



A ministry of First Baptist Church of Bridgeport's Reformers Unanimous Program

Addictions Abstinence Program

Dear Friend,

Thank you for your interest in the Transformed Through God's Word Homes. I trust that this packet will answer your questions regarding the program.

At Transformed Through God's Word, we believe that God is a God of mercy and truth. He is the God of a second chance. James 4:8 states, "Draw nigh to God, and he will draw nigh to you..." If it is God's will for you to be a part of the ministry, we will do our best to teach you how to draw nigh to God as you enjoy receiving the wonderful peace of God drawing nigh to you. Our staff is trained to show you God's love, mercy, and forgiveness so that you can allow the "goodness of God to lead you to repentance."

Our mission is Romans 12:1,2 "I beseech you therefore, brethren, by the mercies of God, that ye present your bodies a living sacrifice, holy, acceptable unto God, which is your reasonable service. And be not conformed to this world: but be ye transformed by the renewing of your mind, that ye may prove what is that good, and acceptable, and perfect, will of God."

We believe that an addiction is an outside symptom of an inside problem. At Transformed Through God's Word, we will endeavor to teach you a new way of thinking to overcome your strongholds. By allowing the Word of God to become "quick and powerful" in your life, a transformation takes place to make you a new creature in Christ.

As you read over the next few pages, you will see rules, regulations, and structure that is designed to help you submit to God's way of thinking and help you begin a dynamic love relationship with God. Remember: "Ye shall know the truth, and the truth shall make you free." John 8:32.

Yours for the addicted,

Brad Dalton
Housing Director

P.O. Box 249 Bridgeport, MI 48722 – (989) 777-0210 – (989) 777-7376 fax

In order to be considered for enrollment, you must follow each of these steps in their entirety:

1. Read and consider the attached Application and General Rules thoroughly.

2. Fill out the application neatly and completely, including the financial agreement.
3. Return the completed application to our office.
4. After allowing time to receive and review your application, call to have a phone conference with our Director on a Monday–Friday during regular business hours, 8 am – 4:30 pm.

You must personally seek help. No second party requests will be considered after the application is received.

Once again, thank you for your interest in Transformed Through God’s Word Homes. If God leads you to this ministry, we will join with you in a commitment to rebuild a life that has true freedom found only in Jesus Christ!

Testimony Policy

I John 2:15 states, “Love not the world, neither the things that are in the world. If any man love the world, the love of the Father is not in him.” You have a testimony to uphold and maintain. What people see of your faith is your actions, which includes how you dress. The following policies will help you maintain a good Christ-like testimony.

- I. Church Conduct - Remember that your conduct should honor and respect God and First Baptist Church.
 - A. Please do not bring food or drink in the building.
 - B. You should always carry a King James Version Bible.
 - C. During the service you should be listening to the preaching and taking notes in your “It’s Personal Journal.”
 - D. You should never talk, pass notes, text, or play games in church.
 - E. Always be hungry and thirsting after righteousness.
 - F. Please take care of all personal needs (i.e. drink or bathroom break) before the service starts. You should never leave the service until Pastor dismisses the entire congregation.

II. Men

- A. Outside your house and at church, men must be clean cut and well groomed and hair must be well kept.***
 1. No shorts
 2. No necklaces or earrings
 3. No shirts with worldly slogans
 4. No clothing with holes

***This includes chapel even if you live in the Cleveland house.

Exception: If you work at United Plastics, then you can wear your clothes straight from work.

- B. Church Services – please dress nicely for church.****
 1. Nice ironed pants with crease (NO Blue Jeans!)
 2. Collared shirt
 3. Socks
 4. No sandals
 5. No tennis shoes
 6. No ball caps on church property or in the building

**** All rules for letter A also apply for church.

Communication Policy

I Corinthians 14:40 states, “Let all things be done decently and in order.”

I. Written Communication

A. Pass Request - If you need to go to an appointment, doctors, home visit, shopping, etc. please fill out a pass request.

1. All pass requests must be turned in by 3:00 p.m. at least one day before the pass is needed.

2. All pass requests for Saturday, Sunday and Monday morning must be turned in by 3:00 p.m. Friday.

B. Money Request - All money requests must be turned in by 3:00 p.m. Thursday.

C. Accountability Sheets

1. All accountability sheets must be turned in by 9:30 p.m. Wednesday.

2. Anyone failing to report will be fined \$2.

3. Lying on reports will result in a \$100 fine or extra duty.

II. Personal Communication

Appointment Requests must be used to schedule a meeting with the Housing Director or Pastoral staff.

