



*The Summit of
Fort Payne, Inc.
God's Sanctuary for Hope and Healing*

RESIDENTIAL DISCIPLESHIP PROGRAM APPLICATION PACKET

Welcome to The Summit of Fort Payne, Inc., we are already praying for you as you fill out this application and the possibility of you participating in our 12-month program. We are not a clinical treatment center – despite its success amongst that population, but our mission for our residents is seeking to evangelize, disciple and mentor ladies who have life-controlling addictions in a loving, highly structured, and safe environment. Our ladies will have the opportunity to confront destructive choices, their self-sabotaging behaviors, and their unhealthy views with the love of God and the guidance of God's Word through intensive Bible Studies, mentoring and discipleship. The Summit is a faith-based training center equipping ladies with skills necessary to be successful in life.

Revised December 2, 2021

WHAT TO BRING

1. Personal hygiene products to last for 60 days
2. Laundry Basket and laundry detergent
3. Shower Caddy
4. Bible
5. Envelopes, stationary and stamps
6. Writing utensils, paper/3ring binder, notebooks, etc.
7. Personal ID – License, Birth Certificate, ID, Insurance Card, Social Security Card
8. Addresses and phone numbers of immediate family members (only those approved by staff may contact you)
9. Probation/parole officer contact information

WHAT NOT TO BRING

- Cell Phones
- Cameras
- iPods/IPads
- Mp3 players
- CD's/DVD's
- Any media device
- T-Shirts or clothing with cigarette ads, alcohol ads, sexually suggestive material, gang related emblems
- Tobacco products (all tobacco use is prohibited while in the program)

You and your personal belongings will be searched upon entrance and any tobacco products, lighters, illegal drugs/alcohol, drug paraphernalia, gum, candy, mouth wash or items deemed as contraband will be confiscated.

CLOTHING ALLOWANCE

(WINTER SEASON)

If you don't have any of the below items, we have a clothes closet that will have everything you need

- 2 Pairs of dress pants (one black)
- 3 Pairs of jeans (no holes/rips)
- 3 sets of sweats
- 3 pairs of exercise pants
- 6 Tops for church and outings
- 8 T-shirts (oversized to wear over leggings)
- 2 Dresses
- 3 Pairs of pajamas (no shorts allowed)
- 7 Bras (4 sports bras)
- 10 Panties (no thongs)
- 7 Pairs of shoes
- 1 Pair of exercise/walking tennis shoes
- 8 Pairs of socks
- 1 Robe
- 3 Pairs of exercise pants

CLOTHING GUIDELINES

- No bra straps showing
- Leggings with all dresses above mid-calf
- No tight blouses
- No cleavage showing or off-shoulder tops
- Tank tops can be worn under outer garments no spaghetti straps

MAKE-UP AND TOILETRIES

- Fill a quart sized storage baggie with your choice of make-up
- 2 perfumes
- 1 each of shampoo, body wash, conditioner, make-up remover, etc.

GENERAL PROGRAM RULES AGREEMENT

The following are some of the basic rules of The Summit of Fort Payne, and you will be provided with a complete and updated list upon admittance.

Education and Training Center:

1. I understand that The Summit is a Christian education and training center and I agree to be subject to Biblical teaching and Christian forms of behavior.
2. I agree to assume personal responsibility for my own attitude and behavior at all times. I understand that what program authority calls incorrect behavior and a bad attitude will be confronted and may be disciplined if necessary. I agree to do the disciplinary action or project with an improved attitude.
3. I understand my main purpose for being in the program is to learn a new way of life, not just to get off drugs.

Personal Commitment:

1. I will not possess or use drugs or alcohol at any time, including psychiatric medications.
2. I will not smoke or have tobacco products in my possession while in the program
3. I will not curse or use off-color expressions or bodily gestures
4. I will not talk about street life, drugs, or reminisce about past wrong doings
5. I will not horseplay or engage in any other inappropriate body contact
6. I will not become part of a clique
7. I will not call other people names
8. I will not threaten, fight or bully others

Family:

1. I agree to staff screening and reading my mail
2. I agree to write only members of my immediate family meaning no letter writing to boyfriend or "significant other"

Group:

1. I agree to participate in all scheduled activities including class, chapel, church, work and recreation. I will do what I'm required to do in each of these activities.
2. I agree to conduct myself in a Christ-like manner and will not do anything in public that will call attention to myself or reflect badly upon the program or group.
3. I understand the length of The Summit program is one year and I agree to commit to complete the entire Summit Program.

