



7400 S. Virginia St. | Reno, NV 89511
 Office 775.853.5441 | Fax 775.243.4510
 empowermentcenternv.org

PROGRAM APPLICATION

The Empowerment Center (TEC) provides a residential program that requires a **mandatory 5 month** client commitment, with a 60 day blackout. During blackout you are required to remain on campus and may not possess a cell phone or other personal electronics. The program combines a strong 12-step recovery component with an Outpatient Treatment component. This program is for **women only** who are **sincerely** dedicated to achieving and maintaining a clean and sober productive lifestyle.

Your entry into TEC program indicates that you agree to:

- Complete this 150 day program - Including Blackout & finding a job
- Actively participate in all treatment requirements - Groups & 1:1 counseling
- Actively work a 12-step recovery program - Outside meetings & finding a sponsor
- Provide a current TB test result

TEC does not serve individuals who have been convicted of a sexual offense, a crime against minors, or seniors.

Every section of this application must be completely filled out. If an item does not pertain to you, please mark it with N/A. Incomplete applications will not be considered. Please write/print legibly.

PERSONAL INFORMATION		
Name	Date	
Current Address	NDOC #	
City, State, Zip		
Date of Birth (month/day/year)	Age	
Phone Number	Veteran? Yes No Status:	
Social Security Number	Bed Date Requested	
Emergency Contact - Name	Phone Number	
Do you have a state issued picture ID (Not a prison ID)	Yes	No
Do you have your Birth Certificate? (Mandatory for admission)	Yes	No

EMPLOYMENT/EDUCATION

Concerning your ability to become employed, please answer the following questions completely.

1	What is the last job you held?	Position?
	Location?	Hours per week?
Supervisors Name & Contact Information:		
	Do you have a current resume?	Yes No
2	What is your highest level of education?	Didn't finish HS HS / GED Some College BS / BA MS / MA+
If you have special training, a degree, or certificate, what field?		
3	Have you ever been convicted of a financial crime? (See # 8)	Yes No If yes, how many?
4	Do you have a DOCUMENTED disability that may prevent you from seeking employment? This does not exclude you from acceptance. See # 36.	Yes No
5	Are you currently receiving social security income or social security disability?	Yes No

CRIMINAL HISTORY

If you **DO NOT** have a criminal history, **please write N/A** in this section. If you do have a criminal history, provide **ALL** past and current criminal charges. A criminal history does **NOT** exclude you from entry into TEC program. Your accurate information will help us to understand your current situation and any additional services you may need. Use additional sheets if necessary.

5	Crime Convicted of (List current first)		Date of Conviction (Month/Year)	Sentence
6	Currently incarcerated: Yes No		Name of the facility:	Case manager's name & contact information?
	County	State		
7	Currently under supervision of a Specialty Court?		Name of Specialty Court:	Court supervisor contact information:
	Yes	No		
8	PED:		MPR:	EXP:
9	Have you ever been convicted of a violent offense, an offense against a minor or a senior, or a sexual offense (do you have a tier rating)? If yes, please explain in detail, use additional sheets if necessary.			
10	If in prison, how many write-ups/disciplinary actions have you had in the past 2 years? What were they for? What was the month/year of each infraction? Use additional sheets if necessary.			
11	What was your role in the crime(s) for which you were convicted?			

MENTAL HEALTH

Your mental health information is confidential. It will not be released without your signed consent in accordance with federal law. Accurate information will help us to understand your current situation and additional services you may need. Use additional sheets if necessary.

28	Have you ever been diagnosed with a mental illness?	Yes	No
Please list current mental health diagnoses:			
Current medication(s):			
Do you currently adhere to medication(s) as prescribed? If no, why?		Yes	No
Are you currently receiving mental health care?		Yes	No
If yes, please list your providers' name(s) and contact information.			
Psychiatrist Name:		Contact Information:	
Therapist Name:		Contact Information:	
In compliance with federal confidentiality regulations, (42CFR, Part II and HIPPA), I _____ give permission to The Empowerment Center staff to speak with the identified entities / persons, listed above concerning my case / mental health, past / current medications, and diagnoses as pertinent to my health and recovery while present at The Empowerment Center.			
Have you ever talked to a psychiatrist, therapist, social worker or counselor about an emotional problem?			
Yes	No	If so, when?	Please Explain:
Have you ever felt like you needed help with your emotional problems, or have you had people tell you you should get help with your emotional problems?			
Yes	No	If so, when?	Please Explain:
Have you ever been advised to take medication for anxiety, depression, hearing voices or for any other emotional problem?			
Yes	No	If so, when?	Please Explain:

MENTAL HEALTH CONTINUED

Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?				
Yes	No	If so, when?	Please Explain:	
Have you ever heard voices no one else could hear, or seen objects or things others could not see?				
Yes	No	If so, when?	Please Explain:	
Have you ever felt depressed, or lost interest or pleasure in activities?				
Yes	No	If so, when?	Please Explain:	
Have you ever experienced anxiety?				
Yes	No	If so, when?	Please Explain:	
Have you ever had trouble with comprehension, concentrating or remembering?			Yes	No
Have you ever given in to a hostile or aggressive urge or impulse?				
Yes	No	If so, when?	Please Explain:	
Have you ever had thoughts of suicide?				
Yes	No	If so, when?	Please Explain:	
Have you ever attempted ending your own life?				
Yes	No	If so, when?	Please Explain:	
Have you ever intentionally inflicted bodily harm upon yourself?				
Yes	No	If so, when?	Please Explain:	
Have you ever attempted to control your eating habits to relieve anxiety, depression or form control over your environment?				
Yes	No	If so, when?	Please Explain:	
Have you ever consumed an excessive amount of food to relieve anxiety or depression?				
Yes	No	If so, when?	Please Explain:	

