

Damascus Home of Redwater, Inc.
P.O. Box 583
Redwater, TX 75573
(903) 280-0020
www.DamascusHome.org
Women's Center
903-796-7173

REQUIREMENTS FOR ADMISSION

Upon submitting your application, the following is required:

- 1) Picture I.D.
- 2) Social Security Number
- 3) Background Check*
- 4) T.B. Skin Test
- 5) Test for H.I.V.
- 6) \$2,200 Cashier's Check or Money Order
- 7) Completed Application
- 8) Must be willing to apply for food stamps once a resident

Upon receipt of your application & completed requirements, a face to face interview will be set up. The staff will review your application and the results of your interview. This process may take up to two weeks.

Must not have used in the last 72 hours. If referred to Detox, you must come immediately to the Women's Center upon release. NO EXCEPTIONS!

* Background check – can be obtained through your local law enforcement agency.

EACH RESIDENT IS TO BRING:

- 5 sets of everyday clothing plus the one they are wearing – comfortable and modest
- 2 sets of dress clothes
- Pajamas & housecoat & shower shoes
- 3 pairs of shoes – dress shoes, tennis shoes, sandals or flip flops
- 2 sets of bath towels, (hand towels optional) & wash cloths
- Underwear (including bras)
- Toiletries (NON-Alcoholic)
- Bible (only book allowed)
- Stationery and stamps are suggested
- No magazines
- No perfume (non-alcoholic body spray or body lotion is allowed)

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Date _____

Name of Applicant _____ Applicant Phone No _____

Social Security # _____ D. L. # _____ State where Licensed _____

Date of Birth _____ Age _____ Birth City, ST _____

Do you have a copy of your Birth Certificate? Yes / No

Present Address _____ For how long? _____

Referred by: _____

PERSONAL HISTORY:

Hobbies _____

Do you have family in Cass County? Yes / No

Do you have a religious affiliation? No / Yes If so, what? _____

Are you a member of a Church? No / Yes If Yes, Church Name _____

Church Address: _____

Are you pregnant? No / Yes If yes, how many weeks? _____

Marital Status: (Circle One)

Married / Divorced / Separated / Widow / Single / Live together / Partner _____

How Long? _____

Marriage (s):

Name _____ Date of Marriage _____

Spouse's Location _____

Divorce/Separation _____ Death _____ Date _____

Marriage (s):

Name _____ Date of Marriage _____

Spouse's Location _____

Divorce/Separation _____ Death _____ Date _____

Present Relationship:

Name _____ How long _____

Nature of Relationship _____

Where you met _____

Plans for the future _____

Children:

Number of Children _____

Name _____ Age _____ Sex _____ Father _____

Custody _____ Phone _____

Address _____

Social Worker _____

Name _____ Age _____ Sex _____ Father _____

Custody _____ Phone _____

Address _____

Social Worker _____

Name _____ Age _____ Sex _____ Father _____

Custody _____ Phone _____

Address _____

Social Worker _____

Name _____ Age _____ Sex _____ Father _____

Custody _____ Phone _____

Address _____

Social Worker _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name _____ Relationship: _____

Telephone Number (Including Area Code) _____

Address _____

Education:

Highest grade completed _____ Name of school _____

City/State _____

HS Diploma OR GED _____ Vocational Training/Certificates (Please list) _____

College or post-graduate work _____ Degrees? _____

Employment Background:

Job Skills: _____

What kind of work do you enjoy most? _____

What kind of work do you enjoy least? _____

Current or last place of employment: _____

Address _____ Phone _____

Job Title/Description _____

Duties _____ Rate of pay _____

Date job started _____ Date job left _____

Length of employment _____

Reason for leaving _____

Legal Issues:

Are you currently on Probation: No / Yes Name of Probation officer _____

Were there any money judgments against you? No / Yes Any outstanding fines? _____

Do you have any outstanding warrants issued against you? No / Yes Explain: _____

Do you have any evictions on record? _____

Do you have any other legal issues or court dates? No / Yes Explain: _____

Do you have any outstanding debts? No / Yes

(Examples include but are not limited to: child support, unpaid tickets, credit card debt, loans, utility bills, phone bills, medical bills etc.) If yes, please explain: _____

Do you have any other fees, restitution etc.? No / Yes Explain: _____

List Felony Convictions:

<u>DATE</u>	<u>CHARGE</u>	<u>SENTENCE</u>	<u>TIME SERVED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other convictions: _____

Are you currently on Parole? No / Yes If yes, answer the following:

Parole Release Date _____ County of Offense _____

Parole Officer _____ Telephone Number _____

History of Violence:

Have you ever been involved in domestic violence? Yes / No

As a child did you experience or witness domestic violence? Yes / No

Alcohol:

What age did you start drinking alcohol? _____

How long have you been drinking? _____

Give the reason you first started drinking _____

When was your last drink? _____

Do you feel that you are addicted to alcohol? _____

Have you tried to stop before? _____

What happened? _____

Have you ever been in treatment? No / Yes If so, when and where? _____

Drugs:

What age did you start using drugs? _____ What was your drug of choice? _____

How long did you use? _____ How often? _____

Give the reason you first started using _____

When did you last use? _____

Do you feel that you are addicted to drugs? _____

Have you tried to stop before? _____

What happened? _____

Have you ever been in treatment? No / Yes If so, when and where? _____

Medical:

<u>MEDICATION</u>	<u>REASON</u>	<u>DOSAGE</u>	<u>TIMES PER DAY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been tested for:

Hepatitis A Yes / No Hepatitis B Yes / No Hepatitis C Yes / No
 Do you have Hepatitis A B C None (Please circle one)

Do any of your family members have any of the following disabilities?

[] Severe Mental Illness [] Chronic Substance Abuse [] HIV / AIDs
 [] Both Severe Mental Illness and Chronic Substance Abuse (Dual Diagnosis) [] Other (Explain) _____

Have you ever been diagnosed/treated for a mental illness? No / Yes If yes, explain _____

Have you been tested for HIV? Yes / No

In the last ten years, have you had a medical diagnosis of or have you received medical treatment for Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC), HIV or any disorder of the Immune System? No / Yes If yes, explain _____

Medical (continued)

Are you under the care of a physician? No / Yes

If yes, give name, address and phone number _____

If it is deemed necessary, would you sign a medical release for your medical records? Yes / No

Sexual History:

History of Sexual Violence _____

Incest _____

Assault _____

Harassment _____

Rape _____

Other _____

Please give the reasons why you would like to be considered for residency at the Women’s Center: _____

STATEMENT OF CONSENT

I, _____ have read Damascus Home of Redwater, Inc. Women’s Center Guidelines.
(Please Print)

I agree to allow information gathered herein to be used as deemed necessary and appropriate by the Women’s Center. The information provided herein shall become the property of Damascus Home of Redwater, Inc. Women’s Center and will be kept confidential.

Signed _____

Date _____

Received by _____

Date _____

(On behalf of Women’s Center)

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RESIDENT RULES

*****READ THIS TWICE*****

- 1) All rules and regulations are to be followed when on and off property.
- 2) Women's Center is a Christian facility and all residents are expected to treat it as such. Gambling, profanity, pornographic literature or material, etc. is forbidden and grounds for immediate dismissal.
- 3) Conversations, actions, attitudes, language will be free from anything that would displease God and negatively influence others, i.e. old war stories, insults.
- 4) Meetings, work assignments and meals - you must not be absent from a meeting or a work assignment unless excused in advance. You must be in place 5 minutes before start time for meals, class and work assignments.
- 5) There will be no drinking or taking of unauthorized medication by residents. If a resident is found to be using alcohol, K-2 or any illegal substance, the Staff will take appropriate action in the best interest of the resident followed by dismissal from Women's Center.
- 6) The illegal use or possession of drugs by residents, whether prescription or non-prescription is strictly forbidden. The Staff will keep and disburse all medications appropriately.
- 7) All residents will be fully clothed at all times in all parts of the center.
 - a) No night wear may be worn outside of the dorm hall. Must be fully dressed for the day when showing up for breakfast and devotions.
 - b) Towel wraps do not qualify as clothing- this includes the dressing area of the shower room or crossing the hall to & from the shower room. Shower shoes are required.
 - c) No bathing suits or sunbathing anywhere at any time.
 - d) No cleavage or midriff showing. If you gain weight you must find some more clothing to wear, either by way of the clothing collection or by purchasing more clothing.

