

Butterfly House Ministries
Application for Admission

PERSONAL DATA

Name _____ ADC # _____
Social Security Number _____ Race _____
Address _____
Phone Number: (____) _____ Work (____) _____
Birth date _____ Age _____ Place of Birth _____
Drivers License No. _____ State _____
Driver License: Valid Expired Suspended Never applied for one
Have you ever been in Armed Forces? Yes No
Unit Incarcerated at _____ Are you in PAL? _____
Other programs _____
List of Criminal Charges (include dates) _____

County Arrested in _____
What steps have you taken to better your life? _____

IN CASE OF AN EMERGENCY NOTIFY

Name _____
Relationship _____
Address _____
(Street) _____ (City) _____ (State) _____
(Zip) _____
Phone Number: Home (____) _____ Work (____) _____

PERSONAL FAMILY HISTORY

1. List parent/parenting figures, spouse, girl/boyfriend, brothers & sisters (do not list your children)
NAME RELATIONSHIP AGE WHERE LIVING

2. Write the word that best describes your relationship with your parents as a child and now:

AS A CHILD _____ NOW _____

3. Are your parents still living? Father: Yes No Mother: Yes No

4. Are you adopted: Yes No If yes, how old were you? _____

5. Were you raised by anyone other than your parents? Yes No

If yes, please explain: _____

Name _____ Relationship _____

Address _____

(Street) _____ (City) _____ (State) _____ (Zip) _____

Phone Number: (____) _____ Work (____) _____

6. Occupation: Father _____ Mother _____

7. Parent's marital status? (Please check one) Married _____ Divorced _____ Separated _____ Remarried _____
Still living together _____ Widow _____

MARITAL/INTIMATE RELATIONSHIP HISTORY

1. Marital status: Single _____ Married _____ Separated _____ Divorced _____ Remarried _____ Widowed _____

2. List your present living arrangement: (please check all that apply)

Living alone _____ With parents _____ With spouse _____ With others (non-relatives) _____

With others (relatives including children) _____ Other Explain: _____

3. If you are or have been married, please list: (Start with your most recent marriage)

PERSON MARRIED TO MONTH/YEAR ENDED IN (Divorce, MONTH/YEAR (First name only) Separation, Death)

(Use back side of this page if additional space is required)

4. Current spouse (full name) _____

Address _____

(Street) _____ (City) _____ (State) _____ (Zip) _____

Phone Number: (____) _____ Work (____) _____

5. Do you have any children? Yes _____ No _____ If yes, please list: NAME OF CHILD, AGE, WHERE LIVING

6. Describe any positive or negative aspects of your relationship with your children that you would like to discuss:

7. Describe any problems or concerns related to your relationship with your significant other that you would like to discuss:

8. To your knowledge, has anyone in your family ever been sexually abused? Yes _____ No _____

When: _____ Who: _____

When: _____ Who: _____

LEGAL HISTORY

1. Are you currently or will you be under legal supervision? Yes _____ No _____

2. Are you legally mandated to participate in a drug treatment program? Yes _____ No _____

if yes, by whom? Parole board _____ Court _____ Other (explain) _____

If answer is court, please list County of origin: _____

3. Method of reporting: Phone _____ Letter _____ In person _____ Other (explain) _____

4. List your probation/parole officer's: Name _____

Agency _____ Phone number (____) _____

5. Are any of the following pending against you? Yes _____ No _____

(Please check those that apply)

Arrest warrant Court appearance Criminal charges Sentencing

Other (explain) _____

If you have checked any of the above in question #5, explain: _____

SOCIAL INVOLVEMENT HISTORY

1. Have you ever been involved in the occult? Yes No

FINANCIAL STATUS

1. Are you eligible for and/or receiving the following: Welfare Unemployment compensation
Disability payments Workman's compensation Food stamps

Other Income: _____

2. Have you ever applied for food stamps? Yes No Where? _____

3. Do you have any outstanding debts? Yes No Explain: _____

ACADEMIC HISTORY

1. List the highest grade that you have completed for each: Grade School _____ Jr. High School _____
High School _____ College _____

2. Are you currently in an education program? Yes No

If yes: (Name of School) _____ (City) _____ (State) _____

3. If you are no longer in an education program, please explain your reason for leaving school:

4. Are you receiving or have you received vocational training? Yes No

If yes, list: TYPE OF TRADE _____ DATE OF TRAINING CERTIFICATE _____

OR SKILLS _____

5. Can you read? Yes No Good Average Poor

6. Can you write? Yes No Good Average Poor

7. Describe your future educational and vocational training goals and plans:

Educational _____

Vocational _____

OCCUPATIONAL HISTORY

1. What is your vocational trade or profession, if any? _____

2. How many jobs have you held? _____

3. List your two (2) most recent jobs - Start with your most recent job:

(Name of Employer)

(Position Held)

(Employed from - Mo. /Yr. to Mo. /Yr.)