1. You may contact the Housing Director by request slip every day. Most of the time you will have a response within 24 hours.

2. The only time you may call the Housing Director is in case of an emergency.

III. Outside Communication

Dating Policy

It is not possible for a normal human being to have a relationship with a member of the opposite gender and not run the risk of losing his focus on spiritual things. His mind is drawn to this person – he wants to be with this person, wants to talk to this person, wants to hear from this person etc. While this is good and normal and usually a part of God’s plan for our lives, there is a time and a season in which it is not appropriate. In the first year of recovery, we feel it is the season to focus on Christ rather than members of the opposite gender.

Therefore our policy is as follows:

A student must be clean for one year, with the permission of the staff of T.T.G.W. before he begins any kind of relationship with a member of the opposite sex. This includes giving of gifts, note writing, calling on the phone, texting, talking before or after church, visiting at ballgames, etc. A conversation should be almost nothing more than “hi,” and a “good-bye.” It should not include “How are you doing?” “Is your car running well,” “I like the way you’re dressed,” “Where are you from?” or any other normal conversations which could lead to the development of a relationship. Of course, even if relationships are permitted, they will be carefully regulated and monitored.

Behavior Policy

I Timothy 4:12 states, "Let no man despise thy youth; but be thou an example of the believers in word, in conversation, in charity, in spirit, in faith, in purity."

I. Christ-like behavior

Remember that your behavior should honor and respect God and First Baptist Church.

- A. Griping, negative criticism, gossiping, complaining, faultfinding, and foul language will not be tolerated. All complaints will be handled by appointment request with the Housing Director.
- B. Talking about old habits or lifestyles is against God's Word and is not permitted.
- C. Punctuality to all programs and services is a requirement.
- D. Failure to turn in a brother for the violation of rules will result in you receiving the same punishment. (You are not doing anyone any favors by concealing a violation.)
- E. No sleeping or slacking off during work times.
- F. A kind and courteous attitude is expected at all times.
- G. Leaving the house without a pass except to leave for work or scheduled functions is prohibited.

II. Room behavior

Remember that your behavior should be courteous and respectful of the house, the program, and visitors.

- A. The room assigned to you, like everything else on our property, belongs to God. It must be treated as such. You will switch rooms from time to time.
- B. **Any and all theft will be grounds for immediate termination.**
- C. No furniture is to be moved into or out of the room without approval.
- D. Any pictures, posters, photos, etc. to be brought into the home must be approved.
- E. No food is to be kept in the bedrooms unless sealed in an airtight container.
- F. Wasting electricity is poor stewardship and will not be tolerated.
- G. No one is to congregate in another resident's room or another resident's home for any reason without authorization.
- H. Rooms must be kept neat and orderly at all times.
- I. Beds must be made to a designated, uniformed standard, and rooms must be straightened each day before 8:30 a.m.
- J. Common areas must be cleaned daily and kept neatly and orderly.
- K. Chores will be assigned to each resident as needed.
- L. **Repeated negative behavior is subject to immediate termination.**

III. Personal hygiene

- A. All residents must brush their teeth, comb their hair, wash their faces and put on clean clothes each morning before Bible devotions.
- B. Hair must be off the collar, ears, and eyebrows.
- C. Everyone showers at least once per day, but not more than twice per day.
- D. All body odors must be controlled.

IV. Transportation

Remember that transportation is a privilege, not a right.

- A. Please help keep vehicles clean. Never leave trash or food in vehicles.
- B. Your language should always please God.
- C. The radio is never to be turned on.
- D. There is a \$.35 per mile charge for all non-program related transportation.

Schedule Policy

Ephesians 5:16 states, “Redeeming the time, because the days are evil.”

We believe that training yourself to schedule certain events in your life will help you maintain your sobriety and close walk with God. All students are required to meet all these schedule times unless given special permission to miss because of work.

1. Personal devotions Monday – Friday 6:30-7:30 a.m.
2. Chapel Monday – Saturday 9:30 a.m.
3. Chapel Monday, Tuesday, Thursday 7:30 p.m.
4. Church services at First Baptist Church of Bridgeport –
Sunday 10:00 a.m., Sunday 6:00 p.m., Wednesday 7:00 p.m.
5. Reformers Unanimous Friday 7:00 p.m.
6. Soulwinning – Your choice of Thursday 10:00 a.m., or Saturday 10:00 a.m.
7. Lights out – 11:30 p.m.
8. Voluntary work of 35 hrs per week is required if not working.

