

Penfield Christian Homes

For More Information

Visit Our Website

<http://www.PenfieldRecovery.com>

Information Pack

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Penfield Christian Homes is a Christ centered ministry for reclaiming the lives of those suffering from addiction to drugs and alcohol. We teach them to apply, through the power of Jesus Christ, Biblical principles as expressed in the Twelve Steps of Alcoholics Anonymous. We refer to them as Twelve Steps for Successful Christian Living.

A. PROGRAM CRITERIA:

1. Prior to arrival at Penfield Christian Homes, client must be interviewed by program staff and agree to participate in all parts of the program for the entire six weeks. During this telephone interview the client will be briefed as to the nature of the program as outlined in the attached "Client & Family Orientation." To complete the interview, please call us at 706-453-7929 Mon – Friday between 9AM and 4PM.
2. All pending legal issues need to be resolved prior to admission or postponed until client is discharged. Failure to take care of legal issues may result in discharge for non-compliance.
3. Client should have his Pastor or some other member of his home church committed to praying for him while he is at PCH. His home church should also be involved in follow up care given to client.

B. MEDICAL CRITERIA:

1. Must be an adult male, eighteen years old and older, able to take care of himself. Client must disclose the presence of any physical, emotional, mental, or health condition that might restrict or limit his participation in the rehabilitation program at PCH. (*This includes appointments with doctors, social workers, lawyers, etc.*)
2. Client must disclose all medication that he is taking, the dosage, time it should be taken, and if it can be refilled. He must also give the names and address of the physician who prescribed the medicine. Addictive or mood altering medications are not allowed. Clients taking psychotropic medications or other medications with possible severe side effects must be on a stable dosage for whatever time is necessary, prior to admission, for medical personnel to evaluate the impact that side effects would have on the clients' ability to participate in the rehabilitation program at PCH.
3. Client must be detoxified from all mood altering chemicals, including addictive prescription medication. A statement signed by a physician, or his designee, stating that the client does not require medical Detox.
4. Client must have the following for admission:
 - a. Client must have a negative TB test or clear chest X-ray dated within the past 90 days.
 - b. Client must present doctor's statement that he has no symptoms of communicable diseases.
 - c. Client must have a statement saying he has been successfully detoxed or does not require medical detoxification.
 - d. Client must have attached medical forms filled out by a medical professional and fax them to us at 888-785-0613.

C. FINANCIAL CRITERIA:

1. Financial arrangements must be made with the Executive Director or his designated representative. The program fee is \$2,840, which is usually paid at the time of admission.
2. Client should have someone committed to sending him \$20 to \$40 per week for personal expenses. Mainly used for tobacco products.

THE PROGRAM:

- Six weeks alcohol, drug rehabilitation. Dormitory environment, non-medical facility.
- Mornings - class; Afternoons - groups and work/recreation activity; Evenings - AA & NA meetings.
- Bible study on Wednesday evenings and attend Open Door Baptist Church on Sunday.
- Client is required to participate in all aspects of the program including written assignments.
- Peer pressure teaches responsibility, teamwork, communications, and proper relationships.

ADMISSION CRITERIA:

- Must be an adult male (18 or older) physically, mentally, and emotionally able to take care of himself.
- Client must be interviewed by program staff and agree to participate in our program.
- Client must be detoxified from all mood-altering chemicals, including addictive prescription medication.
- Client must be free of symptoms of contagious diseases and have a current negative TB test.
- All pending legal issues need to be resolved prior to admission or postponed until client is discharged from PCH.
- Financial arrangements must be made with the Executive Director or his designated representative.
- Client must arrange for prayer support from someone at his home church (preferably the Pastor).

CONFIDENTIALITY:

- Information on clients cannot be given to families or the general public without the client's written permission.
- Information will not be withheld from the constituted authorities of the criminal justice system.
- All visitors to Penfield Christian Home are bound by Federal Law to honor confidentiality of the other clients.

PHONE CALLS:

- Clients may not receive phone calls or messages.
- After the first two weeks, clients are allowed one ten-minute phone call each day, if they are not on restriction.
- Please do not call to find out how the client is doing. No news is good news.