(Reason for leaving)

(Name of Employer)

(Position Held)

(Employed from - Mo. /Yr. to Mo. /Yr.)

(Reason for leaving)

4. Describe your primary source of income

5. Describe your future occupational goals and plans _____

6. Work experience: (Please check only those that you have experience in)

Retail Restaurant General office work Landscaping Gardening Typing Printing
Cooking Sewing Child care Nursing Teaching Painting
Carpentry Plumbing Other (specify): _____

7. HAVE YOU EVER EXPERIENCED OR PRESENTLY HAVE A PHYSICAL AILMENT, INJURY OR HANDICAP THAT WOULD PREVENT YOU FROM PERFORMING MANUAL WORK RELATED TASKS WHILE ENROLLED IN The Butterfly House ?YES

NO Explain: _____

SPIRITUAL

1. Are you a member of a church or religion? Yes No If Yes, which one (s)? _____

2. Denominational preference _____

3. Did you attend church as a child? Yes No If Yes, which one? _____

4. Do you believe there is a God? Yes No Uncertain

5. Do you read the Bible? Never Occasionally Often

6. Have you ever committed your life to God? Yes No Date: _____

Place: _____

7. How often do you attend church now? Never Occasionally Often

8. Are you presently receiving treatment for psychological problems somewhere other than a drug program? Yes

No If Yes, please provide information: _____

Where? _____

9. How would you rate your need to enter Butterfly House Ministries? Emergency As soon as possible

Whenever you have an opening Take it or leave it

DRUG HISTORY

1. Drug of choice? _____

2. What is the main reason for your starting to use drugs? Friend's influence Good times Escape reality
Experiment Medical Other

3. Have you ever lost consciousness while using drugs? Yes No How many times? _____

4. Have you used alcohol to the point of drunkenness? Constantly Frequently Sometimes

Seldom Never

5. How many of your present friends are drug users? All Most Some Few None

6. Please check those items listed below, that must change in your life during your stay at BFH if you are going to have a successful future.

My attitudes How I use my free time Self- discipline My work habits My finances
My relationship with my family My values My sleeping habits My thought life My relationship with God
My dress and appearance

7. What do you think will be the biggest hindrance to your stay at Butterfly House?

The undersigned student applicant fully acknowledges that the information provided herein is accurate and true to the best of her knowledge, and that the application form has been completed and filled out by student applicant in her own handwriting. Student applicant further understands that any false or incomplete information may cause and result in disqualification from admittance into the program, whether a student is just entering into or is in fact in the program.

(Student Applicant)

(Date)

--329 South Baltimore, Manila AR 72442 Phone 870-570-0300/Fax 870-570-0301

Fees (effective with admittances beginning 5/30/2015)

This page is to be completed by the applicant

Please initial by each fee indicating that you read and understand it.

___ **Intake Fee \$200.** This fee is preferably due prior at student's acceptance into the program. This is a one-time fee and is non-refundable. (If this fee cannot be paid prior to entrance then 50% of all incoming money will be put toward the intake fee until paid in full) Potential residents will not be refused if intake fee not paid. Please share your concern with the Executive Director

___ **Personal Expense Account.** This is a separate account that is not to exceed more than \$75 at any given time. Personal needs and gas mileage will be taken from this account as well as totals from possible disciplines.

___ **Medical Expenses.** Medical expenses are the sole responsibility of the student. Excessive, unnecessary trips to the doctor may result transportation costs of .45 cents per mile and/or dismissal from the program.

***Please Read Student & Sponsor:** I understand it is my responsibility to have all required fees satisfied, if you cannot afford these fee's on your own it is your responsibility to find and locate a sponsor to help cover your cost. I also understand that by signing this statement as a sponsor my failure to pay these fees on time could result in the student's dismissal from the program. I acknowledge the cost associated with my entry into The Butterfly House and that all fees paid by me or my sponsor are non-refundable.*

Student Signature _____ Date _____

Sponsor Signature _____ Date _____

DO YOU UNDERSTAND?

