



## Entry Application

Please complete this four-part application, for consideration to enter the Lovelady Program.

### Part 1: Intake Policy: Are you a candidate to be a Lovelady Client?

Women coming from prison, jail, court ordered or DHR referrals (released from prison or jail within the past 6 months)

Women coming from abuse or Women struggling with addiction

**If she is one of the above, she must fit the following criteria:**

Above the age of 22

Does not have children coming upon intake, then upon approval, no children over the age of 12

Is not more than 20 weeks pregnant

Is not on methadone or suboxone

Is not a convicted sex offender

Must be completely mobile

If disabled, must be on disability

If not disabled, must be able to hold a full-time job

If mentally disabled, must be on disability

If mentally disabled, must be able to function in large group settings must be aware of 30 day probationary period

Do you meet all the above stated requirements? YES or NO If No, please explain:

---

If Yes, please continue to read, sign below, and complete our Entry Application.

**Have you ever been a client at The Lovelady Center?** Yes or No

If Yes, please complete the following questions pertaining to reentry, if NO, continue to the section below.

**Reentry:** If you are a prior client, on the back of this form, please explain each time you have been in our program and the circumstances around your participation and departure. Please note, if you have already completed 30/4/30, you are not eligible to return for one year since your last departure. If you have been in our program more than four times, it must be 24 months since your last departure.

**Once eligible for our Phase I program, intake fee is as follows:**

The intake fee is \$500 for all intakes except for SRP and parole coming directly from prison.

If Detox is necessary, must have \$48 for medication.

Must have 30 day supply for approved- medication.

Intake fee MUST be paid upon intake unless coming directly from prison.

*All incoming clients will enter our Phase 1 program, while in Phase 1, client will be in a probationary period. Upon completion of Phase 1 with satisfactory or better participation, you will be permitted to move to Phase II.*

**Applicant:** \_\_\_\_\_ **Witness:** \_\_\_\_\_

## Part 2: Application

*Once you have completed the intake policy and have confirmed you are a candidate for The Lovelady Center Program, please complete the remaining application.*

*Thank you for your interest in The Lovelady Center Program. Individuals interested in applying for entry into The Lovelady Center Program must fill out an application completely. You may mail or fax your completed application, attention to Intake Services at the address listed above.*

The Lovelady Center's purpose is to help women build a strong positive foundation in Christ. Our mission statement is ***empowering women, through faith-based initiatives so they can return to society as well-equipped women of God.*** We do this by providing a safe, structured, and loving environment. We offer various classes referencing many life issues. The Residents of Lovelady Center consist of many different walks of life, needing our services for many reasons.

Once Intake Services receives your Entry Application, we will process it and mail you a letter of determination stating you have been accepted, placed on the waiting list or denied. ***If your name is on the waiting list, it is your responsibility to contact Intake Services weekly to see if a bed is available. If we do not hear from you then your name will be removed.*** It is important to understand once your name is placed on the waiting list and you are contacted about an available bed, you must arrive at The Lovelady Center on the date agreed upon.

If you are currently incarcerated, we will mail you an acceptance letter, however, if your release date exceeds 60 days, you will need to notify our Intake Department for an acceptance date that corresponds with your release date.

Clients are required to pay an Intake Fee of \$500.00 upon arrival.

Children are not permitted until Phase II, and then at that time it's only approved upon room availability. We will do our best to accommodate you and your children as soon as possible, but it could take an additional week or two once you are in Phase II.

**Personal Information**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Marital Status:      Single                      Married                      Divorced                      Widowed

Do you have children?      Yes                      No

If yes, and you have primary custody. Will they reside at the Lovelady Center with you?      Yes                      No  
*(Children are not permitted until Phase II, and then at that time it's only approved upon room availability. We will do our best to accommodate you and your children as soon as possible, but it could take an additional week or two once you are in Phase II.)*

Please give a brief summary of your current living situation: \_\_\_\_\_

\_\_\_\_\_

Are you currently incarcerated?      Yes                      No

Please list two family members/friends of contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Legal Information**

AIS Number: \_\_\_\_\_ EOS Date: \_\_\_\_\_ Parole Officer: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Court Referral Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

DHR Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Community Corrections Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Do you have a sexual offense pending?      Yes      No

