

Bethel Colony of Mercy Women's Student Application

ID# _____ Pend. TB HIV EF Preg (FLU CR MR If applicable)

Former student: ___ Yes ___ No File # _____

If yes: Approved? ___ Yes ___ No By: _____ Program: _____

Interview Date: _____

*****THE ABOVE INFORMATION IS FOR OFFICE USE ONLY*****

1. Bethel Colony of Mercy is a faith ministry which depends solely on donations.
2. Bethel Colony of Mercy is a Christian transformation center designed to help those who are truly ready to make a change in their life. We teach victory in living through Jesus Christ and the truths of the Bible. This is accomplished through classroom teaching, audio/ video lessons, one-on-one discipleship counseling, homework assignments, worship services and work projects.

I have read the statements concerning the process Bethel Colony utilizes to help me and I am willing to submit to the policies Bethel has in place as they help me overcome my addictions.

I Agree (required)

Have you ever been to Bethel Colony before? **Yes No**

Full Legal Name: _____ Date of Birth: _____

Age: _____ Social Security # (last 4 digits only): _____

Phone: _____ Alternate Phone: _____

Current Address: _____

E-mail: _____

Did you graduate from high school? **Yes No** If no, GED? **Yes No**

Give a name & number of a personal reference we may contact:

Contact: _____ Phone# _____

A. Please explain briefly why you want to come to Bethel Colony of Mercy?

B. When did you have your last drink or drug? _____

What was it? _____

C. What drugs have you used? _____

Anything IV? **Yes No** Alcohol? **Yes No**

D. Are you subject to DT's or seizures? **Yes No** If yes, which and when was the last episode?

NOTE:(Must be detoxed at least 5 – 7 days) If you come in requiring detox, you will be asked to leave and return after detoxification and WILL be required to start Bethel's program over once you have completed detoxification.

E. What is your marital status? Single? Divorced? Married? Engaged?

F. Who are you living with now?

Relationship?

Can you return there when you leave Bethel? **Yes No**

G. Do you know anyone who is currently in the program at Bethel or applying? **Yes No**
What is your relationship to them?

H. Do you have a job you can return to when you leave Bethel? **Yes No**

I. Would it be ok to do a criminal background check? **Yes No**
If no, please explain:

J. Have you ever been to jail or prison? **Yes No**
If yes, please explain:

K. Do you have any pending charges/court dates? **Yes No**
If yes, please explain:

L. Are you on parole or probation? **Yes No**
If yes, please explain:

To whom do you report? NAME: _____ Phone # _____

M. Do you have a prior criminal record? **Yes No**

If yes, please explain:

N. Are you a felon? **Yes No**

O. Are any warrants pending? **Yes No**

If yes, please explain:

P. Do you receive Food and Nutritional services (Food Stamps-EBT) ? **Yes No**

Q. Are you a veteran? **Yes No**

NOTE: If you are a felon, you must send a copy of your Criminal Record. If you choose to stay in the Lenoir area when you leave Bethel, we may notify the local authorities. We require that all outstanding legal issues be addressed before entering our program or be postponed until you have completed the program.

3. The program at Bethel is for **65 consecutive days** and we expect you to make a firm commitment to fulfill all 65 days. Is there anything, including finances, that would prevent you from doing this?

Yes No If yes, please explain:

4. Do you smoke? **Yes No** Do you use smokeless tobacco? **Yes No**

We discourage smoking but allow it in designated areas and at specified times only. **Cigarettes only** - vapes, e-cigs, roll your own or any other form of tobacco is not allowed. You are responsible for your own cigarettes and we will not take responsibility for providing those for you or replacing any that are misplaced.

We have other rules we expect you to comply with such as limited TV choices and **not leaving the grounds without permission, which is a check out offense.** You are required to participate in the daily work projects. Work projects are designed to produce discipline and responsibility. We are not a source of income. We are a faith ministry and there is no charge to stay here. There is a \$350.00 non-refundable entry fee and we ask that you send it in before entering the program. We also ask that you bring toilet paper, paper towels, and laundry detergent when you check-in to Bethel.

There is also a \$10.00 drug-screening fee when you check in to Bethel. After that, any time you have a visit you will be required to pay a \$10.00 fee before you leave on your visit to cover a drug screening upon your return.

5. HEALTH AND RELATED ISSUES

A. How would you rate your overall health? **Good Fair Poor**

Do you have any KNOWN ALLERGIES? **Yes No**

(Must bring epipen with you, if needed.)

If yes, please list:

Do you have any disabilities? **Yes No**

If yes, please explain fully:

List all of your limitations:

Treatments:

List any medications you are currently taking:

List any you are supposed to be taking but are not:

If you are on antibiotics, we must know why you are taking them:

Do you have any insurance? (Medicaid, BCBS, etc.)? **Yes No**

If yes, please list:

PLEASE HAVE ALL PRESCRIPTION MEDICATIONS FILLED BEFORE COMING as well as ALL NEEDED REFILLS FOR THE 65 DAY PROGRAM.

B. What is the date of your last hospitalization?

Explain reason for hospitalization:

C. What is the date of your last physical examination?

Explain results?

D. Have you ever had Hepatitis? **Yes No**

If yes, which kind?

When?

Is it in remission? **Yes No**

Send a doctor's letter confirming your current status.

If Hep C – you will need a doctor's letter stating, you will not need treatment while you are at Bethel

E. Have you ever had TB? **Yes No**

If yes, when?

