



Thank you for your interest in The Foundry Rescue Mission and Recovery Center. Our mission is to restore hope and rebuild the lives of the addict, the ex-inmate, and the homeless through Christ-centered recovery.

**Important Information:**

- The non-refundable application fee is **\$899.00** and is payable upon entry (*cash, cashier checks or money orders only*)
- The length of the recovery program for both men and women is 12-18 months. This is a 9 month residential and 3 month non-residential program.
- Residents are required to attend daily classes and weekly worship services.
- Recovery program residents are required to work in one of The Foundry's work therapy enterprises for 40 hours each week. *If you do not have the physical ability or the desire to work, this may not be the recovery program for you.*
- Our Program Department must receive your completed application prior to your arrival. If a question does not apply to your situation, please write N/A for non-applicable. The Foundry does not accept incomplete applications.
- You must take care of any pressing legal matters before you enter the program. The Foundry does not provide legal counsel to residents.
- As a resident of The Foundry, each individual is required to complete a food stamp assistance application at the time of intake. If you are already receiving food stamp assistance, your case will be closed and a new case opened during your stay at The Foundry. If approved, your food stamp card will be mailed directly to The Foundry, debited by The Foundry on your behalf and maintained by the food stamp assistance program administrator.
- You are not allowed to leave The Foundry for any reason during your first 30 days in the program.
- It is your responsibility to remain in contact with The Foundry weekly to ensure that your application is still active. Notification of acceptance or denial is sent to you by telephone or mail.

**Contact Information – Men's Recovery Program**

The Foundry Rescue Mission and Recovery Center  
1804 6<sup>th</sup> Avenue North  
P.O. Box 824  
Bessemer, AL 35020

Phone: (Men's Recovery) 205.428.8449 ext. 49

Fax: 205.428.6999

[www.thefoundryonline.org](http://www.thefoundryonline.org)

**Contact Information – Women's Recovery Program**

The Foundry Rescue Mission and Recovery Center  
1800 4<sup>th</sup> Avenue North  
P.O. Box 824  
Bessemer, AL 35021-0824

Phone: 205.425.7737

Fax: 205.425.7905

[www.thefoundryonline.org](http://www.thefoundryonline.org)

**Contact Information – Men's Recovery Program (Foundry Farm)**

The Foundry Farm  
575 County Road 1676  
Cullman, AL 35058

Phone: 256.796-1440

FAX 256.796.1419

[www.thefoundryonline.org](http://www.thefoundryonline.org)

# The Foundry Entry Assessment



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

The Foundry is a Christ-centered Rescue Mission and a residential 12-18 month drug and alcohol Recovery Program. We are aiding individuals to redirect their lives by sharing God's values and principles. Our classes teach men and women with addictions to take responsibility for themselves and others while allowing God to reshape their lives.

**2 Corinthians 5:17** "Therefore if anyone is in Christ he is a new creation; the old has gone, the new has come."

Please be informed that in order for your name to be added to our waiting list the Entry Assessment must be completed and returned. Once it is received, your assessment 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 Friday at 9:00 AM.

## Personal

Applying for:  Men's Recovery Program  Women's Recovery Program  Men's Re-Entry Program

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

Gender:  Male  Female Age: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

## Two Methods of Contact

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

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

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

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

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

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

Have you previously been a resident of The Foundry? (If yes, please explain circumstances for leaving or dismissal including the year)

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

Are you willing to spend 12-18 months in residential recovery? \_\_\_\_\_

Legal

Are you presently on: \_\_\_\_\_ Probation \_\_\_\_\_ Parole \_\_\_\_\_ TASC \_\_\_\_\_ Court Referral

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Have you ever been convicted of a sexual offense or do you currently have sexual charges pending? \_\_\_\_\_

Are you incarcerated? \_\_\_\_\_ If so, where? \_\_\_\_\_

Are you required by a judge to complete a recovery program? \_\_\_\_\_

Judge's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

(We will need a copy of the Court Order)

List any and all cases that you have ever been arrested for below:

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

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

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

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

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

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

We do not act as your lawyer. If you are in jail you will need your lawyer to do the legal work for you. We are unable to provide transportation from jail. Your lawyer may contact us for more information.

Substance Abuse/Rehab History

Current Substance of Preference: (primary) \_\_\_\_\_ (secondary) \_\_\_\_\_

Do you consider yourself addicted? \_\_\_\_\_

Have you previously attended any substance abuse programs? \_\_\_\_\_ If so, please list the most recent below:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_

Circumstances of Departure: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_

Circumstances of Departure: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_

Circumstances of Departure: \_\_\_\_\_

A summary of Stay and Discharge may be obtained.