Are you required by a Judge to complete a program?      Yes      No

If yes, please list: Judge: \_\_\_\_\_ Phone: \_\_\_\_\_ County: \_\_\_\_\_

**LIST ALL PAST AND PRESENT FELONY CASES THAT YOU HAVE BEEN ARRESTED FOR IN THE PAST (5) YEARS**

Charge: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_

County: \_\_\_\_\_ Court Date: \_\_\_\_\_

Charge: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_

County: \_\_\_\_\_ Court Date: \_\_\_\_\_

Charge: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_

County: \_\_\_\_\_ Court Date: \_\_\_\_\_

**Drug History**

Primary Drug of Choice: \_\_\_\_\_ Age First Used: \_\_\_\_\_

Secondary Drug of Choice: \_\_\_\_\_ Age First Used: \_\_\_\_\_

Have you ever attempted or completed a drug treatment program?      Yes      No      How Many? \_\_\_\_\_

If yes, please list programs and dates: \_\_\_\_\_

At this time, do you think you will need to detox from your current drug use?      Yes      No

**Medical Information**

Please circle the following medical conditions that a medical physician has diagnosed you as having:

High/Low Blood Pressure	Kidney/Bladder Disorders	Diabetes	Asthma
Epilepsy	Pulmonary Disorders (COPD)	Tuberculosis	Migraine Headaches
Skin Sores	Heart Disease	Sexually Transmitted Disease	HIV/AIDS

Please list allergies: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Are you pregnant?    YES    NO    # of months \_\_\_\_\_    If yes, are you High-Risk Pregnancy?    YES    NO

Have you received pre-natal care?    Yes    No    Physician: \_\_\_\_\_

**Mental Health**

Please check the following mental health conditions that a medical professional has diagnosed you as having.

- |                                 |                                  |                 |          |                 |
|---------------------------------|----------------------------------|-----------------|----------|-----------------|
| Depression                      | Bi-Polar Disorder                | Self-Mutilation | Paranoia | Eating Disorder |
| Borderline Personality Disorder | Anti-Social Personality Disorder | Schizophrenia   | Anxiety  |                 |
| Suicidal Thoughts               | Post-Traumatic Stress Disorder   | ADD             | ADHD     | ODD             |

If you answered yes to any of the above-mentioned medical/mental health diagnosis please list your physician's information.

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Are you disabled or handicapped?    Yes    No                    Please Explain: \_\_\_\_\_

\_\_\_\_\_

Are you currently receiving Disability, SSI, or other funds from the government? \_\_\_\_\_

Do you have Health Insurance/Medicaid/Medicare? \_\_\_\_\_

List below all medications that you are currently taking. All incoming clients are required to have a (30) thirty day supply of medication upon entering the Lovelady Center Program.

Medication	Dosage	Rx Date	Qty	Physician	Reason	Refills

**Part III: Agreement**

I, \_\_\_\_\_, attest that the above information is true and that all medications are prescribed for the labeled purposes only and they are the only medications I am currently using.

I, \_\_\_\_\_, understand that there will be NO EXCEPTIONS allowing the use of any narcotics while I am enrolled in The Lovelady Center Program.

I, \_\_\_\_\_, understand there is a \$500.00 Intake. I understand this fee is non-refundable.

I, \_\_\_\_\_, understand The Lovelady Center is a Faith-Based Transitional Program. I am willing to commit to a 9-12 month program.

By signing this application, I agree to the above said statements and attest that all information I have provided is accurate and true to the best of my knowledge.

Print Name: \_\_\_\_\_

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

**For Office Use Only**

Date Received: \_\_\_\_\_ Processed By: \_\_\_\_\_  
Response Sent: Acceptance Denial Waiting List Date Sent: \_\_\_\_\_  
Date Client Called to verify availability of bed: \_\_\_\_\_  
Date Removed from Waiting List: \_\_\_\_\_  
Staff Follow-Up: \_\_\_\_\_  
Arrival Date: \_\_\_\_\_ Intake Fee Paid: \$ \_\_\_\_\_  
Application placed in client folder: Yes No Handed off by: \_\_\_\_\_

**\*Please return only pages 1-6. Please mail application to:  
Attention Intake Department 7916 2<sup>nd</sup> Avenue South, Birmingham, Al 35206  
Fax: 205-833-7410**

## Part IV: Program Information

All clients entering The Lovelady Center Program are required to participate in the program. We are a faith-based transitional program not a shelter.

