



**501(c)(3) public charity**  
**2209 B Little Valley Road**  
**Hoover, Al 35216**  
**(205) 822-7300**  
**Fax: (205) 822-7355**

Thank you for your interest in FOCUS On Recovery, a residence for women in early recovery from alcohol and drug addiction. FOCUS currently provides transitional living for thirty-two women in the Hoover, Alabama area. Each apartment is fully furnished three-bedroom two bath apartments. Amenities include state of the art fitness center, cyber café, swimming pool and business center. FOCUS is conveniently located near shops and bus lines. Cultural, recreational and employment opportunities are available, many within walking distance. Our apartment community provides a safe haven during the crucial transitional period between primary treatment and returning home or establishing a new home.

### **Resident Profile:**

- Residents must have completed primary treatment for alcohol or drug addiction or currently involved in Intensive-Out Patient or Partial Hospitalization Program for placement.
- Age 19 or older.
- Has the ability to function in a community setting.
- No past or current history of violence or violent criminal arrests or charges pending.
- No severe medical problems that would interfere with participation at Focus On Recovery.
- Must be medically and psychologically stabilized
- Monthly Vivitrol shot, if required
- If Co-Occurring Disorders or medications are involved, resident must be able to take the medications responsibly and maintain contact with current physician as scheduled. Additionally, a Co-Occurring Disorder Referral Form must be completed and submitted with application and psycho-social assessment.
- Your completed application must be received prior to your acceptance and/or arrival. If a question does not apply to your situation, please write N/A for non-applicable. Focus On Recovery does not accept incomplete applications.
- It is your responsibility to remain in contact with Focus On Recovery weekly to ensure that your application is still active.

**While living at FOCUS, residents are required to apply recovery tools as a framework for their lives. Upon admission to FOCUS each resident agrees to the following rules, regulations and requirements:**

- Residents are required to attend in-house community meetings, accountability groups, workshop groups and twelve-step literature study groups.
- Submit to random drug and alcohol screens.
- Attend a twelve-step meeting daily.
- Begin working the twelve steps of recovery with a sponsor.
- Maintain active participation in a twelve-step home group.
- Build a recovery support network.
- Establish stable employment at least 25 hours per week.
- Help ensure a clean, safe, secure, predictable, friendly, drug and alcohol free environment conducive to recovery.
- Be honest and open to change as is necessary for personal recovery.
- Follow all rules, regulations and requirements outlined in the resident's handbook.

***\*\*The minimum length of stay is six months\*\****

### **Fees:**

**Residents are required to pay an initial fee of \$1060 prior to or upon admission which represents:**

Admission Fee and First Four weeks of program fees. After the first four weeks program fees are \$175 per week. Healthcare Participants are required to pay an additional \$120 per month for PPW screens.

# Application for Admission

## Personal Information:

Name: \_\_\_\_\_  
(First) (Middle) (Last)

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

City, State, Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Dependents: \_\_\_\_\_

Employment Status: \_\_\_\_\_

## Substance Abuse/Treatment History:

Referring Agency: \_\_\_\_\_ Counselor: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Sobriety/Clean Date: \_\_\_\_\_

Have you had any previous treatment for substance abuse? \_\_\_\_\_ If so, please list most recent below:

Treatment Center: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Discharge: \_\_\_\_\_

\_\_\_\_\_

Treatment Center: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Discharge: \_\_\_\_\_

\_\_\_\_\_

Have you applied or been a resident of FOCUS On Recovery previously? \_\_\_\_\_ If so, when? \_\_\_\_\_

Reason for Discharge: \_\_\_\_\_

Please list drug of choice and history: \_\_\_\_\_

\_\_\_\_\_

## Medical Information:

Have ever you been diagnosed with: (check all that apply)

_____ Depression	_____ Bipolar Disorder	_____ Borderline Personality Disorder
_____ Eating Disorder	_____ Self-Abuse	_____ Anxiety
_____ Schizophrenia	_____ Other	Please explain: _____

\_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any other health problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Medications (include over the counter products):**

Medication	Physician	Amount

**Legal Information:**

Do you have any past, current or pending legal charges: \_\_\_\_\_ if so, please list below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you required to report to any licensing board? \_\_\_\_\_ if so, please list below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ attest that the above information is true and that all medications are prescriptions for the labeled purposes only and are currently the only medications I am using. **No exceptions will be made allowing the use of narcotic prescriptions while enrolled in the program.**

**The \$1060.00 admission fee is due upon arrival. No exceptions. This is non-refundable.** All forms must be filled out **completely** or your name will not be added to the waiting list.