Medical

The Foundry is not a detox facility. If you arrive at The Foundry needing detoxification, you will be refused admittance.

Do you have problems with any of the following conditions? (check all that apply)

- High/Low Blood Pressure     Kidney/Bladder     Asthma     Diabetes
- Tuberculosis     Epilepsy     Venereal Disease     Migraine Headaches
- Skin Sores     Trouble Breathing
- Mental Illness (please specify diagnosis) \_\_\_\_\_

Other (please explain): \_\_\_\_\_

Have you ever been under psychiatric care? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

List any allergies: \_\_\_\_\_

Do you have current problems or any history with: (check all that apply)

- Depression     Bipolar Disorder     Borderline Personality Disorder
- Antisocial Personality Disorder     Any type of Brain Injury     Dementia
- Cognitive Disorders (Problems putting sentences together, retention or memory problems from medication or alcohol)
- Paranoia     Schizophrenia     Psychotic Disorder

Please explain in further detail if any of the above are checked: \_\_\_\_\_

\_\_\_\_\_

Do you feel that you have a problem controlling your anger/temper? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

(Women) Are you pregnant? \_\_\_\_\_ If so, how many months? \_\_\_\_\_

Are you disabled or handicapped to the extent that you will be unable to stand on your feet for eight hours a day for voluntary work related tasks? \_\_\_\_\_

Do you have any long-standing health issues that cause you concern? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you have Insurance? (Medicare, Medicaid, BCBS, Other) \_\_\_\_\_

List below any medications that you are currently taking:

Medications/ MG	Dose	Rx Date	Quantity	Physician	Reason Prescribed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List any medication(s) you should be taking: (prescribed) \_\_\_\_\_

### Agreement

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.**

I, \_\_\_\_\_ understand that The Foundry Rescue Mission and Recovery Center is a Christian based organization. I am willing to commit to 12-18 months inpatient treatment. **I am willing and able to sleep on a mattress on the floor, bunk bed, or cot.** I understand that I will have to work as a volunteer on the property for at least eight hours a day in return for my recovery and will not receive money in exchange for these services.

**The \$899.00 processing 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.*

For Men's Program (Bessemer)  
please return to:

FAX 205.428.6999

Or mail to: MEN'S PROGRAM  
The Foundry  
P.O. Box 824  
Bessemer, AL 35021

For Women's Program  
please return to:

FAX 205.425.7905

Or mail to: WOMEN'S PROGRAM  
The Foundry  
P.O. Box 824  
Bessemer, AL 35021

For Men's Program (Farm/Cullman)  
please return to:

FAX 256.796.1419

Or mail to: MEN'S PROGRAM  
Foundry Farm  
575 County Road 1676  
Cullman, AL 35058



Please detach and keep this form

Drug Screens are given after each pass off property at the cost of \$25 per screen.

**Men's Clothing Allowance: Recovery Program**

*(Restricted Clothing Guidelines)*

No sleeveless shirts or tight fitting clothing. All shorts must be knee length or no more than 1" above the knee.

Work Pants – 5	Dress Pants -5	Dress Shirts – 5	T-Shirts/Work Shirts - 5		
Tennis Shoes – 1	Dress Shoes – 2	Work Shoes - 1	Socks – 10		
Underwear – 10	Hats – 3	Sport Coat – 1	Suits – 2	Ties – 4	Belts – 3

Items Needed: Toiletries, Twin Sheets, Blanket, Pillow, Washing Powders, Laundry Money

Items Men May Bring: Toiletries, Towels and Wash Cloths, Twin Sheets, Blanket, Pillow, Washing Powders, Personal Hygiene Products (alcohol free mouthwash only), Clothes Hangers (Plastic Hangers Only), Shower Shoes/Flip Flops

**Women's Clothing Allowance: Recovery Program**

*(Restricted Clothing Guidelines)*

No sleeveless shirts or tight fitting clothing. All shorts must be knee length or no more than 1" above the knee.

Outfits (shirts, shorts, pants, skirts, and dresses) – 12	Undershirts – 4	Hats – 2	Belts – 3
Pajamas/Night Clothes (includes undershirt/shorts) – 3	Robes – 1	Purses (includes book bags) – 3	
Suitcase – 1	Shoes – 5	Bras – 7	Slips – 3
Socks – 10	Panties – 10	Panty Hose – unlimited	Jackets (includes sweaters) – 3

Items Women May Bring: Personal Hygiene Products (alcohol free mouthwash only), Clothes Hangers (Plastic Hangers Only), Washing Powders, Coffee Cup, Plate, Bowl, Cup, Spoon, Fork, Alarm Clock, Hair Dryer, Curling Iron, Makeup, Soft Drinks, Chips, Snacks, Container that fits under the bed

**Men's Clothing Allowance: Men's Re-Entry Program**

*(Restricted Clothing Guidelines)*

No sleeveless shirts or tight fitting clothing. All shorts must be knee length or no more than 1" above the knee.

