



Things you should know before applying to Next Step

Next Step is a faith-based Certified Recovery Residential Program that provides a sober living environment through its 2 homes for women and 2 homes for men along with substance abuse classes and groups, peer counseling, case management, life skills training and mental health services. Our goal is to help those who are serious about managing their substance use disorder regain an independent, substance-free lifestyle. Our focus is on assisting you in obtaining the tools that will help you create a recovery lifestyle, not just sobriety. During your participation in the program, you will be required to strive to become self-sufficient and to actively cooperate with the Next Step program in all ways, including:

- You will be required to review and accept the rules and regulations of the program.
- Substance abuse **of any kind** will not be tolerated while you are a resident of Next Step.
- You must be responsible for your program service fees. These fees may be fully paid by the State of Indiana for any clients that are approved for the Recovery Works Program (see page 2 for details). Next Step also accepts health insurance for services. For self-pay clients, the fees are \$115.00 per week and include room, board and all classes. Drug Screens are not included and cost \$10.00 per screen, usually given twice a month.
- You must sign legal consent to the release of information, about you, between Next Step and other agencies, doctors, and therapists with which you are involved.
- Your personal living area will be subject to inspection and searched at staff's discretion.
- You will be subject to random drug screening at staff's discretion.
- You will deal responsibly with your legal, financial, family and health issues.
- You will be expected to find and maintain a job, or if legally disabled, volunteer your time in some way.
- You will be required to show proof of insurance, registration and a valid driver's license for any vehicle you use while a resident.
- You will attend mandatory meetings and classes, and may be asked to see a recovery counselor or mental health therapist, depending on your personal needs.
- You will share household chores, including some meal preparation.
- You will be required to perform service work for a non-profit in the amount of 2 hours per week.
- Next Step is a co-ed program, but we do have female only and male only program options. You ARE NOT allowed to engage in any fraternization with anyone else in the program, that includes no flirting, sexting, or pursuing a romantic or sexual relationship. If you are not in a relationship, you are encouraged NOT to get into any type of relationship while in the Next Step program. This is a time for you to focus on yourself.



- Because we offer group living, Next Step requires all residential clients to be vaccinated (or willing to get vaccinated) against the Covid-19 virus. We do offer an online outpatient program for clients that are unvaccinated.
- Next Step homes are smoke-free and no smoking, vaping or chewing tobacco are allowed in the residence or main office building. There are designated smoking areas near each house and office location.
- Next Step does accept all forms of Medication Assisted Treatment, but we do not administer medication. We do provide individual lockboxes and perform random medication checks. You will be responsible for taking all medication as prescribed.

We take recovery very seriously and you will be required to do the same. We believe this is an opportunity for individuals to find a new way of life. We also place great emphasis on responsibility. When you are given assignments, homework, etc., you will be expected to do them on time. Remember, money and employment are not signs of recovery and can result in relapse. Recovery is an “inside job”, and no matter how good you look on the outside, material and cosmetic things will not keep you clean. Our goal is that by learning to apply these principles in your life, you can become a responsible and productive member of society.

Recovery Works Information:

In 2015, the Indiana General Assembly passed House Enrolled Act (HEA) 1006, “Criminal Justice Funding,” which established the Forensic Treatment Services Grant Program through the Division of Mental Health and Addiction (DMHA). This grant program funds a voucher-based program that will give vouchers to providers that offer specialized services to those struggling with mental illness and/or substance abuse and addiction. Next Step is a Designated Service Provider (DSP) for Recovery Works.

To qualify for this program, a client must meet the following criteria

1. The individual must be a resident of Indiana
2. The individual must be at least 18 years old
3. The participant has to have an annual income not exceeding 200% of the federal income poverty line
4. The participant has to have entered the criminal justice system as a felon or must be someone with a prior felony conviction.

If you believe you qualify for this program, please speak with our staff in order to get the proper referral from a criminal justice provider.



Eligibility

1. To be eligible for Next Step residential services, an applicant:
 - A. must be 18 years of age or older;
 - B. is preferred (but not required) to have been evaluated by a detoxification, inpatient treatment, or court administered program for the need for residential recovery services;
 - C. must have a minimum of 72 hours free of any mind/mood altering substances that are not lawfully prescribed by a licensed physician prior to admittance to the program;
 - D. agrees to active involvement and participation in the support group activities, including daily attendance at recovery-oriented classes, as required;
 - E. is willing to be productive; work or find a job in the first month, or if legally disabled, is willing to volunteer;
 - F. is on the Recovery Works program or has the ability to pay a weekly service fee while a resident;

2. **Admission will be denied** to applicants who fail to meet the above stated criteria and/or exhibit any of the following:
 - A. the need for emergency medical or psychiatric care beyond the scope of the program capabilities;
 - B. suffer from any physical or emotional illness that precludes full participation in the Next Step program;
 - C. behavior that would be considered dangerous to staff, clients, or to themselves;
 - D. any active infectious disease that would require medical isolation.

No client will be admitted who has been prescribed and has a need for any benzodiazepines.

3. Applicants who are deemed inappropriate for admission may be referred to other, more appropriate, community resources.

4. Next Step is a faith-based program, but is not affiliated with any particular religious organization or denomination. While a resident, you may attend the services of your choice.