The purpose of the schedule is to help monitor your daily movements and surroundings. It will help protect you from your temptations, while you are being fed spiritually. Growing spiritually will be up to you. You will need to apply what you are reading, hearing, and learning in order to see lasting change. These rules and schedule are subject to change at any time without notice by the Housing Director. These rules and schedule may be slightly modified for certain individuals for specific reasons. Altering the schedule for one does not allow altering for all.

Medication Policy

Proverbs 17:22 states, “A merry heart doeth good like a medicine.”

1. All medication must be checked into our medication handler. (This includes over the counter medication.)
2. **We do not allow any medications that are “narcotics” even if they are prescribed.**
3. When visiting your physician, please request in advance to have non-narcotics prescribed.
4. You may pick up your medication at the Cleveland House at 9:00 a.m. each day.

DISCIPLESHIP PROGRAM DISCIPLINE

“Liberty abused will be liberty lost!”

Chain of command

If a student has a grievance against a fellow student, they are to go to the student. If they are unable to clear the matter, they will complete an “Appointment Request” to meet with the Housing Director. Student/Worker complaints not handled by the policy listed herein or general complaining to other students will result in a minor violation.

Major violations will be enforced with infractions of the chain of command. All grievances with anyone in authority should be brought in writing to the steward who will then singly represent the student in taking up the

alleged offense with the person in authority. These authority figures include, but are not limited to: Job Foreman, Job Supervisor, House Assistant, Housing Director, Counsel Helper, Counsel Leader and Church Staff.

In the event you feel as if your grievance was not handled properly, you may then go to the next level of authority along with the person with whom you have the grievance.

Chain of command is as follows:

Student, Housing Assistant, Housing Director, Pastor Scott

Major Violations carry 30 to 90 days probation & 10 hours of DEEP CLEANING

Major Violations are as follows:

- Using alcohol or any type of illegal or controlled substances
- Being absent without permission
- Fighting or harming another person
- Stealing

Minor Violations carry 1 hour of DEEP CLEANING per violation

Minor Violations are as follows:

- Talking back to authority
- Missing church at FBC
- Missing chapel
- Missing devotions
- Missing soulwinning
- Not making bed
- Not cleaning room
- Swearing
- Not doing assigned job
- Not doing daily journal
- Breaking chain of command
- Talking to a member of the opposite sex
- Not going to work

FINANCIAL POLICY

- All of your money is controlled through the program.
- Paychecks must be turned in each week.
- Rent (\$115) and fuel cost (\$.35 a mile) are taken out automatically each week.
- Requests will be denied if you have insufficient funds.
- You are responsible for keeping money in your account
- Account statements are given out every week.
- If you have a question about your account, mark the entries, write out your question, and turn it in to the Housing Director.
- If money is to be sent for a bill or to someone, please put his name and address on your request slip. It will be sent directly to him.

*See communication policy – request slips

Things To Bring

1. King James Version Bible
2. 3 sets of dress clothes and dress shoes
3. At least 3, but no more than 5 sets of work clothes
4. Personal hygiene items
5. Alarm clock without radio, cassette, or CD player
6. Bedding for a twin bed
7. Supplies
 - paper
 - white, ½ inch three-ring binder
 - 3x5 cards, pens, envelopes, stamps, etc.
8. \$460 rent deposit
9. \$150 for food
10. \$50 for curriculum

*NO cell phones

*NO CDs

*NO DVDs

*NO radios

FOUR-PHASE DISCIPLESHIP PROGRAM

Graduation from the T.T.G.W. program is based upon four basic accomplishments.

- 1). Six months to a year in the program**
- 2). Obeying the rules**
- 3). Completing the curriculum**
- 4). Attitude!**

This phase chart has been established to help you complete the program.

Phase One - Freshman: 30 - 60 days*

Complete Freshman 1, 2, and 3 in the T.T.G.W. Curriculum Handbook

- No visitation
- No phone calls

Phase Two - Sophomore: 45 - 60 days*

Complete Sophomore 1, 2, and 3 in the T.T.G.W. Curriculum Handbook

Privileges Given

- 4 hour approved visit per week
- 1 monitored 10 minute phone call

Phase Three - Junior: 45 - 60 days*

Complete Junior 1, 2, and 3 in the T.T.G.W. Curriculum Handbook

Privileges Given

- 1 overnight per month
- 1 day visit per week
- 2 10 minute phone calls per week

Phase Four - Senior: 45 - 60 days*

Complete Senior 1, 2, and 3 in the T.T.G.W. Curriculum Handbook

Privileges Given

- 2 overnights per month
- 1 day visit per week
- 10 minute phone calls

**Anyone remaining in a phase for more than 60 days will be subject to termination from the program.*

The Housing Director without pre-approval of the residents of the program can make additions and subtractions to the General Rules at any time.