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

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

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

*By signing I agree to all above said statements and attest that all information given is true to the best of my knowledge.*

Please return by mail to:  
Focus On Recovery  
2209 B Little Valley Road  
Hoover, AL 35216  
or fax: 205-822-7355

Notification of acceptance or denial will be done by telephone. Please be informed that in order for your name to be added to our waiting list, the Application for Admission, psycho-social assessment and Co-Occurring Referral form must be completed and returned. Once it is received, your application will be reviewed and you will receive notification of acceptance or denial. In order to remain on the waiting list, it is your responsibility to have weekly contact with us. If we do not hear from you, you will be removed from the waiting list. During this time, please have your affairs in order realizing that we have no advance notice of available bed space. New residents are accepted for intake Monday through Thursday by appointment.



# What to Bring Upon Admission

- Clothing appropriate for employment, swimsuit, active wear and casual clothing
- Laundry Basket
- Personal hygiene items (mouth rinse must be alcohol free), toilet paper, laundry detergent, etc.
- Residents are allowed to have cell phones
- Alarm clock
- Residents are allowed to have personal vehicles with Program Manager's prior approval (must have valid driver's license, Resident's name listed on valid auto insurance, and valid tag registration)
- Sheets – twin size, pillow, twin blanket, twin comforter or quilt set, washcloths and towels (enough for 7 days)
- \$1060 – Admission Fee and first four weeks of Program Fees  
(Healthcare Participants are required to pay an additional \$120 per month for PPW screens. As of 4/1/17 PPW screens will increase to \$130 per month)
- Cigarettes if you smoke
- Be ready to submit bodily fluids for a drug and alcohol screen upon arrival. All results must be negative to be admitted. (Have a full bladder upon arrival)
- 30-Day supply and 2-Refills of all physician authorized medications upon arrival and the resources to purchase the refills. No one will be admitted without their prescribed medications.
- Lockbox for your medications, money and valuables
- Residents are responsible for purchasing and preparing their own meals.

Keep this page for your records

FOCUS On Recovery  
2209-B Little Valley Road  
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(205) 822-7300

Dear Referring Agency,

We will need you to complete a Co-Occurring Disorder Referral Form before we can consider your referral for placement. We do not have resources for psychiatric services. This is a new form that we are requiring on all co-occurring diagnosed clients or clients on antidepressant medications. You may include this form with the assessment to expedite the process. Thank you for all your help.

Sincerely,

*LaTonya Story-Hannah, CPSS*

Resident Services Coordinator

# Co-Occurring Disorder Referral Form

This form must be sent in addition to the psychosocial assessment when referring co-occurring disordered clients to FOCUS.

CLIENT NAME \_\_\_\_\_

**DIAGNOSES:**

AXIS I \_\_\_\_\_

\_\_\_\_\_

AXIS II \_\_\_\_\_

\_\_\_\_\_

AXIS II \_\_\_\_\_

\_\_\_\_\_

AXIS IV \_\_\_\_\_

\_\_\_\_\_

AXIS V – CURRENT \_\_\_\_\_ PAST YEAR \_\_\_\_\_

**Current Physician Authorized Prescription Medications:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Physician Authorized Over The Counter Medications/PRN:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ON-GOING PSYCHIATRIC CARE PROVIDED BY:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**NEXT APPOINTMENT:** \_\_\_\_\_

**CLIENT WILL NEED A 30 DAY SUPPLY OF MEDS AND TWO REFILLS UPON ADMISSION TO ENSURE CONTINUITY OF CARE, AND CURRENT CARE PROVIDER MUST REMAIN ACCESSIBLE UNTIL REFERRAL IS COMPLETE.**

**SIGNED** \_\_\_\_\_

Prescribing Physician