VISITING:

- Clients are allowed visitors at the end of their 2nd week at Penfield Christian Homes. Requests must be submitted by noon Wednesday.
- Only authorized visitors may come to Penfield Christian Home. The four qualifications of an authorized visitor:
 1. Must be a significant person to the client's recovery. (Normally only immediate family)
 2. Must be named by the client as a desired visitor.
 3. Must attend local AI-Anon or AA/NA meeting at least once a week while client is at Penfield.
 4. Must sign a "**Statement of Commitment and Support and Confidentiality**" agreeing to attend and complete Family Education Day from 1:00-5:00 and to practice "Tough Love" as taught by those in recovery.
- Visiting hours are noon until 4:30 P.M. Saturdays and Sundays. Let Staff know when you arrive.
- Clients are sometimes given special permission to leave the campus with visitors. Staff must be notified of the departure and return of the client. Client is responsible for finding substitute to do his noon work detail.
- Visitors may attend 10:45 A.M. Worship at Open Door Baptist Church on Sundays following client's 2nd week here.
- Visitors may dine with us at the noon meal on Saturday or Sunday.
- Pastors may make an appointment with the client's counselor to visit during the week. The best times are Tuesday or Thursday at lunch.
- Unauthorized visitors will be asked to leave the campus.

NO GUARANTEES:

- We can only share with the clients the "tools" that we know work to live the full, abundant life Christ has promised us, free from alcohol and other addictive drugs.
- Those clients that will prioritize these in their life will remain free from a life of addiction, but it is ultimately up to the client.
- Proper aftercare is extremely important to continued recovery, and we assist clients in finding suitable recovery residents for further rehabilitation and practice of recovery skills.

Week One: Our Relationship With God

* The Eternal Perspective * Spiritual Aspects of Addiction

Week Two: Nature of Addiction

* Psychodynamics of Behavior * Defense Mechanisms and Behavior

Week Three: Post Acute Withdrawal

* The Trip In * Mental Warfare * Guilt and Conviction

Week Four: Relapse Prevention

* False Belief Ill vs. Propitiation * Dealing with Anger * Forgiveness

Week Five: Recovery

* Symptoms of Sobriety * Building a Foundation for Recovery * Dealing With Pain & Grief

Week Six: Relationships in Recovery

* Understanding Your View of God * The Nature of Faith

Family Education Day

(Second Saturday of Every Month)

✱Introduction to The Disease Model ✱Myths About This Disease ✱Formula for Life Style Related Health Problems ✱Cross Addiction & Accountability ✱Helping Your Loved One vs Enabling Them To Continue Using or Drinking

MORNINGS:

Monday

Tuesday, Wednesday, Thursday

Friday

Saturday

Sunday

Bible Study & SA Ed Classes

Rapha Classes & SA Ed Class

SA Ed Class & Graduation

Bible Study & Work Activity/Recreation

Open Door Baptist Church

AFTERNOONS:

Monday, Wednesday, Friday

Tuesday, Thursday

Saturday, Sunday

Small Group & Work Activity

Small Group & Recreation

Free time & Authorized Visitation

EVENINGS:

Monday

Tuesday, Thursday

Wednesday

Friday, Saturday

Sunday

Celebrate Recovery

Overcomers Outreach & AA/NA Meetings

Church & study hall

AA Meetings

Bible Study

DO BRING

1. A 7-week supply of approved medications.
2. Personal Bible and any AA/NA books you have
3. (3) Full-size spiral notebooks for taking notes and journal.
4. Pens, pencils and highlighter.
5. Bring \$40 to set up a phone and laundry account. Make prior arrangements for someone to send a weekly money order to client for pocket money. (\$25 max per week)
6. Coat hangers.
7. Seasonally appropriate attire such as jeans, khaki pants, shorts. Shirts **MUST** have some type of sleeve. T-shirts are OK. A shirt with a collar for church, nothing dressy is required.
8. Wash cloths, towels.
9. Bed linens and blankets for a twin-size bed, pillow and pillow case.
10. Toothbrush and toothpaste, deodorant, shaving needs 2 bars of soap, soap dish, shampoo and laundry detergent, shower shoes/flip flops.
11. Non-breakable beverage glass/coffee cup.
12. Neat haircut upon arrival.
13. Stamps and Envelopes
14. Laundry bag for dirty clothes (extra pillowcase will do)
15. A Picture ID