- e) Shoes must be worn in all classes, dining hall, kitchen, chapel.
 - f) Staff have the right to reject any clothing with slogans other than Christian themes. Bring at your own risk. All clothing must be clean and neat.
 - g) No head coverings allowed unless specifically approved by the Staff which serve a specific purpose.
 - h) No pants with holes at the discretion of the Staff.
 - i) Shorts will be allowed only if knee length.
- 8) All valuables, such as jewelry, cigarettes, money, etc. will be kept locked up for safe keeping and distributed as needed. If you insist on keeping such items in your possession, it is at your own risk. Your auto may not be kept at facility.
- 9) One shower is allowed per day, either morning or night is acceptable, provided that it does not interfere with the scheduled activities. Cleanliness & body odor is your responsibility – this includes body & breath.
- 10) There will be no smoking inside any buildings. If you do, you will be asked to leave. Smoking must be done in the smoking area at all times. If weather is too bad to trek out to the smoking area, then smoking can *temporarily* take place on the front porch. Must not leave any cigarette butts or lighters or cigarette packs lying around outside or inside the facility with the exception of the cart area beside the water cooler. You may leave items on the cart.
- 11) All cigarette butts are to be put in butt cans in the designated smoking area. Do not leave drinking cups or cans sitting around inside or outside the facility.
- 12) At this time, smoking can be done whenever you have a break. This is not a time for gossip or venting. If this privilege is abused, then residents will be confined to only 2 people at a time allowed in the smoking area. Please be honest enough and adult enough to come to the staff and voice your concerns.
- 13) No smoking in vehicles or away from the Center, i.e., when visiting other churches. Must leave cigarettes at the center.
- 14) No lending, borrowing or selling is allowed by residents.
- 15) Sickness- must be reported. If you need to go to bed because you are sick, staff must approve it.
- 16) Resident's cooperation with the staff is mandatory.

- 17) Women's Center staff has the authority to request any resident at any time to comply with substance abuse screening through blood, urine, or breathalyzer testing. Failure to comply with this screening is grounds for dismissal from the Center. All possessions are subject to inspection prior to departure or removal from the facility.
- 18) All mail is collected and distributed by the Staff. All mail coming in and going out is screened by the Staff. No letters, mail or other such items may be passed through family members or visitors unless previously screened by a staff member. No letters are to be passed at church.
- 19) Rooms and personal belongings are subject to inspection at will and must be kept in exceptional condition at all times. The Center has an open door policy and may receive visitors without warning. We will not accept dirty rooms should we desire to show someone around, whether they be potential client or donor.
- 20) Women's Center recognizes the importance of fun and laughter in our community. Harmless practical jokes are OK and should be conducted in good taste. Pranksters that are seen to take jokes too far may be subject to disciplinary action.
- 21) Slander, gossip, negative attitudes, flagrant disobedience, threats, blatant disrespect for the staff or other clients are not tolerated and are grounds for dismissal.
- 22) Any destruction of property is grounds for immediate dismissal.
- 23) Disrespect toward any staff member is grounds for dismissal.
- 24) Physical contact with another resident is grounds for dismissal. This includes inappropriate touch, homosexual behavior and passing licks.
- 25) Leaving grounds without permission is grounds for dismissal.
- 26) When leaving the Center to go anywhere as a group, all residents are required to stay with staff at all times. Roaming around will not be permitted, not even at church.
- 27) No lying on bed between 7AM and 6:00 PM without permission. No lying on your comforter or sitting on your comforter, ever. They will become damaged if you throw things on them such as your books and pens. Please help us keep them in good condition for the next resident.

- 28) Residents will be in the bed by 10:00pm and lights turned out at 10:30PM with the exception of Friday night movie night. Must not leave a mess from activities in any common area.
- 29) All residents are expected to help keep the Center in first-class condition. This includes making your beds and tidying up your rooms each morning. It also includes general cleaning of the Center and grounds. Rooms are not to be changed in any way (paint, wallpaper, nail holes, shelves, etc.) without permission of the Director.
- 30) Tools and equipment here belong to the Lord - take care of them accordingly. If equipment or tools are not working properly, it must be brought to the attention of the Staff. The vacuum cleaners, washers and dryers must be maintained properly in order to stay in good working order. Please clean them on a regular basis.
- 31) All residents must eat and drink in the dining room and break room only. All Residents must be present 5 minutes prior to meals. Kitchen crew must ring the bell 5 minutes prior to meals, ready or not, no exceptions. Kitchen crew needs to try to adhere to this time schedule so others can be expected to be on time.
- 32) No food or drink is allowed in the residents' dorm rooms.
- 33) Only authorized people are allowed in the kitchen. **No exceptions.**
- 34) Laundry times will be assigned as needed and bed linens must be washed weekly. Wash times are not to start after 7:00 am and before 4:30 pm unless in the case of extreme circumstances and this must have the approval of the Staff.
- 35) Residents are not allowed to have or use cell phones. Visitors are not allowed to carry their cell phones while on the premises. They must be left in their car.
- 36) No boyfriends are allowed visitation privileges at any time for any reason during the entire stay of the resident. Residents are not permitted to send or receive mail from or have phone correspondence with boyfriends at any time for any reason during the entire stay of the resident.
- 37) After 30 days, you will be given a designated time for phone privileges. Residents are allowed one phone session per week not to exceed 15 minutes. Phone calls may only be made to those on the approved list.