### Program Requirements for Participants to Graduate The Lovelady Center Program

- Minimum 9-12 month stay at TLC
- Must maintain sobriety throughout the course of the program
- Attend Phase I thru Phase V classes
- Obtain 30 Class Credits
- Participate in our Work Therapy Program
- Obtain a State Issued ID or Driver's License
- Clear up any warrants or legal issues you might have
- Obtain GED, if applicable
- Attend Required Counseling Sessions
- Attend Morning Devotions (M-F 8-8:30 AM)
- Wednesday Night Church Services
- Sunday Morning and Evening Church Services
- Completion of Daily Chores
- Must be current with your program fees with TLC
- Must have a safe, stable home plan

### Clothing Allowance

<u>Clothing</u>	<u>Limit</u>
<b>Outfits (Shirts, Pants, Shorts, Skirts, Dresses)</b>	<b>10</b>
<b>Pajamas/Sleepwear (Including shorts and undershirts)</b>	<b>3</b>
<b>Bras</b>	<b>5</b>
<b>Panties</b>	<b>10</b>
<b>Shoes (Including sneakers, sandals, flip-flops, house shoes)</b>	<b>6</b>
<b>Jackets (Including Sweaters, Sweat Shirts)</b>	<b>2</b>
<b>Socks</b>	<b>10 pairs</b>
<b>Purses (including book bags/back packs)</b>	<b>4</b>
<b>Blanket</b>	<b>1</b>
<b>Pillow</b>	<b>1</b>
<b>Twin Sheet Set</b>	<b>1</b>
<b>Plastic Cup</b>	<b>2</b>

**Other items clients will need to furnish for personal use: Toiletries/Personnel Hygiene Items and Laundry Detergent**

**The following products are not allowed if alcohol is one of the first three ingredients:**

hand-sanitizer                      body spray                      hair spray & other hair products in pump spray bottle

The only aerosol cans that are allowed are hair products and air freshener (without alcohol)

Strong smelling markers (including sharpie's) & paint are not allowed when first entering program. As the client progresses, client rep can determine what items could be a trigger, therefore, determining what is permitted for that client.

**Restricted clothing/other items:**

- No men's clothing
- No sagging pants
- No graphic t-shirts with inappropriate material such as rock or rap bands, beer logos etc.
- No skullcaps

- No wave caps
- No men's cologne, fragrances, deodorant, or soap
- No "Wife-Beater" t-shirts
- No facial piercings with jewelry showing
- No tongue studs, brow, or nose rings (nose can have a clear retainer)
- No skulls on clothing
- No short-shorts
- No bra straps showing
- No play-bunny emblems
- No cleavage showing
- Bras must be worn
- No haircuts shorter than 1.5 inches in length
- No unusual hair color

### Visitation

- No visitation while in Phase I, once in Phase II, immediate family may visit during visitation.
- Once in Phase III, non-family members can visit during visitation.
- Visitation is limited to the COMMON AREAS ONLY....
- The only visitors permitted must be on our visitors list, which is done through client rep. This list is recorded in our database. The front desk clerk verifies all visitors through the database.
- Visitors are NOT PERMITTED in the living quarters of the building. (We allow female immediate family members to see room with permission only.)
- There will be ABSOLUTELY NO PDA in the building at anytime. If you are told to separate for unacceptable behavior, your visitor will be asked to leave and you will lose your next available visit.
- Children over the age of 12 are not permitted to stay overnight.
- After completing Phase I, visitors are allowed to join us for Sunday morning and Wednesday night church services. No visitors are allowed during our Sunday night services.
- Once Visitation is earned, it is every Sunday from 11:00-4:00.

### Passes and Leaving the Building

- Anytime you depart from the building for a pass you must sign out and then sign back in at the Transportation Desk\Front Desk. You must have a pass signed by your client rep to leave the premises.
- If you need to go somewhere throughout the week; doctors, court, DMV, etc. Then you must fill out a "Need to Go" pass and your client rep must approve it.
- Sunday passes begin after morning church services and go to 5:00 pm. These passes are permitted only after completion of Phase III. Complete a "Sunday Short Pass" and turn it in by Wednesday at noon (12:00 pm) to your client rep for approval.
- Weekend passes are only permitted once you are in Phase IV. Once you have entered Phase V, weekend passes are permitted every weekend. These passes begin on Friday at 3:00 pm and end at 5:00 pm on Sunday. All completed pass request must be turned in by Wednesday noon (12:00 pm) to your client rep for approval.
- **NOTE: IF YOU ARE HERE UNDER SPECIFIC ORDERS FROM THE COURTS, PROBATION, PAROLE, COMMUNITY CORRECTIONS, DRUG COURT, ECT. YOUR PASSES ARE BASED ON ELIGIBILITY FROM THOSE ORDERS.**

*CLIENTS FAILING TO RETURN ON TIME WILL AUTOMATICALLY LOSE THEIR NEXT AVAILABLE PASS. In addition, if you call to request an extension you will lose your next available pass.*

### Smoking

It is permissible to smoke in designated areas of TLC premises when clients are not attending classes. It is our expectation that all smokers respect the designated area by cleaning up behind ones-self. **There is no smoking in any part of the building.**