression, or Psychiatric Illness</u>									
<u>Tuberculosis</u>									

Program Participant: _____

Family and Friends Data:

Spouse: _____

Address: _____

Email: _____

Telephone: _____

Father: _____

Address: _____

Email: _____

Telephone: _____

Mother: _____

Address: _____

Email: _____

Telephone: _____

Grandparents: _____

Address: _____

Email: _____

Telephone: _____

Siblings: _____

Address: _____

Email: _____

Telephone: _____

Pastor: _____
Address: _____
Email: _____
Telephone: _____

Other: _____
Address: _____
Email: _____
Telephone: _____

Other: _____
Address: _____
Email: _____
Telephone: _____

Other: _____
Address: _____
Email: _____
Telephone: _____

Other: _____
Address: _____
Email: _____
Telephone: _____

[illegible]

Updated: 03/19/20

Questions:

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Signature: _____ **Date:** _____

Intake Department
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