All Things New

Resident Pre-Application

Applicants must be at least 18 years old

Christian Emphasis: See attached Statement of Faith

Staff:

Bill and Jonel Fawley: Founders and House Manager

Angela Semonis: Director of Counseling Services

Sherrie Momeyer: Office Administrator

**Brief Overview of All Things New Program**:

We are so glad that you are interested in learning more about All Things New. Our program is dedicated to whole-life change for individuals struggling with addiction. We are praying daily for all of the applicants to our program and are very excited that you may be a future resident! Each of us here at All Things New has experienced God’s amazing grace and love in our lives, and we believe that He can have the same impact on your life.

The process ahead of you is not an easy one; it will involve a lot of energy and hard work. We do not take your commitment lightly and are not looking to overburden you. Since recovery is so complex, we believe it is important to be patient and give yourself enough time for long-lasting change to take place. We ask that if you become a resident at All Things New, you commit yourself to the program for a minimum of one year. We believe the road to recovery is worth the effort and encourage you to consider this time as an investment towards a more fulfilling and satisfying future.

Our program consists of a 30 Day Orientation Phase followed by three consecutive phases, addressing spiritual, physical, mental, emotional, and relational issues. At each stage, residents will receive individual and group counseling from a licensed mental health professional. Additionally, a case manager will provide private consultation to successfully accomplish personal and program goals.

During the 30 Day Orientation the Resident will be given all information needed to successfully move forward in the program: House rules, Program Guidelines and Resident Handbook. She will be given a daily and weekly schedule which will include household chores/duties, classroom responsibilities, group and individual counseling/Bible study classes, etc. Each Resident will be monitored closely to ensure complete understanding of the program requests and responsibilities as well as their completion of tasks and interaction with others in the house/program. A point system will be used to measure success within the first phase of the program

Phase I is committed to assisting our Residents experience physical, mental, emotional, and spiritual restoration from their addiction. Residents begin to establish stability and create the foundation for a new lifestyle.

Phase II continues to build on the Resident’s new perspective and concentrates on establishing practical life skills needed to move forward in their recovery, covering topics ranging from finances to family dynamics. As Residents move outwards to engage in community life, they maintain personal responsibility and accountability.

Phase III provides a safe path for Residents to transition to life outside All Things New. During this phase, further independence is established and employment becomes a part of each resident’s schedule. Residents receive specified assistance to establish themselves in the community.

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Our staff at All Things New is fully committed to assisting you in your road to recovery. During your stay you will be expected to interact with and cooperate with our Counselor, House Manager, Case Manager, support staff, trained volunteers and other residents.

Cost for this program be will $500.00 a month.

Application Process:

If, after reviewing the above information, you would like to pursue becoming a Resident at All Things New, please follow these next steps:

1. Complete pre-application (attached document).
2. Return pre-application to All Things New office by mail:

All Things New

PO Box #367

Winona Lake, IN 46590

1. One week after mailing your pre-application, call the All Things New office to confirm that your pre-application has been reviewed and to schedule an appointment to further discuss your interest in the All Things New program. Phone # 574-376-9830
2. If both the applicant and All Things New staff are in agreement to move forward into possible admission the applicant will then be asked to fill out the Full Application packet. Please return completed application to same address as above by date given.

1. Schedule Applicant Interview by calling All Things New office. Phone # 574-376-9830

ALL THINGS NEW STATEMENT OF FAITH

ALL THINGS NEW affirms:

* That there is one true God who is eternal, all-knowing, all-powerful, and holy, existing in three persons: Father, Son, and Holy Spirit.
* That the Bible is God’s Word to man, consisting of the 66 books of the Old and New Testaments; that it is inspired, inerrant, and is authoritative for what we believe and how we live.
* That man was created in the image of God, subsequently falling into sin which resulted in spiritual death, thus requiring a new birth for salvation which can only be accomplished by the regeneration of the Holy Spirit.
* The Deity of Jesus Christ, His virgin birth, His sinless life, His miracles, His vicarious and atoning death through His shed blood, His bodily resurrection, His ascension to the right hand of the Father, and His personal return in power and glory.
* That a complete and eternal salvation is by God’s grace alone received as a gift of God through personal faith in the Lord Jesus Christ and His finished work.
* The present ministry of the Holy Spirit by whose indwelling the Christian is enabled and empowered to live a godly life.
* The resurrection of both the saved and the lost; those who are saved unto the resurrection of life, and those who are lost unto the resurrection of damnation.
* The spiritual unity of all believers in the Lord Jesus Christ and His Church.

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip

Telephone # ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone # ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by: DFR \_\_\_\_\_ Court \_\_\_\_\_ Parents\_\_\_\_\_ Church \_\_\_\_\_ Self \_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # of the person who referred you: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied to All Things New in the past? \_\_\_\_\_If yes, please give the date \_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City and State of Birthplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number and expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why have you chosen to apply to All Things New? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your three biggest goals in coming to All Things New? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*I understand that if I have failed to answer these questions truthfully or purposely withheld information that would put myself or ATN or other, at risk, this could be grounds for either refusal/ dismissal from the program.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Applicant Signature Date

All Things New

Background Check Form

All information will be kept strictly confidential.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Maiden Name or Other Names Used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been arrested or convicted for any criminal offense excluding minor traffic violations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been accused, arrested or convicted of abuse or sexually related crimes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you answered yes to any of these questions, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: answering “yes” to any of these questions does not automatically disqualify you. Please use the space provided to explain the circumstances.

I hereby authorize All Things New to make an independent investigation of my background and criminal or police records. I release All Things New and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above sources. The information contained in this application is correct to the best of my knowledge. I understand that any omission of material fact on this application may be grounds for rejection of this application.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please write any questions or comments you have on the back of this sheet.