I have read the house rules for the Transformed Through God's Word Program, and I agree to honor them at all times.

Name of Transitional Student (print) _____

Signature of Transitional Student _____

Housing Application

I. PERSONAL INFORMATION

First Name _____ Last Name _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip Code _____ Phone _____

Age _____ Date of Birth ____/____/____ Social Security # _____ - _____ - _____ Height _____

Occupation _____ Business Phone _____

Highest Level of Education Completed

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

College

1 2 3 4 5 +

Describe any other training, certificates, or diplomas _____

Person to be contacted in case of emergency:

First Name _____ Last Name _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip Code _____ Phone _____

II. MILITARY SERVICE

Have you ever served in the Military? _____ Yes _____ No

Highest rank held _____ Jobs held _____

Honorably discharged _____ Yes _____ No

III. LEGAL INFORMATION

Have you ever been arrested or in jail? _____ Yes _____ No.

Have you ever been charged or convicted of criminal sexual conduct? _____ Yes _____ No.

Where _____

Charges _____

Time served _____ Are you on: _____ Supervision _____ Parole How long _____

Name of your parole officer: _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Do you have any pending court cases? _____ Yes _____ No

If yes, give details _____

IV. HEALTH INFORMATION

Rate your physical health: _____ Very good _____ Good _____ Fair _____ Declining

Height _____ Weight _____

List all of your present or past illnesses or handicaps _____

Date of your last medical exam _____ Problems noted by your doctor _____

Your doctor's name: _____ Phone _____

If you have a medical condition that requires regular visits to your doctor, list the reasons and

how often you need to be seen. _____

Are you presently taking medication? _____ Yes _____ No

List the medications: _____

Prescribed by: _____

City _____ State _____ Zip Code _____ Phone _____

If accepted, can you get enough medication to complete the program? _____ Yes _____ No

Have you ever used drugs for non-medicinal purposes? _____ Yes _____ No

Have you ever been hospitalized for a severe emotional breakdown? _____ Yes _____ No

Where _____ How long _____ Discharge date _____

Counselor/Therapist

Dates

Check all of the health problems you have or have had in the past:

Tuberculosis

Aids

STD

Poor Eyesight

Hearing Loss

Colitis

Pneumonia

Leukemia

Bronchitis

Cirrhosis

Anemia

Toothache

Kidney

Glaucoma

Backache

Blackouts

Thyroid

Nausea

Ulcers

Epilepsy

Cancer

Mental Illness

Prostate

Arthritis

Diabetes

Dizziness

Hypoglycemia

Depression

V. MARRIAGE INFORMATION

Complete this section if you have ever been married or have children. If you have never been married and have no children, proceed to Section VI.

Name of Spouse _____

Home Address _____

City _____ State _____ Zip Code _____ Phone _____

Age _____ Occupation _____ Business Phone _____

Is your spouse willing to be counseled? _____ Yes _____ No _____ Unsure

Date of this marriage _____ Have you ever filed for divorce? _____ Yes _____ No

Do you have any previous marriages? _____ Yes _____ No If yes, how many _____

Give brief information about any previous marriages _____

Children

Names	Age	Sex	Grade	Marital Status
1.				
2.				
3.				
4.				
5.				

Are you responsible for child support? _____ Yes _____ No If yes, what arrangements have you made for your payment responsibilities? _____

VI. RELIGIOUS BACKGROUND

Your denomination is _____

Are you a member of a church? _____ Yes _____ No

Church attendance per month - circle
0 1 2 3 4 5 6 7 8 9 10 +

Church Name _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Pastor's Name _____

How often do you pray? _____ Often _____ Sometimes _____ Never

Are you going to heaven when you die? _____ Yes _____ No _____ Don't know

If you answered yes, how do you know? _____

Have you been baptized? _____ Yes _____ No If yes, by immersion? _____ Yes _____ No

Do you read the Bible? _____ Often _____ Sometimes _____ Never

Explain any recent changes in your spiritual life. _____

VII. PARENTAL FAMILY HISTORY

Mother's name _____ Living? _____ Deceased? _____

Occupation _____ Denomination _____

Attends church? _____ Yes _____ No

Father's name _____ Living? _____ Deceased? _____

Occupation _____ Denomination _____

Attends church? _____ Yes _____ No

Were you raised by anyone other than your own parents? _____ Yes _____ No. If yes, please explain briefly. _____

Are your parents still living together? _____ Yes _____ No

If no, what year were they separated? _____

Rate your parents' marriage: _____ unhappy _____ happy _____ very happy

Who were you closest to as a child? _____ mother _____ father

Rate your childhood: _____ unhappy _____ happy _____ very happy

How many brothers and sisters do you have? _____ brothers _____ sisters

Are there any addictive problems in your family? _____ Yes _____ No. If yes, please describe briefly: _____

VIII. MISCELLANEOUS

Have you, your parents, or your grandparents ever been involved in any occult, cultic, New Age, or other non-Christian practices? _____ Yes _____ No. If yes, explain briefly.