- 38) Residents are not allowed to bring radios, CD players, head phones or any other form of electronics with them to the center. All music, TV and literature must be honorable to God. Staff may, at their discretion, provide audio equipment on a temporary basis for a specific purpose.
- 39) Residents are not allowed in other residents' dorm rooms, ever.
- 40) No visitors are allowed on the dorm hall, ever.
- 41) Residents will not be allowed to lie down on couches, ever.
- 42) Write-ups or extra work may be given when rules are violated. If you receive 3 write ups you must meet with the Director and the admissions board will be notified of your failure to follow the rules. If you receive 4 write ups, you will be asked to leave.
- 43) If a resident leaves the Center and personal belongings remain, it is at the risk of the resident. At the end of one week, these belongings may be sold or donated to community charities.
- 44) The Director has all authority to make all decisions. If she feels a change is worthy, it will be at her discretion. These are resident rules; not staff rules. Please keep this in mind. If staff is, at any time, not maintaining a good example, please feel free to put in writing your complaint or concern to the Director and it will be investigated. It is our desire to lead by example.

I have read Women's Center Rules 1-44 TWICE and I fully understand rules, policies, and procedures. In consideration for being accepted as a resident of Women's Center, I agree to abide by them. I will review them on a regular basis and not vary from them unless I receive a change in writing from the Director, signed and dated. I understand it is my responsibility to keep the rules myself. If I feel like something has changed, it is my responsibility to ask and not take change for granted. I further agree that an assumption is the lowest form of knowledge and it is not an excuse to break rules. I also understand breaking rules is why I am where I am in this stage of my life.

Signature

Date

Witness

Date

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VISITOR'S POLICY -- REVISED
2nd and 4th SATURDAY 1:00PM -- 4:00PM

1. Residents must be here 30 days before any visits are granted.
2. Residents may have visits from immediate family only. In order to have visits the resident must fill out Visitors' List stating the name of each visitor, how they are related and their address and telephone number. Each potential visitor is subject to prior approval from the Director.
3. No boyfriends are allowed visitation privileges at any time for any reason during the entire stay of the resident.
4. When coming to visit a resident, all visitors must first report to the office, sign in and provide valid ID. If they are carrying a cell phone, they will be asked to surrender it or return it to their vehicle for the duration of the visit. Failure to observe the cell phone rule may result in revocation of visitation rights.
5. All minors must be accompanied by an adult at all times.
6. Visitation must be confined to the common areas only. No visitors are allowed in the dorm area or kitchen, ever.
7. No mail may be passed through visitors unless previously screened by a staff member and approved for distribution to a visitor. Appropriate delivery method is from staff to visitor. Please consider any other delivery method suspect.
8. All conversations, activities and dress of visitors should be honorable to God. Any arguing, disputes or inappropriate conversation or contact will be grounds for revocation of visitation privileges.
9. All visitors must smoke in the designated smoking area.
10. All food, drinks, articles and money must be turned in at the office before they are given to the resident and will be subject to inspection prior to delivery.
11. Any special visitor for pastoral, family or marriage counseling must be approved by Director.

PRIMARY SUPPLEMENTS FOR ALCOHOLICS AND DRUG ADDICTS

Where possible use quality name-brand products and not discount store varieties. Those marked with an asterisk (*) can be found at Superstores and pharmacies. Amino Acids and Enzymes can be found at health food stores.

ALCOHOLICS:

ITEM:

Suggested Amounts: PER DAY:

1. Amino Acids

L-Glutamine	3,000 mg
L-Tyrosine	2,500 mg
*5-HTP	100-300 mg

2. Vitamins

*Quality Multi-vitamin for your stage of life 1 daily

PLUS

*Vitamin C (Ester C preferred)	8,000 mg
*Vitamin D ₃ (although D is not technically a vitamin)	1,000 IU per 25 lb of body weight
*Vitamin A	12,000 IU
*Vitamin B ₆	200 mg
*Vitamin B ₁₂	1000 mcg
*Vitamin B Complex (particularly B ₁ , B ₅ , folic acid)	2 daily
*Niacinamide	500 mg

3. Minerals

*Chromium Picolinate	100-300 mcg
*Potassium	300 mg
*Calcium/Magnesium	500 mg
*Zinc	30 mg

4. Enzymes and Other

Pancreatic Enzymes (enteric coated tablets if available)	1 each meal
Betain HCL (unless ulcers)	1 each meal
*GLA (in the form of Flax Oil, Borage Oil or Black Currant Seed oil)	600-900 mg
*EPA (in the form of Fish Oil)	3,000 mg
*Milk Thistle Extract (rebuild liver)	100-150 mg
*Valerian Root (anxiety)	100-300 mg
*Melatonin (for insomnia: liquid preferred, quick-dissolve acceptable, tablet least preferred)	2-6 mg
*Dose Box that allows for 4 doses daily for 7 days	

NOTE: GABA causes an increase in the desire to drink, and therefore is not included.