MENTAL HEALTH CONTINUED		
	If we feel a phone interview is necessary to further discuss your personal needs, or any other concern, what is the best way for us to contact you?	
Phone:	Case worker:	Time preference:

MEDICAL			
Your medical information is confidential. Your personal health information will not be released without your signed consent in accordance with federal law. Your medical information is not considered when determining your eligibility for TEC program. Accurate information will help us to understand your current situation and additional services you may need. Use additional sheets if necessary.			
29	Have you ever been diagnosed with a medical condition?	Yes	No
	What is your diagnosis?	Year diagnosed:	
29	Are you currently under the care of a physician?	Yes	No
If yes, please list your providers' name(s) and contact information.			
	Physician Name:	Contact Information:	
Current medication(s):			
Past medication(s):			
If accepted to TEC, you will be required to submit a recent TB test, or obtain one through us.			
	I have a current TB test.	What is the date of your last test?	
I need to obtain a TB test through TEC.			
30	Do you suffer from chronic pain?	Yes	No
	If yes, does it impair you from your normal daily functions?	Yes	No
How do you manage your pain?			
31	Are you currently pregnant?	Yes	No
If I am currently pregnant, I am aware and understand TEC does not have the ability to provide housing for my newborn child. I understand I should only apply if I can complete a 5 month program before I am due.			
32	Do you have a DOCUMENTED disability?	Yes	No If yes, please describe below.

General

The following three questions provide important information to help us understand who you are, and why you are seeking help from TEC. If necessary, use additional sheets of paper, be thorough and WRITE LEGIBLY.

33 Why are you considering a recovery program?

34 Do you have an opinion regarding 12-step programs of recovery? Have you ever had a sponsor and worked the steps? Please tell us as much as possible.

35 Other than TEC, do you have alternative programs that you are considering? If so, what are they?

General Continued

I, _____, grant permission for The Empowerment Center staff to discuss my admission, financial arrangements, and substance abuse history with

_____ (first and last name). This release is valid for the duration of my time at The Empowerment Center.

Signature Date

I understand that if I am involved with any state or federal prison OR law enforcement agency OR any local, state, or federal court that The Empowerment Center, if required, may freely share information regarding my admission status, program compliance, program progress, and discharge information at any time.

Signature Date

I hereby state that ALL above information and statements contained in this application are true to the best of my knowledge.

Signature Date

Witness Date

STOP: Prior to submitting this application, *please review the contract to ensure you:*

- Are committed to this program of recovery
- You are willing to enter a 12-step program outside of TEC during your time with us
- You are willing to find a sponsor and work the twelve steps
- You are willing to make the effort to get yourself to outside meetings once you have completed blackout
- Will abide by the rules of behavior for TEC

Please return this application to:

*Email **Preferred**
admission@empowermentcenternv.org*

*In Person or by Mail
The Empowerment Center: Admissions
7400 South Virginia St
Reno, NV 89511*

Please Initial _____

Prior to submitting this application, please review each page for completion.

Incomplete applications will not be considered.

The following page is a contract for residency. You **MUST** sign and have your signature witnessed for this document to be considered.

THE EMPOWERMENT CENTER (TEC) CONTRACT FOR RESIDENCY

1. Alcohol/narcotic consumption and gambling are prohibited on or off site as a resident of TEC. Noncompliance will result in immediate discharge.
2. All weapons are strictly forbidden.
3. Residents of TEC agree to random urinalysis and breathalyzer testing.
4. Staff has the right to search your possessions if alcohol, narcotics, weapons, contraband, trafficking or theft is suspected.
5. Theft is not tolerated. Residents are responsible for their own possessions. Living quarters are to be locked when not occupied. TEC is not liable or responsible for missing items.
6. Violence, including all forms of physical, mental, or emotional violence, intimidation, injury, abuse, negligent treatment, maltreatment, or exploitation, including sexual abuse, or harassment is strictly forbidden. This includes, but is not limited to verbal or physical conduct that creates an intimidating, hostile, offensive environment, or sexual in nature directed toward any resident, visitor, staff or volunteer of TEC.
7. TEC is an all female facility. There are no intimate or sexual relationships allowed among residents, or on property in any form.
8. Smoking is not allowed on property.
9. Residents are required to use the sign in/out sheets when leaving the facility. All fields must be completely filled out, legible, include your full name and your time of departure and anticipated return. You must use your legal name, NO NICKNAMES.
10. All residents are expected to know what phase they are on and comply with all requirements as documented in their phase packets.
11. All residents are required to abide by a 60 day blackout. You may not possess personal electronics of any kind. You may not leave campus w/o TEC staff.

12. All visitors must be approved by TEC staff.
13. Each client is required to complete their phase book monthly as provided in their Resident Handbook. Additional recovery work assigned by their Peer Support and/or Counselor is expected to be completed in the time agreed.
14. In the instance of illness, staff MUST be immediately notified. Residents must disclose to medical personnel that they are in recovery from an addictive disorder and may not be prescribed narcotics. Residents must provide staff with copies of all prescriptions and comply with all medication management policies and safe keeping requirements.
15. Upon discharge, you must remove all your personal belongings. If your property is not removed within seven (7) days it will be considered abandoned. If you are unable to personally remove your property, you may give written authorization for a person of your choosing to retrieve your property.

VIOLATION OF THIS CONTRACT MAY RESULT IN IMMEDIATE DISMISSAL FROM THE PROGRAM.

TEC staff will communicate with criminal justice personnel assigned to your case. Communication will be of an informative manner to provide the criminal justice professional with insight into your reintegration in society, the program of recovery and The Empowerment Center. By signing this document, you agree to the terms and conditions of this contract.

Signature	Date
Witness	Date