Discipline:

1. I understand that I am expected to be prepared, in place, and on time for all my scheduled activities 24 hours a day.
2. I understand that my room must be kept in a neat and orderly manner at all times. I agree to work together with my roommates to keep it clean and in shape for inspection.
3. I understand there will be a dress code and I agree to abide by it
4. I understand there will be a grooming code: Shower once a day, properly groomed for breakfast
5. I understand that disciplinary action may include, extra duties, loss of privileges, suspension and even dismissal.

I have read these Rules and my signature indicates that I have a good understanding of the rules and that I am willing to commit myself to these agreements and to the more detailed Handbook Agreements I will receive upon intake.

Applicant Signature and Date

Staff Signature and Date

PERSONAL

Date: _____ Name: _____ Date of Birth: _____

Street Address: _____ City/State/Zip: _____

Phone Number: _____ Social Security #: _____

Marital Status: Single Engaged Married Divorced

Do you have children? _____ Names and ages of children: _____

Who is taking care of the children? _____

Have you ever been engaged in homosexual activities? _____

If yes, how recently? _____

Have you been in any treatment/recovery programs? _____ If yes, where? _____

How long ago did you attend and did you complete? _____

What types of life controlling problems are you having, and why do you feel you need to come to The Summit?

What drugs have you used in the last 2 years? _____

When was the last time you used drugs/alcohol and what did you use? _____

What would you say led you to using drugs? _____

What do you think this program can do for you? _____

Describe your current living conditions: _____

LEGAL

Are you currently incarcerated? _____ If yes, where? _____

Parole/Probation/Bail: _____ Name of PO _____ Phone # _____

Attorney: _____ Phone # _____

Pending Court Cases? _____

Outstanding Warrants? _____

Current Charges: _____

Past Charges: _____

Have you had any Sexual or Violent Crimes? _____

MEDICAL

Have you ever seen a psychiatrist? _____ If yes, what was your diagnosis? _____

Have you ever taken psychiatric medications? _____ If yes, please list: _____

IF YOU ARE ON MOOD ENHANCING ANTI-DEPRESSANTS, ANTI-ANXIETY, OR NARCOTIC MEDICATIONS, YOU WILL NOT BE ALLOWED TO TAKE THESE IN OUR PROGRAM. PLEASE SEEK DOCTOR'S CARE IF YOU ARE INTERESTED IN COMING OFF UNAPPROVED MEDICATIONS TO BE COMPLIANT FOR OUR PROGRAM. WE DO NOT HAVE MEDICAL PERSONNEL ON STAFF.

Have you ever attempted to commit suicide? _____ If yes, please explain: _____

Have you ever had an eating disorder? _____ Self Mutilation? _____

Are you on any medications at this time? _____ If yes, please explain: _____

History of Medical Problems: _____ If yes, please explain: _____

Physical Disorder/Disease/Physical Limitations: _____

FINANCE

Are you currently receiving any of the following?

_____ Disability _____ Social Security _____ Unemployment _____ Workman's Comp

_____ Alimony Other? _____

(You are required to remit 30% of your income, not to exceed \$1000 per month, while at the Summit)

Work History/Special Trade or Skills? _____

Education Level? _____

Once I obtain employment, usually beginning in the 9th month, I agree to pay 30% of my income to cover a portion of my expenses.

Applicant's Financial Responsibilities:

1. Physical examination, including blood tests, may be required before entrance into The Summit.
2. Accept responsibility for payment of any of the following:
Medical and dental bills, eye examination, glasses, etc. while in the program.

Applicant's Signature and Date

Staff Signature and Date

Health Screening Form

TO BE COMPLETED BY PHYSICIANS ONLY

Today's Date _____

Patient Name _____ D.O.B. _____

Present Illness/Complaint/Disabilities, if any:

Allergies:

Medicine currently prescribed and reason for medication:

Has client been exposed to any communicable diseases: ____ yes ____ No

If yes, please explain: _____

History of chronic or major illness: _____

Operations/Hospitalizations: _____

Physical Exam: Satisfactory = S Unsatisfactory = U Not examined = 0

Height ____ Weight ____ B/P ____ Pulse ____ Temperature ____

Appearance: Note any physical signs of drug abuse

REQUIRED BLOOD TESTS:

Hepatitis B & C

H.I.V

T.B.

Pregnancy

General comments and recommendations on the above:

Signature of Examining Physician: _____

Name and Address of Doctor's Office: _____

Phone Number: _____