The Butterfly House is a Christian Transitional Living program. We are here to tell you that God cares about you and can help you. Some of the procedures we follow may be new to you, and may seem childish or overly restrictive, but we simply advise you to approach them with an open mind and heart. You are entering a drug and alcohol treatment facility. This means that you will not be free to come and go as you please. You will voluntarily restrict yourself to the structure of the BFH program. You will be free to leave at any time, and only your desire to change your life can keep you here if you think we can provide help. We cannot, and will not, restrain you in any way to keep you here. Your

staying is your choice, not ours. Your willingness to restrict yourself to the BFH program is saying to us, "I need the special help that BFH can give me." You are committing yourself to an institutional setting where rules are established to help everyone get along with each other. You are, then, committing yourself to follow these rules so that everyone can get the best possible benefit from their stay in The Butterfly House.

NO SMOKING, tobacco related products or nicotine patches or Nicorette gum, drugs, alcohol, or related products or implements will be permitted while in the program. If you need medical or dental care, it must be taken care of prior to admission in to the program. Only emergency treatment (at student's expense) for medical problems or sudden toothache pain will be addressed. We do not want anything to distract you from the treatment for which you came to The Butterfly House. You will not be permitted to take any type of psychiatric medications while in the program (unless approved by Executive Director). Any skin conditions requiring care by a dermatologist must be taken care of prior to treatment at BFH. No cursing or excessive talk about street life or drugs will be permitted. Fighting is NEVER tolerated, and will be met with harsh discipline, or dismissal from the program. No radios, clock-radios, tape or CD players, musical instruments, reading materials, inappropriate photos, pornographic materials, excessive jewelry, earrings or any other type of body piercing jewelry are to be brought to RHM.

Any student entering the program with any of these items will have them confiscated and discarded unless you quickly provide the means for sending them home. They will not be stored. Non-Christian music, easy listening, or instrumental music, that highlights values contrary to Biblical principles will not be permitted. The playing or singing of, or listening to, music related to the drug culture is not permitted. No visits are permitted during the probation portion of the program. **Except for emergencies**, you must have been here for at least 14 days before making or receiving telephone calls. Phone calls are only permitted to your immediate family. Due to the lack of funds and personnel, we are unable to accept women into the program who have special handicaps. If needed please contact us and we can point you to an agency that can help.

I understand that if I leave the program that I am not eligible to return for thirty days and will not be allowed in the vicinity of The Butterfly House residential facility or office. I also agree not to have contact with any BFH Resident also during this period. If you leave the program without taking your belongings, they will immediately become the property of BFH. We cannot guarantee any of your things will be stored and available to be picked up at a later date.

No medication will be purchased off site or given to any student without program approval.

I HAVE READ THESE STATEMENTS AND UNDERSTAND THEM. MY SIGNATURE INDICATES THAT I AM WILLING TO COMPLY.

SIGNATURE _____ DATE _____

• I also understand I will not hold The Butterfly House, Inc. or it's staff/volunteers liable for any injury that I may incur while on work assignment.

Signature of Applicant _____ Date: _____

Signature of Applicant Name: (print) _____

Signature of Witness _____ Date: _____

Witness: (print) _____ Date: _____

For women coming from ADC, you may attach your most recent physical/medical examination from ADC, in place of the requested Physical examination. Please fill out the medical history portion of the form.

The Butterfly House, Inc.

MEDICAL HISTORY & PHYSICAL EXAMINATION FORM

Name: _____ DOB: _____

Social Security #: _____

The following lab work is required for admission to the program and copies included at the time of entrance:

A. RPR- **Reactive** or **non-reactive** (circle one) (date read) _____

B. Liver function tests- _____ (date read) _____

C. Pap Smear- _____ Date completed _____

D. Pregnancy Test --- Pos. or Neg. _____ (date read) _____

E. Hepatitis Screening, **if indicated** based on history or abnormal liver function test results.

Check pos. or neg. for each

Hepatitis A- **Pos.** **Neg.** Hepatitis B- **Pos.** **Neg.** Hepatitis C- **Pos.** **Neg.**

TB testing is mandatory and results included should be no older than 30 Days prior to Admission. Tetanus shot must be up-to-date with documentation or date given.