5. Completed applications may be faxed to Next Step at **(812)645-1303** or mailed or dropped off to staff at **619 Washington Ave., Terre Haute, IN 47802**



APPLICATION FOR RESIDENCY

Date: _____

First Name: _____ Middle _____ Last _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mobile or Home Phone: _____

Age: _____ Gender: _____ Are you in jail or prison now? _____

If yes, what is your expected release date? _____

Were you referred? Yes No If yes, by whom? _____

DOB: _____ Soc. Sec. # _____

Are you an alcoholic? _____ If yes, date of last drink _____

Are you addicted to drugs? _____ If yes, date of last drug use _____

Primary drug used: _____ Other drugs used: _____

Method of use: Ingested Smoke Intravenous

Age of first use? _____ How long is your longest period of sobriety in the past? _____

List all drug and alcohol programing/treatment you have participated in: (inpatient, drug court, IOP):

Program Type: _____ Provider: _____ Where: _____ When: _____

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Program Type: _____ Provider: _____ Where: _____ When: _____

Have you previously been in any residential sober living facilities? Yes No

If yes, where and when? _____

Please list your previous residential addresses for the past 2 years:

Address _____ City: _____ State: _____ How long? _____

Address _____ City: _____ State: _____ How long? _____

Address _____ City: _____ State: _____ How long? _____

Address _____ City: _____ State: _____ How long? _____



What was/is happening that prompted you to seek recovery? _____

What problems do you want to work on while here? _____

Next Step can accommodate residents for 3 months or 6 months. How long do you want to stay in our residential program? 3 months 6 months

Next Step has homes in Terre Haute, Clinton (Women) and Rockville (Men), What is your preference?

Terre Haute Clinton Rockville First available (no preference)

Do you prefer:

Small town Female only Male only First available (no preference)

Do you have support from sober family or friends to enter this type of program? _____

What are you willing to do to obtain/maintain recovery? _____

Are you employed? Yes No If yes, who is your employer? _____

If no, why not and when were you last employed? _____

Are you receiving disability, supplemental income or other non-job related income? Yes No

If yes, what is the source of income? _____

Do you have an occupational skill or trade? Yes No If yes, what is your skill or trade? _____

If you do not have a job, are you willing to get one? _____ Do you need help getting a job? Yes No

What is your income each month now? _____

If \$0, what will be the source of your admission fees? _____

What is your current educational status?

Graduate high school GED Some College College Degree

other: highest grade completed _____



Do you have any health problems that require special care? Yes No If yes, explain

Do you have insurance? Yes No If yes, provider and # _____

Do you have a medical doctor? Yes No Dr. Name: _____

Have you ever tried to commit suicide? Yes No If yes, when? _____

Do you have a mental health diagnosis (e.g. depression/anxiety/bipolar)? yes No If yes, what is the diagnosis?

When were you first diagnosed? (date) _____

Who diagnosed you? General Physician Psychiatrist Inpatient/Hospital Dr.

Have you ever received mental health treatment Yes No

If yes, Inpatient Outpatient

Are you currently receiving mental health treatment? Yes No

If yes, list the treatment provider and phone number

Do you take prescription drugs? Yes No

Have you been prescribed any form of Medication Assisted Treatment: Yes No

If yes, which are you currently prescribed: Methadone Suboxone Vivatrol Naltrexone Sublocade

Other

Current dosage amount: _____ Prescribing Physician: _____ How long: _____



If you take other prescription medication, please list below and the reason the drug has been prescribed:

Medication: _____ Amount: _____ For what condition? _____
How Long have you been taking this medication? _____ Prescribing Physician: _____
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Medication: _____ Amount: _____ For what condition? _____
How Long have you been taking this medication? _____ Prescribing Physician: _____

_____ I have additional medications

Are you vaccinated against CoVid-19? Yes No Are you willing to get a vaccine for Covid-19? Yes No

How many times have you been arrested? _____ Do you have any court cases pending? Yes No

If yes, explain _____

Are you currently on probation or parole? Yes No If yes, are you currently in compliance? Yes No

If yes, please provide the County and PO Name: _____

Do you have any outstanding warrants for your arrest? Yes No

Have you ever been convicted of a sexual offense? Yes No

If female, are you pregnant? Yes No If yes, when is the due date? _____

Single, not in any relationship Married Separated Divorced Single, but in a relationship

Name of partner _____ Is your partner clean and sober? Yes No

Do you have minor children? Yes No If yes, how many? _____ Ages? _____

Who are they currently living with? Open DCS Case With Family/Friends Adopted out

If you are currently separated from your minor children, will you be having visitations? Yes No



If yes, how often? _____

Do you have a No Contact order filed against anyone? Yes No

If yes, please provide name: _____

Does anyone else have a No Contact order filed against you? Yes No

If yes, please provide name: _____

Useful Telephone Numbers - Family, Friends, Doctor, etc.

Name and address	Relationship	Telephone

Are you a veteran? Yes No

If you are accepted, what are your plans after completing the program?

Do you have anything else you would like to tell us?

I, _____, agree to allow the staff of Next Step to discuss my background and treatment with other professionals and agencies. I understand for the protection of myself and others there may be a need for the Board of Directors or the staff of Next Step to check on my legal standing and criminal background.

I also understand that I am giving permission for the staff of Next Step to contact any and/or all names and facilities on this application.

I have read all the questions and answered them honestly.

I agree to not use non-prescribed drugs, consume alcohol or violate the law while living at Next Step.

I agree to maintain gainful employment.

I agree to stay current with my service fees.

I agree to attend all required meetings and classes.

I agree to participate in weekly house meetings and share regular house chores.

I agree to these conditions because recovery from drug and / or alcohol addiction is important to me.

Printed Name _____

Signature _____ Date: _____

Completed applications may be faxed to Next Step at (812) 645-1303 or mailed or dropped off to staff at 619 Washington Ave., Terre Haute, IN 47802