DO BRING

OPTIONAL ITEMS

- Baseball Glove
- Work Gloves
- Extra Cigarettes

DO NOT BRING

1. Any medication without Program Director's prior approval.
2. After-shave, cologne, mouthwash, hairspray or any other aerosol sprays.
3. Tobacco products for "roll your own" cigarettes or pipe smoking.
4. **ANY ELECTRONICS** such as TV, radio, tape decks, pagers, cell phones, etc.
5. Books or magazines except Bible and AA/NA. No CD's, videotapes, cassettes.
6. Clothing with holes, tears, frayed edges, sleeveless, tank-top, muscle shirts, or any other printed shirts with alcohol/drug, rock & roll, or any other design not in the spirit of recovery or Christianity. Short shorts (all shorts must be fingertip length when standing)
7. Any type of sandals.
8. Golf clubs or musical instruments (including guitars)
9. Any valuables such as expensive jewelry, watches, rings, necklaces, etc.
10. Any of your own drinks or drink mixes. (We have Cokes available for purchase!)

DO NOT BRING

**IF YOU HAVE ANY QUESTIONS ABOUT THIS LIST,
PLEASE CALL AND ASK BEFORE YOU ARRIVE.
For a Complete and Updated List, Visit Our Website
www.PenfieldRecovery.com
(706) 453-7929**

Client MAY NOT have any vehicles here!

Penfield Christian Homes Nursing Assessment

Client Name: _____ DOB: ____/____/____
 Phone #: (____) _____ SSN: ____/____/____
 Emergency Contact: _____ Phone #: (____) _____

Allergies: _____

Current Medications _____

Primary Care Physician: _____ Hospital: _____

Medical History (Check the appropriate box)

Have you or any member of your family had?:

	You	Family
1 High Cholesterol.....		
2 Heart Disease.....		
3 Rheumatic Fever.....		
4 High Blood Pressure.....		
5 Asthma.....		
6 Tuberculosis.....		
7 Diabetes.....		
8 Thyroid Problems.....		
9 Liver Disease.....		
10 Stomach Problems.....		
11 Kidney/Bladder Problems.....		
12 HIV/AIDS.....		
13 Hepatitis Type _____.....		
14 Blood Transfusion.....		
15 Allergies.....		
16 Breast Problems.....		
17 Cancer.....		
18 Female/Male or Sexual Problems.....		
19 STD.....		
20 Sexual/Domestic Abuse.....		
21 Mental Illness/ Substance Abuse.....		
22 Other Medical Problems.....		
23 Tobacco use (How much?) _____		
24 No Known Medical Problems.....		

Notes: _____

Most Recent Substances Used	How Much	How Often	How Long	Last Use	Route	Sobriety Dates	Previous Treatment

Please fax results to 1-888-785-0613

Client Name: _____ SSN: _____

Client Name: _____ SSN: _____

Height: _____ Feet _____ inches Weight _____ pounds

Vitals: Temperature: _____ Pulse: _____ Respirations: _____ BP: _____

General Physical	Normal		Abnormal	Comments
Skin				
HEENT				
Neck				
Chest				
Breast				
Heart				
Lungs				
Abdomen				
Musculoskeletal				
Extremities				
Neurological				
Nutritional Assessment				
Not Performed				
Apparently Adequate				
Apparently Inadequate				
Excessive Intake				

PPD: Date Placed _____ Where Placed _____ Date Read _____ Result _____

RPR: Date Drawn _____ Date Results _____ Comments _____

Note: _____

Does client/patient require any further medical or mental health evaluation other than substance abuse treatment? _____

Yes **No** If yes, please elaborate with recommendations-

Assessment Provider Signature _____ Date _____

Assessment Provider Print Name & Title _____ Phone Number _____

Please fax results to 1-888-785-0613