Tuberculin Test/PPD Date _____ Size _____

Chest x-ray if pos. _____

Tetanus Toxoid Date _____

Immunizations should be up-to-date and include:

A. Measles date performed _____

B. Mumps date performed _____

C. Rubella date performed _____

Significant Medical Conditions (check all that apply)

Yes NO IF Yes, Explain _____

ASTHMA CARDIAC CHEMICAL DEPENDENCY DRUGS
ALCOHOL DIABETES MELLITUS GASTRO DISORDER HEARING DISORDER
HYPERTENSION NEUROMUSCULAR DISORDER ORTHOPEDIC CONDITION
RESPIRATOR ILLNESS SEIZURE DISORDER SKIN DISORDER
VISION DISORDER OTHER (SPECIFY) _____

Current/routine medications:

MEDICATION DOSAGE

1. _____
2. _____
3. _____
4. _____

Please list any allergies you have to any medications, foods, or other substances. _____

Report of Physical Examination: Normal Abnormal If Abnormal, please explain _____

HEIGHT (INCHES) _____

WEIGHT (POUNDS) _____

TEMPERATURE _____

PULSE () _____

BLOOD PRESSURE _____

HAIR/SCALP _____

SKIN _____

EYES ---VISUAL ACUITY R ____/____ L ____/____

EYES ---COLOR _____ VISION _____

EARS---HEARING DB _____ R _____ L _____

NOSE AND THROAT _____

TEETH AND GINGIVA _____

LYMPH GLANDS _____

HEART----MURMUR, ETC. _____

LUNG—ADVENTIOUS FINDINGS _____

ABDOMEN _____

GENITALIA _____

NEUROMUSCULAR SYSTEM _____

EXTREMITIES _____

SPINE (PRESENCE OF SCOLIOSIS) _____

8. Physician's observations and comments (be specific) _____

Name of Examiner (Please print) _____

Practice Name and Address: _____

Signature of Provider _____ Date of Examination _____

Form will be UNACCEPTABLE if examiner's title and address are ILLEGIBLE

The Butterfly House Clothing Guidelines

Student Name: _____ Date: _____

****MUST** bring social security card and any of the following: driver's license, photo id, or birth certificate, medical/insurance card if you have one.

Clothing - MAXIMUM of 2 suitcases per student

WHAT TO BRING

1 Bathrobe

Drawer items:

10—Bottoms (included in this 10 is, jeans, slacks, shorts, capri's, etc.)

10—Tops

3—Leggings

5—Bras

5—Tank tops for under shirts

10—Socks

10—Panties

1—Slip

2—Pajama Sets (2 tops/2 bottoms)

In closet items:

Each resident may bring 15 hangers (2 items per hanger) 1 extra hanger is allowed for your towel/wash cloth

Other items to bring:

Jewelry - not an excessive amount. Any valuables brought are at your own risk. RHM is not responsible for any lost, stolen or damaged items.

Personal Care/Hygiene Products

Toothbrush, toothpaste, mouthwash (alcohol free only)

Shampoo, conditioner, body wash, body lotion

Hair dryer, curling iron, straightener, curlers

Deodorant, disposable razors

Sanitary napkins/tampons

Makeup, cleansers, creams

Perfume - limit to 2

Hairbrush (PLASTIC OR WOODEN, No paddle brushes) /comb

Also Needed

Bible, journal

Stationary, envelopes, stamps

Notebook paper, pens/pencils, highlighter for classes

Photos of immediate family only

*****NO** clothing with offensive logos or slogans are permitted including obscene language, secular messages, pictures or anything representing tobacco, drugs, secular music, the occult or racism, etc.

*****NO** body jewelry including tongue, brow, navel, nose, etc.

DO NOT BRING:

- Spaghetti straps, no tank tops unless under a shirt
- Backless dresses/blouses
- Low-cut tops
- Shirts that reveal belly or waist line
- Spandex or clinging pants/shorts
- Dry-clean-only clothing
- Low-riding pants/jeans
- Cell phones, any electronics, secular books or magazines
- Drug paraphernalia of any kind
- Lighters or matches
- Weapons of any kind

I understand that my belongings are subject to be searched randomly at a staff member's discretion and when doing so, they have my permission to confiscate anything that I have that is considered "over the limit" or not allowed in my clothing closet and/or drawer/bins. Anything "over the limit" or not allowed will be sent home at my own expense. I also understand that any of my belongings that are left after my departure of the program will be donated to local charity and **will not** be held for pickup at a later date.

I acknowledge that The Butterfly House, Inc. is not responsible for any lost, stolen or damaged items.

Resident Signature

Date