Work Pants – 5	Dress Pants -5	Dress Shirts – 5	T-Shirts/Work Shirts - 10		
Tennis Shoes – 1	Dress Shoes – 2	Work Shoes - 1	Socks – 10		
Underwear – 10	Hats – 3	Sport Coat – 1	Suits – 2	Ties – 4	Belts – 3

Items Needed: Toiletries, Twin Sheets, Blanket, Pillow, Washing Powders, Laundry Money

Items Men May Bring: Toiletries, Towels and Wash Cloths, Twin Sheets, Blanket, Pillow, Washing Powders, Personal Hygiene Products (alcohol free mouthwash only), Clothes Hangers (Plastic Hangers Only), Shower Shoes/Flip Flops, Radio (no headphones)

**Linen Allowance (all residents):** Sheets – 2 sets twin size, Pillow – 2, Blanket/comforter – 1, Wash Cloths – 4, Towels – 4

**Medications:** Please bring any prescribed medications with you or have them sent to our attention prior to your arrival. The Program Director in conjunction with the Medical Director will review and approve your medications according to allowable guidelines.

**Mental Health & Medication Policy**  
*The Foundry Rescue Mission and Recovery Center*

The Foundry Rescue Mission and Recovery Center is not a mental health center. We are a faith-based substance abuse and life recovery program. We do, however, allow some mental health medications to be used by residents of The Foundry. Please see the list below for approved and unapproved mental health medications. If you are currently taking medication not approved for use at The Foundry, we recommend other programs designed to accommodate mental health patients, or you may consider discussing with your mental health provider discontinuing a medication as appropriate, or changing to an alternative medication that is allowed at The Foundry. We do not recommend discontinuing any of your prescribed medications without the knowledge and guidance of your physician.

Because mental health medications are not prescribed by our doctor at The Foundry, we recommend you secure an adequate supply of these medications **prior** to coming to The Foundry. This supply of medicine should last you to your next scheduled appointment with your mental health doctor, an appointment we recommend scheduling **prior** to coming to The Foundry.

Medications for non-mental health conditions will be gladly provided by our doctor.

If you are taking mental health medication not included in the list below, please call to inquire about our policy regarding that particular medication.

The following medications that **ARE** allowed at the Foundry:

**Antidepressants:** *Celexa, Cymbalta, Effexor, Elavil, Lexapro, Prozac, Paxil, Remeron, Savella, Trazodone, Wellbutrin, Zoloft*

**Antianxiety Medications:** *Buspar, Vistaril*

(Benzodiazepines such as Ativan, Klonopin, Xanax, or Valium are NOT permitted.)



The following medications **ARE NOT** allowed at the Foundry:

**Antipsychotics:** Medications in this class include, but are not limited to:

<i>Abilify</i>	<i>Clozaril</i>
<i>Geodon</i>	<i>Haldol</i>
<i>Mellaril</i>	<i>Risperdal</i>
<i>Seroquel</i>	<i>Zyprexa</i>

**Mood stabilizers/Seizure Meds:** The following medications are allowed at The Foundry ONLY for documented seizure disorders (a letter from your treating physician is required):

<i>Depakote</i>	<i>Lamictal</i>
<i>Lithium</i>	<i>Tegretol</i>
<i>Topamax</i>	<i>Trileptal</i>

*(continued list of **non-allowed** medications at The Foundry)*

**Sleep Aids:** *Ambien, Halcion, Lunesta, Restoril, Sonata (Trazodone and over-the-counter sleep aids are acceptable.)*

**ADD/ADHD Medication:** *Adderall, Concerta, Focalin, Provigil, Ritalin* or any other “controlled” medication.  
(Non habit forming ADD medications such as *Strattera* and *Intuniv* are acceptable)

**Pain medication:** *Darvocet, Hydrocodone, Lortab, Lyrica, Methodone, Oxycontin, Percocet, Suboxone, Ultram, Neurontin (Neurontin may be taken by insulin-dependent diabetics as necessary for neuropathy.)*

**Muscle Relaxants:** *Flexeril, Robaxin, Soma, etc.*

*(Anti-inflammatory medications such as Ibuprofen, Meloxicam, Naproxyn, etc. are permitted for use at The Foundry.)*

*I have read and agree to the terms of The Foundry regarding mental health medications:*

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_