Salvation Army
Adult Rehabilitation Center
Charlotte, N.C.

We offer a 180 day, residential program for men that may be in need of assistance in re-entering society. We are a Christian organization, and provide instruction and activities that focus on learning skills to gain insights into their problems, acquiring self respect, and to develop moral and spiritual principles of conduct and habits of industry that will enable them to gain purpose and meaning in their lives. Though not exclusively addressing those individuals with substance abuse/addiction problems, this does constitute an important and extensive area of focus with the majority of men in our facility.

Participants are beneficiaries of the program, not employees. Each man is assigned a work therapy assignment, 40 hours per week, and will be required to attend classes and meetings relevant to addiction and addiction concepts (including AA and NA), health and nutrition, relapse prevention, anger management, group meetings, one on one counseling, group therapy, written assignments and recreation activities. Also required will be a weekly Bible Study, as well as a Wednesday and Sunday Chapel Service.

The first 30 days of residence the individual will be on restriction; no visitors, phone calls or appointments, however will be able to attend outside functions and meetings if chaperoned by staff member/group after 14 days.

The goal is for applicant at the end of the 6 month period is to independently seek meaningful employment and transition into a half-way house setting with a strong outside support system in place.
THE SALVATION ARMY
ADULT REHABILITATION CENTER
CHARLOTTE, N.C.

WORK THERAPY – You will be assigned a task which you will perform 40 hours per week as a part of the program.

RELIGIOUS SERVICES AND CLASSES – You will be expected to attend Sunday Morning Chapel, Wednesday Evening Chapel, Sunday Evening Vespers, and Bible Study in Phase I and II.

PHASE PROGRAM – You will begin in Phase I and work your way to Phase IV. Each Phase is 45 days in length and has different responsibilities and privileges. Progress to the next Phase will be determined by the staff and a completed Phase Advancement Letter from each resident. Please see requirements for completion of program.

RECREATION THERAPY – You will have the opportunity to participate in a variety of recreational experiences. All recreation is optional, however, your participation is strongly recommended, depending on your physical condition and preferences. You will be required to attend some form of recreation or social function. Activities may include table games, basketball, softball, volleyball, bowling, weightlifting or exercise machines, pool, outside activities, bingo, as well as outings and special events.
REQUIREDMENTS FOR COMPLETION OF PROGRAM

- MINIMUM OF TWO 12 STEP MEETINGS PER WEEK
- H&I* INSIDE AA AND NA MEETINGS (*HOSPITALS AND INSTITUTIONS)
- NEWCOMERS STEP STUDY (4)
- BIG BOOK STUDY (6)
- ADDICTION CONCEPTS CLASS (4)
- MENS AWARENESS CLASS (6)
- ANGER MANAGEMENT CLASS (7)
- RELAPSE PREVENTION CLASS (program duration)
- GROUP THERAPY WITH PFEIFFER UNIVERSITY COUNSELORS (8)
- ONE ON ONE COUNSELING WITH PFEIFFER UNIVERSITY COUNSELORS (BY REQUEST)
- UNDERSTANDING ANXIETY CLASS
- UNDERSTANDING DEPRESSION CLASS
- DEALING WITH TRAUMA CLASS
- HEALTHY RELATIONSHIP CLASS
- WEDNESDAY CHAPEL SERVICE (program duration)
- SUNDAY CHAPEL SERVICE (program duration)
- SUNDAY VESPERS (program duration)
- BIBLE STUDY (program duration)
- RECOVERY YOGA Phases II, III, and IV
- DEPARTMENT OF HEALTH LECTURES
- GED CLASS FOR THOSE LACKING HIGH SCHOOL DIPLOMA
- PARTICIPATION IN LEISURE ACTIVITIES
- SPECIAL HOLIDAY ACTIVITIES
- OTHER CLASSES/MEETINGS/LECTURES AS SCHEDULED
- MUST TEST NEGATIVE ON ALL DRUG AND ALCOHOL TESTS
- FORTY HOUR PER WEEK WORK THERAPY ASSIGNMENT
Admission Criteria:
Adult Rehabilitation Center
Charlotte, N.C.
Hours of admission: Monday through Friday 7am - 1pm. Any other hours must be arranged in advance.