If yes, you will need a doctor's letter stating you have been cleared and no longer have symptoms.

F. Have you ever tested positive for HIV? **Yes No**

If yes, when?

G. Have you ever been diagnosed with schizophrenia and/or personality disorder? If so; what was the diagnose?

H. Please check any of the following you have been diagnosed with:

Diabetes Emphysema Heart Problems Ulcers High Blood Pressure

Hypoglycemia

ANY sexually transmitted diseases? **Yes No**

If yes to STD's, which one(s)?

I. You must have a TB and HIV blood test as well as a pregnancy test done prior to being called to come in Bethel. (Flu Shot required from October through March, you will need to have a flu shot with documentation.) These test results may take up to a couple of weeks. You will not be placed on the active waiting list until we receive at least one of the test results.

Fax results to: Office Manager, (828)754-5370, attn.: Women's Campus

email to: bcwoffice@bethelcolony.org, or mail to: **Bethel Colony of Mercy, 1181 Camp Carolwood Road, Lenoir, NC 28645**

You need to take care of any dental, vision or any other medical issues before entering this program. We are not a medical facility nor do we have available the transportation to take care of non-emergency medical needs.

Absolutely no medications on the DEA's list of scheduled medications will be allowed, such as Xanax (alprazolam), Klonopin (clonazepam), Buprenorphine (suboxone, subutex), Methadone, etc. (THIS LIST IS NOT ALL INCLUSIVE, see <https://bethelcolony.org/faqs/> - What medications should/can I bring?)

J. If you have any open wounds of infections, they must be treated and healed before you enter Bethel Colony. This includes injection sites for IV Drug users. (b) You must be free from all infectious diseases, such as Staph, MRSA, and Strep. (Herpes must be dormant).

6. Is there anything else you can think of that would help us to minister to you?

7. You are required to have someone bring you to our facility. (You cannot drive yourself) Who will be transporting you to and from our location?

These are the items you will need:

- Bring work and dress clothes. Some that are not allowed are: no words or photos with drugs, tobacco, alcohol, or anything contrary to a Christian lifestyle; no tight-fitting pants without a long top covering them; no low-cut tops. No spaghetti straps; no short shorts.
- Bring your own washcloths, towels, and 1 pillow. (Mark your name on them). Bed linens are provided.
- Bring your own personal toiletry items. ALL TOILETRY ITEMS MUST BE UNOPENED. EXCEPT FEMEMINE PRODUCTS, they will be provided for you. Tampons are NOT allowed. (Nothing with alcohol, i.e., mouthwash, perfumes or aerosols)
- Bring a cloth mesh 36 x 24 laundry bag, bookbag, and a watch. (These items can be purchased at Wal-Mart.)
- Vitamins which are new with the seal unbroken
- Napkins, toilet tissue, paper towels, facial tissues, and laundry detergent (pods are recommended).
- Bring a Bible if you have one.

These are the items that are NOT allowed:

- NO BODY PIERCING RINGS OR STUDS WORN ANYWHERE ON YOUR BODY (except 2 earrings, each ear).
- Personal linens are NOT permitted
- No audio or video apparatus: CDs, DVDs, MP3, iPods, Video Games, etc.
- No over the counter medications.
- No caffeinated drinks, coffee, or pills.
- No smokeless tobacco, electronic cigarettes, cigars, or VAPES.
- No provocative clothing either daily wear or sleep wear.
- No cell phones.

9. We are offering to help you overcome your bondage; however, this must be on our terms.

Are you willing? **Yes No** Do you still want to come? **Yes No**

10. If you have any questions, please email Bethel at bcwoffice@bethelcolony.org and we will respond quickly.

Please keep in contact with us throughout the application process.

I have answered all of the above questions on this application honestly and to the best of my ability. **Yes** **No**

I HAVE READ THIS ENTIRE APPLICATION AND AGREE TO FOLLOW ALL THE GUIDELINES SET IN PLACE BY BETHEL COLONY OF MERCY. BY SIGNING, I PROCLAIM I HAVE ANSWERED HONESTLY TO THE BEST OF MY ABILITY. I UNDERSTAND ANY ANSWERS GIVEN WHICH ARE FOUND TO BE INACCURATE MAY BE REASON FOR ME TO BE ASKED TO LEAVE THE FACILITY.

****Please read the following notes of interest before submitting your completed application****

I have read and will comply with the above regulations. Yes No

Signed: _____ Date: _____

(See next page for important information)

IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION, PLEASE CALL OUR WOMEN'S CAMPUS OFFICE AT 828-754-3781 OPTION 6. Within 72 hours of receiving your application someone from our office will call you to complete your application process. WHEN WE CALL WE MUST SPEAK TO THE PERSON APPLYING. In the case that we have not talked to you within the 72 hours, please contact our office to complete your application process.

Please make sure that you have filled in the contact phone numbers where you can be reached.

****REMEMBER****

After completing and submitting your application we will need the results of two blood tests (HIV and TB) and the \$350.00 Entry Fee before you will be called to come to Bethel. **Once entered into the program this Entry Fee is non-refundable.**

There are now two ways to pay your Entry Fee:

1. Mail a money order to Bethel Colony of Mercy, 1181 Camp Carolwood Road, Lenoir, NC 28645. If you are paying by money order, please make sure you write the applicant's name on the "For" line.
2. Pay your Entry Fee online at <https://bethelcolony.org/pay-entry-fee>. There is an additional non-refundable fee for the online payment of your Entry Fee.