

# Penfield Christian Homes

For More Information Visit Our  
Website

<http://www.PenfieldRecovery.com>

## Information Pack

---

### Contents:

---

ADMISSION POLICY .....	Page 2
CLIENT & FAMILY ORIENTATION .....	Page 3
SIX WEEK CYCLICAL CURRICULUM .....	Page 4
BRING / DON'T BRING LIST .....	Page 5
REQUIRED MEDICAL FORM .....	Page 6, 7

---

Penfield Christian Homes, Inc. 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 fully participate in the program for 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. We recommend the client's Pastor or other church member commit to praying for him while he is at PCH. His home church is encouraged 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 care for 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 prescribed and the name 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 stable on that medication long enough for medical personnel to evaluate the impact that side effects would have on the client's ability to participate in the rehabilitation program at PCH.
3. Client must provide 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 TB test and RPR blood test.
  - 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 \$2,950.00, (\$1,000.00 non-refundable admission fee and \$325.00/week) which is usually paid in full at the time of admission.
2. Client should have someone committed to sending him \$10 to \$40 per week to buy personal items. (deodorant, washing powder, tobacco, etc.) Client is not allowed to have more than \$40.00 in his possession at any time.

### THE PROGRAM:

- Six weeks alcohol, drug treatment. Dormitory environment, non-medical facility.
- Mornings - class; Afternoons - groups and work/recreation activity; Evenings - Recovery meetings.
- Bible study on Wednesday evenings and attend 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 not require medical detoxified from any chemicals, including addictive prescription medication.
- Client must be free of symptoms of contagious diseases and have a current negative TB test and RPR.
- Pending legal issues need to be resolved prior to admission or postponed until after completion.
- Financial arrangements must be made with the Executive Director or his designated representative.
- Client is encouraged 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 mandating legal authorities.
- All visitors to Penfield Christian Home are bound by Federal Law to maintain the confidentiality of all clients. Photographs of clients are not allowed.

### PHONE CALLS:

- Clients may not receive phone calls or messages.
- After the first fourteen days, 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 morning Worship on Sundays following client's 2nd week.
- 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.
- 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.
- Continuing care is extremely important to maintain recovery. We assist clients in finding suitable recovery residences for further rehabilitation and practice of recovery skills.

- Week One:      Our Relationship With God  
Pharmacology & the Process of Addiction**
- Week Two:      Satan's Lies  
Process of Relapse, Cross-Addiction and Recovery**
- Week Three:    God's Truth  
Relapse Prevention**
- Week Four:    The Performance Trap  
Nature & Goals of Recovery**
- Week Five:    Approval Addiction  
Living in Recovery**
- Week Six:      Guilt and Conviction  
Grief and Trauma**
- 

## **Family Education Day**

(Second Saturday of Every Month)

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

---

### **MORNINGS:**

Monday - Thursday  
Friday  
Saturday  
Sunday

Bible Study & Class  
Class & Graduation  
Bible Study & Work Activity/Recreation  
Church

### **AFTERNOONS:**

Monday, Wednesday, Friday  
Tuesday, Thursday  
Saturday, Sunday

Small Group & Work Activity  
Small Group & Recreation  
Free time & Authorized Visitation

### **EVENINGS:**

Sunday - Monday

Recovery Groups and 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. Make prior arrangements for someone to send a weekly money order to client for pocket money (\$10 - \$40 per week; Client is not allowed to have more than \$40 at any time.)
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. Stamps and Envelopes
13. Laundry bag for dirty clothes (extra pillowcase will do)
14. A Picture ID

### DO BRING

#### OPTIONAL ITEMS

- Baseball Glove
- Work Gloves
- Extra Cigarettes

### DO NOT BRING

1. Any medication without Program 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, hoodies, or any other printed shirts with alcohol/drug, rock & roll, or any other design not in the spirit of recovery or Christianity.
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.**

**Visit Our Website [www.PenfieldRecovery.com](http://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)

Has client or any family member had?:

	Client	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: \_\_\_\_\_

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**