- Male 21 – 54 years of age.
- Photo identification issued by government, either state or federal. Admission process cannot go forward without this.
- Social Security Card or current printout stating application made for one.
- Drug/alcohol free upon admission.
- **NOTE:** Must understand that this is not a clinical detox setting, no medical personnel on staff.
- Ability to perform work – therapy assignments as assigned by production supervisor involving pushing, pulling, lifting, and reaching. 40 hr work therapy assignment per week.
- Applicant must be appointment free for the first thirty days of his stay in this center. (30 day restriction for all first time applicants).
- If applicant is on parole or probation, he must make contact with his probation or parole officer prior to admission to obtain permission to participate in/complete this program.
- No unattended legal matters.
- Applicant must complete all intake paperwork and must be willing to comply with all center rules and all program responsibilities.
- Applicant must have a need for this program and that admission is voluntary. Continued residence is dependent upon his need and willingness to help himself, and to assume responsibility and follow program guidelines.
- Applicant does not pay a fee for this program. *(see below)*
- **NOTE:** Applicant is to be medically/ psychologically stable at time of admission and able to perform a 40 hour a week work therapy assignment as assigned by production supervisor.
- **NOTE:** If currently on medications, have a thirty day supply at time of admission. Admission process cannot go forward without this. All prescriptions must be filled prior to admission. Medications cannot be controlled substances, such as opiates, amphetamines, benzodiazepines, or certain antipsychotics. Any medication requiring injection must be performed in clinical setting. Syringes are not permitted on ARC property.
- All applicants will be interviewed by intake/program staff member prior to admission.
- Residents are beneficiaries of the program, not employees.
- No applicant should consider admission with the expectation of being offered employment with the Salvation Army.
- No personal vehicles (car, motorcycle, bicycle etc...)
- No cell phones permitted until final phase of program.
- Registered sex offenders not eligible for admission.
- Individuals convicted of arson not eligible for admission.

*Applicant to have no form of income (SSI, disability, unemployment etc.) or room and board payment may apply. Those individuals on unemployment not eligible for admission per NC law. Payments can however be suspended and admission process can go forward.*
ADULT REHABILITATION CENTER HOUSE GUIDELINES
RULES FOR EFFECTIVE OPERATION OF THIS CENTER ARE AS FOLLOWS AND APPLY TO ALL PERSONS ACCEPTING SERVICES OFFERED.

PERSONAL CLEANLINESS

1. Showers must be taken as soon as possible after admission, and repeated daily, minimum. Trousers or robes must be worn to and from showers.

2. Every resident must wash thoroughly before entering dining room or chapel. We suggest that clean clothing be worn for the evening meal. Long pants are to be worn to the evening meal – no shorts.

3. Personal clothing must be laundered weekly. All laundry is to be done on the premises, and not taken out of the building. Dirty clothing must not be allowed to collect unnecessarily in rooms, and never to be left on the floor. Laundry may be done only in the laundry room. Laundry may only be done using token operated machines.

4. Shaving daily is required. Mustaches are allowed only if they are kept neat and trimmed and cannot grow below the corners of the mouth. Sideburns cannot grow below the tip of the ears. No beard or goatees are permitted.

5. Shirts should be worn tucked into the trousers with a belt. No tank tops, undershirts, or T-shirts with writing on them will be allowed, as well as pants or jeans. Excessive embroidery is also prohibited. Hats or belts with objectionable writing on them will not be allowed. Hats are not to be worn in the building, unless kitchen staff - while on duty.

6. Earrings, headbands, Doo-Rags, waist sashes or other costume pieces are not allowed.

7. Sunday Chapel dress will be a suit, or sport coat with dress shirt, dress slacks and tie, dress or casual shoes, no sneakers. No blue jeans during Wednesday Chapel- kakis or dress slacks only.
1. Anyone checking out/leaving the program must take all personal effects with him at the
time of departure. You will not be permitted to re-enter building at a later time or date to
collect belongings. If you check out and leave items behind they will be considered a
donation and returned to the warehouse for processing.