Glutamine decreases the desire to drink, yet is the precursor to GABA, hence supplementation is appropriate during treatment and maintenance phases.

NARCOTICS, COCAINE & METHAMPHETAMINE ADDICTS (Same as above with the following changes):

- Delete GLA if post-menopausal, not diabetic, not EFA deficient and not prone to eczema
- Delete Pancreatin and Betain HCL unless you have digestive problems
- Add L-Phenylalanine 1,500 mg

WOMEN'S CENTER RESIDENT SCHEDULE

BE IN CLASS **5 MINUTES** BEFORE SCHEDULED TIME! IN GENERAL, DORM HALL WILL BE CLOSED AT 9AM, OPEN FROM 11:55-12:55 PM & OPEN AGAIN AT 5 PM

MONDAY, TUESDAY, THURSDAY FRIDAY

6 am Wake up
6:30 am Out of bed, clean room
7 to 7:25 am Breakfast
7:30 to 8:30 am Devotion
8:30 to 8:55am Get ready for class, (8:40 meds)
9 to 11 am Class
11 to 11:55 am Chores
12 to 12:25 pm Lunch
12:30 to 12:55 pm Dorm Time, (12:40 meds)
1 to 3 pm Class
3 to 4 pm Quiet Time for reflection-no sleeping
4 to 5 pm Outside Activity / Exercise Room
5 to 5:20 pm Dinner (5:30 meds)
5:45 to 6:15 pm Process Group
6:30 to 10 pm Evening Activities*,
Study, Laundry, Showers, etc. (8:30 meds)
10 pm In Room, 10:30 pm Lights Out

*Mon 6:30 pm Jill Gay Video Curr/Encourage
Tues 6:30 pm Margaret Restelle Video Curr/Encour
*Thurs 6:30 pm Kathy O'Kelley Video/CurrCounsel
*Friday 7:00 pm, Candlelight Recovery Meeting,
Lights Out 11:30 pm

WEDNESDAY

6 am Wake up
6:30 am Out of bed, clean room
7 to 7:25 am Breakfast
7:30 to 8:30 am Devotion
8:30 to 8:55 am Get ready for work, (8:40 meds)
9 to 11:45 am Wednesday Work Day
12 to 12:25 pm Lunch
12:30 to 12:55 pm Dorm time (12:40 meds)
1 to 1:55 pm Quiet Time for Reflection-no sleeping
2 to 4 pm Class
4 to 5 pm Outside Activity / Exercise Room
5 to 5:20 pm Dinner (5:30 meds)
5:45 to 6:15 pm Process Group & Read Rules
6:30 to 7:30 pm Recovery Meeting
7:30 to 10 pm Laundry (8:30 meds)
10 pm In Room, 10:30 pm Lights Out

SATURDAY

7 am Wake up
7:30 am Out of bed
7:55-8:30 am Breakfast
8:30 to 9:30am Devotion Group Time
9:40 to 11:55am Meds, clean room
and chores
12-12:30 pm Lunch, meds
1:00-4:00 pm Visitors
5:30-6:00 pm Dinner (6:15 meds)
6:30-7:30 pm Process Group
7:30-10:00 Personal time (8:30 meds)
10:30 pm Lights Out
**Make sure crock pot dinner is set
for Sunday.**

SUNDAY

7 am Get up, clean room, get ready,
eat breakfast
7:55-8:15 am Meds
8:15 to 8:50 am Devotion
9 am Leave for Church
1:00 pm return to WC
1:30-2:00 pm meds/Crock Pot Lunch
2 to 4:30 pm Rest
4:45-5:15 Light Supper (meds 5:15)
5:30 Leave for church
6:15 pm Church services
8 pm Arrive at center
8:30 Meds
10 pm In Room
10:30 pm Lights Out

Medication Schedule: Medication will be dispensed at 8:40am Mon.-Fri. (9:40 am Saturday. 7:55 am Sunday), 12:40 pm, 4:30 pm and 8:30 pm. No exceptions other than cases of illness or emergency.