

Phoenix Recovery Center Admission Application

Which Phoenix location are you applying for? _____ Phoenix Conway _____ Phoenix NWA (Springdale)
If no beds are available at the location you are applying for, would you like to be considered for admission to the other location?

Please note that the Conway location is unable to accept sex offenders, violent offenses, firearm, or robbery charges.

Full Name (First, Middle, Last): _____ ADC # _____ DOB: _____ Age: _____

Social Security #: _____ State of Birth: _____ Do you currently have an AR ID? _____ Access to Birth Certificate? _____

Name of Correctional Facility: _____ What is your TE date or expected release from prison? _____

Emergency Contact(Name, Address, Phone): _____

What is the highest level of education you have completed? _____ Do you have a HS diploma or GED? _____

Do you have a history of substance abuse or addiction? _____ Yes _____ No

Substance Used	Age of First Use	Date Last Used	How much/How often used
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Do you have any food or medical allergies? _____ Please list: _____

Do you have any medical conditions (past or present) that we need to be aware of? _____ Yes _____ No

If yes, what are these conditions? _____

Are you PHYSICALLY handicapped or INCAPABLE OF MOVING WITHOUT ASSISTANCE? _____

Have you been diagnosed with a mental health disorder(s) (past or present)? _____ Yes _____ No

Please list all medications you currently take:

Medication & mg	How often is this taken?	Reason for Taking
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List **all** legal charges starting with current/most recent first.

Charge	County	Date Received
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Do you have any current open cases or detainers? If yes, please list: _____

Are you a sex offender? _____ If yes, what level? _____

If you are a sex offender, please submit documentation from IPO verifying your level

CONSENT FOR INDIVIDUAL CRIMINAL BACKGROUND CHECK

I GIVE MY WRITTEN CONSENT FOR PHOENIX RECOVERY CENTER TO CONDUCT A CRIMINAL BACKGROUND AND RECORD SEARCH ON ME THROUGH THE ARKANSAS STATE POLICE. I GIVE WRITTEN CONSENT FOR THIS INFORMATION TO BE SENT, OR MADE AVAILABLE TO, THE FOLLOWING:

Phoenix Recovery Center Administrative Staff: 1224 Jersey Street, Conway, Arkansas 72032

NO REQUEST WILL BE PROCESSED WITHOUT SIGNATURE.

Signature: _____ Printed Name: _____ Date: _____

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IMPORTANT INFORMATION AND PROGRAM RULES

Please read the following information very carefully:

All policies regarding length of stay and financial obligations are subject to change per requirements with ACC.

A MANDATORY 90 DAY STAY IS REQUIRED FOR ALL DEPARTMENT OF COMMUNITY CORRECTIONS CLIENTS

Cost of living and any financial arrangements will be discussed at time of admission to Phoenix Recovery Center. Payment plans may be discussed at time of admission into our facility. Those accepted under the ACC housing grant will be required to wear a monitor provided by ACC for the initial mandatory 90 days of residency. **You are required to pay \$14 daily once you obtain full time employment (40 hrs weekly) and must be employed by day 45.** Transportation cost is \$2.00 daily and must be paid before receiving transportation.

Once you enter Phoenix Recovery Center, you will not be eligible to seek employment until seven (7) days after your admission date (orientation period). After 30 days, you are required to have full time employment (no less than 40 hrs a week) unless receiving disability. You are required to turn in your paystubs to staff weekly or any pay period.

You are required to go to classes and groups on a **daily** and weekly basis as a requirement of your residency with our program and are required to attend a minimum of 12 hours worth of meetings weekly. Programs will include employment readiness classes, life skills, GED prep classes, drug and alcohol classes, and other programming to address criminogenic needs. A meeting slip must be signed by chairpersons or members recommended by the chairperson showing. Per ACC, If you do not have your GED, you will be required to work towards obtaining your GED while you are a resident. If you currently have your GED, you are required to apply for higher education while you are a resident.

Phoenix Recovery Center is a chemical-free living environment. You will be required to remain under total abstinence from all mind altering chemicals the entirety of your residency here. If you fail a breathalyzer or drug screen while a sober living resident, you will be placed in outpatient treatment. If you fail another breathalyzer/drug screen, you will be given the option to be placed in residential setting treatment. Failure to abide by this will result in consequences from both Phoenix as well as probation/parole. You will be drug tested AT LEAST once weekly and on a random basis.

Curfew is 9pm daily and residents are not allowed visitors in living quarters at any time. All prescription medications must be locked in the office. Pill call is every 4 hours. You are not able to take any narcotic medications while a resident of Phoenix. Additional rules will be reviewed and supplied at time of admission into Phoenix Recovery Center.

FOR THOSE APPLICANTS WHO ARE ASSESSED AS LOW OFFENDERS

In order to be accepted into Phoenix Recovery Center, you must consent and pass a background check and must pay the \$200 admission fee along with minimum of first month's rent. Once payment is received, you will be mailed an acceptance letter. You will be responsible for paying weekly rent of \$125 for Conway and \$30 daily for Springdale. Failure to meet this financial obligation will result in discharge. Any applicant that is not covered under ACC grant must pay a \$200 administrative fee upon intake.

This completed admission application may be mailed or faxed to our main office:
1224 Jersey Street, Conway, AR 72032 Phone: 501-499-6696 Fax: 501-499-6639

SIGN ONLY IF YOU AGREE TO ALL THE STATEMENTS

I certify that the information in this application is true and correct to the best of my knowledge and belief. I understand that if I am accepted as a resident, a search of my property and possessions will be required. I agree to follow all the rules and regulations of the facility and may be evicted for failing to do so. I also understand that use and/or possession of drugs and alcohol, disruptive behavior, and non-payment of rent and fees will cause my immediate eviction from the facility without recourse. **By signing, I am agreeing to abide by all rules and programs required to be a resident of Phoenix.**

SIGNATURE: _____ DATE: _____