



Justin's Place Recovery Program  
Application

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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? Mailing

Do you owe child support? If so **what** county?

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:

How did you hear about Justin's Place®  
Recovery Program?

Relationship to you:

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 - 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 - select an of the following symptoms that apply to you:

Headaches	Stomach Trouble	Skin Problems	Dizziness	Tics
Dry Mouth Twitches	Palpitations	Fatigue	Burning or Itchy	Muscle Spasms
Sexual Disturbances	Chest Pains	Tension	Skin	Rapid Heart Beat
Bowel Disturbances	Tremors	Unable to Relax	Back Pain	Blackouts
Visual Disturbances	Hear Things	Excessive Sweating	Tingling Hearing	Watery Eyes
	Numbness	Flushes	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	days	years
Tension 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:

Are you 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 <sup>st</sup> 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? Yes No**

**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? No

Yes 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 Life time
Spouse or Significant 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:

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Have you experienced any significant loss within the past year?

Yes No

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

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Have you experienced any significant loss in your life time?

Yes No

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

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Are you adopted?

Yes No

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

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

Program Participant:

Family and Friends Data:

Spouse:

Address:

Email:

Telephone: \_\_\_\_\_

Father:

Address:

Email:

Telephone:

Mother:

Address:

Email:

Telephone: \_\_\_\_\_

Grandparent:

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:

Briefly describe why this is the program for you:

Have you read the Program Overview Form? Yes No

Questions:

Signature:

Date:

Intake Department  
Email: [Intake@stmatthewshouse.org](mailto:Intake@stmatthewshouse.org)  
Phone: 239-774-0500  
Men's Program Ext: 183, 112  
Women's Program Ext: 125  
Fax: 239-774-7146



## **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 ensure 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. Residents 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.
- Residents are not permitted electronic devices until reaching Transition Track (10th month). This includes, but is not limited to cell phones, iPods, CD players, laptops, kindles, tablets, etc. Smart phones and tablets are not permitted until the 11th month in the program.
- Residents 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.
- Residents 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.
- Residents 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. Matthew's 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.



- 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 about 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.

*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](mailto:Intake@stmatthewshouse.org)  
Phone: 239-774-0500  
Men's Program Ext: 183 and 112  
Fax: 239-774-7146



## Allowable Items List

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 [**\*\*CANNOT 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.