2. All rooms and lockers are subject to inspection at all times, and will be regularly
checked. These checks may be announced or unannounced.

3. **All personal property** must be on the personal inventory record. Any items not on
inventory record will be removed, and disciplinary action may be taken.

4. Do not enter any other room, or work therapy assignment area unless you are assigned to
that room or work therapy assignment area.

5. No tobacco products should be taken out while under any roof. Do not carry cigarettes
behind the ears. Check for designated smoking areas. There is to be no smoking in any
building, truck, bus, trailer, or van.

6. Gambling is not permitted

7. Drinking or the use of illegal drugs is forbidden and will result in immediate termination.
Alcohol breath testing will be performed at the front desk and anyone refusing will be
asked to leave. Random drug tests as well as reasonable suspicion.

8. Bringing alcoholic beverages into the building as well as illegal drugs will result in
immediate termination, and the individual will not be considered for re-admission in the
future.

9. All prescription medications must be registered at time of admission, kept locked up, and
made available each morning prior to assembly. On Fridays, take enough medication to
cover you for the weekend.

10. Doors will lock at 11:00pm and any individual not in the building at that time will be
considered absent without leave (AWOL) and will be terminated from the program for a
minimum of 30 days.

11. Any person not a resident of the building will require special permission to enter the
building. You may have a visitor attend Chapel and stay for Sunday meal on your third
Sunday in the center. They will be asked to leave by 2:30 pm. Children must be
accompanied at all times by an adult. We ask that children who are crying or disruptive
during Chapel service be taken to the family room area where they will be able play.

12. Smoking in designated areas only. No smoking in any building.

13. Refrain from all unnecessary shouting, disturbance, or horseplay. Profanity is definitely
uncalled for.
14. Any violence or threats of violence will result in immediate termination, and readmission will not be considered.

15. Curfew is 11pm

16. Restriction to the building and property upon admittance to program will be minimum 30 days first admission. Re-admission will be 45 days or longer. No personal phone calls while on restriction.

17. Cell Phones will be allowed in Phase IV, however must be kept at the front desk station, and used only in the lobby area, or outside of the building. These are your cell phones only and are not to be loaned out or used by any man not in Phase IV. Failure to follow this guideline may result in losing cell phone privilege.

18. When leaving the building you must sign out in the sign out book and leave your ID badge at the front desk. Upon return to the building you must sign back in, submit to alcohol breath test, and have your ID returned.

19. ID badges must be worn at all times on the ground floor within plain view. Do not wear your badge around the waist, belt, or carry in pocket.

20. You may be eligible for an overnight pass after 45 days unless on restriction. You may qualify for a weekend pass after you have been here 90 days, unless on restriction.

21. Shirts, tucked in, with collars are required on the ground floor.

22. No beverages or food are to be taken from the dining area or the canteen area. No food or beverages in the classroom, TV, or Chapel areas. No exceptions.

23. Tokens are to be used for purchases from the canteen, as well to operate laundry room washers and dryers. These may be purchased from the front desk area.

24. Computers, ping pong and card tables in the recreation area are not open until 4:30 pm Monday through Friday unless holiday. Pool tables open only after dinner has been served Monday through Friday. Weekends there is to be no pool during mealtimes.

25. TV rooms and large screen TV will be turned on and off by Resident Supervisors. No duplicate programming. Large screen TV to be turned off during dinner hour. TV rooms open until 10:30 pm Sunday through Thursday, 12:30am on Friday and midnight Saturday evenings. Special events, such as sporting events will be considered only if prior request made and approved.

26. Computer room privileges after 30 days and must have signed computer room agreement prior to computer room use, and on file.
THE SALVATION ARMY ADULT REHABILITATION CENTER

BENEFICIARY APPLICATION FOR ADMISSION

Name ___________________________ Admission Date ______________

Last    First    Middle

Drivers License No. and State (if any) ____________________________ Type of License ____________________________

Expiration Date ____________________________

Birthplace ____________________________ Date of Birth ____________________________

Age _______ Weight _______ Height _______ Complexion _______ Eyes _______ Hair _______

Social Security No. ________________ Member of Union ________________ Member of Vet. Org. ________________

What benefits are you now receiving? ________________ Social Security ________________ Amount ________________

General Assistance ________________ Other Income ________________ Amount ________________

Number of weeks in City ________________ Last Residence ________________

Have you ever been arrested due to alcohol? ________________ Disorderly? ________________

Military Service: Total number of years ________________ Branch(s) ________________

Service Number ________________ Type of Discharge ________________

Education and Training: (Circle Grade Completed)

1 2 3 4 5 6 7 8 9 10 11 12

Elementary School ________________ Jr. High ________________ High School ________________

College ________________ Trade, Specialty, Apprenticeship ________________ Name of School ________________

Religious preference (if any): Protestant ________________ Denomination? ________________

Catholic _______ Orthodox _______ Jewish _______ Other _______ None _______

Have you accepted Christ as your Savior? ________________

Occupation best qualified for by training and experience:

___________________________ Years experience ________________

Left Last Job ________________ Type of Work done ________________

Last Employer ________________ Name of Company ________________ Address ________________ City and State ________________

Other occupations in the recent years:

___________________________

___________________________

Health: Good _______ Fair _______ Poor _______ I will need attention ________________

Condition(s) probably needing medical attention ________________

Will you submit to a physical examination? ________________

CONTINUED ON THE OTHER SIDE
Family: Give address or indicate if deceased:
( Check the box at the end if you do not want them to know your whereabouts.)

Mother ________________________ Birthplace _______________ □

Father ________________________ Birthplace _______________ □

Sister(s) _______________________________ □

Brother(s) _______________________________ □

Wife ______________________________ Birthplace _______________ □

Married ___________ Separated __________ Divorced ___________ Widowed ___________

In case of Emergency, next of kin to notify __________________________________________

Relationship to You ____________________ Telephone __________________

Their Address

Street ____________________________ City ____________________ State ___________ Zip ___________

Have you ever been in prison? __________ Where ________________________

Are you on parole now? __________ State ____________ Federal __________ County __________

Crime convicted of __________________ Time Served __________ Where ______________________

REFERRED HERE BY WHOM? ________________________________

The problem(s) I seek help for:

Drinking __________ Other Addiction ____________ Health __________ Religious __________

Employment ___________ Family ___________ Nomadism ___________ Sex __________ Other ________

The help I have sought to date with the problem(s):

Religious Counseling __________ Salvation Army Centers ___________ Goodwill _________

Half-Way Houses ___________ Hospitalization ___________ Psychological _________

A.A. ___________ Antiabuse ___________ Employment Services ___________

Tranquilizers ___________ Other _________

SALVATION ARMY CENTERS TO WHICH YOU HAVE BEEN ADMITTED:

1. Center ____________________ From ___________ To ___________ Reason Left __________

2. Center ____________________ From ___________ To ___________ Reason Left __________

3. Center ____________________ From ___________ To ___________ Reason Left __________

4. Center ____________________ From ___________ To ___________ Reason Left __________

How did you learn of this Center? ________________________________________________

How long are you planning to stay? ________________________________________________

Where do you think you would fit into our work therapy program?

Number your first choices (1, 2, 3) in order of preference

_______ Bicycle Shop __________ Janitorial __________ TV and Radio Repair Shop

_______ Carpenter Shop __________ Kitchen __________ Small Appliances Repair

_______ Dock - Warehouse __________ Paint Shop __________ Stove Repair Shop

_______ Refrigeration __________ Truck Helper __________ Furniture Refinishing

_______ Upholstery Shop __________ Other _________

__________________________________________

Applicant's Signature
Medical Questionnaire/ any area that does not apply please indicate with N/A written in that area.

LIST ALL MEDICAL CONDITIONS

________________________
________________________
________________________
________________________

LIST ALL MEDICATIONS YOU ARE TAKING OR SHOULD BE TAKING

________________________
________________________
________________________
________________________
________________________

LIST ALL PSYCHIATRIC OR PSYCHOLOGICAL CONDITIONS

________________________
________________________
________________________
________________________
________________________