Have you ever been sexually abused? _____ Yes _____ No

How many hours of music do you listen to per week? _____

List your five favorite musicians/musical groups:

1. _____

2. _____

3. _____

4. _____

5. _____

What problems are you experiencing that have caused you to apply to this program? _____

What have you tried to do to solve your problems? _____

Do you have any medical or legal problems that we need to know about? _____

Circle the feelings below that describe your life.

inferior
guilty
pride

insecure
worry
bitter

inadequate
doubt
anger

Have you ever thought about or tried to commit suicide? _____ Yes _____ No If yes, please

explain. _____

I recognize my need for help, and I am therefore applying for admission to the Transformed Through God's Word Program. I understand that T.T.G.W. is a Christian organization and is dedicated solely to the spiritual regeneration and social rehabilitation of people like me.

I have carefully read and understand all of the rules of the Transformed Through God's Word Program. If accepted into the program, I agree to keep all of the rules and regulations of the ministry. I understand that any flagrant or repetitious violation will be grounds for my dismissal from the program.

I understand that my admission to the program and my continued residence is dependent upon my willingness to restructure my life to conform to biblical Christianity, to learn to live a victorious Christian life, and my willingness to help myself, including chores and duties as may be assigned to me.

I agree for myself, my heirs and assigns, that should any incident occur involving personal injury to myself, or loss, or damage to my property during my residence at the Transformed Through God's Word Program, to hold Reformers Unanimous, N.F.P. harmless from any and all liability in connection therewith.

I authorize investigations of all statements contained in this application as may be necessary in arriving at a decision. I understand that false or misleading information given in my application or interview may result in my termination from the program.

In the event that I quit the program and leave the T.T.G.W. House before graduation, I understand that Reformers Unanimous is in no way responsible to provide me with transportation from the Transitional House to any location. I further understand that if I were to leave the Transitional House without completing the program, I must take all of my belongings with me, as I will not be permitted to return to the property. Reformers Unanimous will not be responsible for storage or shipment of any of my personal belongings.

I certify that the answers given in this application are true and complete to the best of my knowledge.

Applicant's Signature

Date

Printed Name

Witness

Date



RELEASE OF CRIMINAL CONVICTION RECORDS

I, THE UNDERSIGNED, DO HEREBY AUTHORIZE Reformers Unanimous to examine any and all criminal records and arrests on file in the counties in the State of Michigan or any other State. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history to the staff of Reformers Unanimous alone.

Today's Date

Signature

Print Applicant's Name

Driver's License Number

____-____-_____
Social Security Number

Street Address

City State Zip Code



DRUG SCREEN AUTHORIZATION AND CONSENT

I authorize and give full permission to have Reformers Unanimous and/or their medical company physician send a specimen of my urine and/or blood for a screening test for the presence for illegal drugs, alcohol, or prescription medication taken without a prescription.

I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the tests or as a result of report of the test. This includes, but not limited to, possible clerical or laboratory error.

This policy and authorization has been explained to me in a language I understand and told if I have any questions they will be answered about the test. I understand this is a legal binding document which is binding because Reformers Unanimous is sending me for the examination and paying for it.

I UNDERSTAND REFORMERS UNANIMOUS WILL REQUIRE A DRUG SCREEN TEST AT RANDOM OR WHENEVER AN ON THE JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDANCE WITH REFORMERS UNANIMOUS POLICY AND THIS AUTHORIZATION AND CONSENT. MY REFUSAL TO DRUG TESTING OR A POSITIVE RESULT WILL BE GROUNDS FOR TERMINATION FROM MY EMPLOYMENT AND TENANCY IN THE DISCIPLESHIP PROGRAM.

Signature

Date

Print Name

WORK RELEASE FORM



I, _____, understand that this is a work program. I understand that I will be required to do physical labor while in the program. If I have physical limitations, or am unable to work for any reason, I understand that I am to inform Reformers Unanimous **before** I enter the program.

Please list any physical limitations below:



**FINANCIAL INFORMATION
TTGW PROGRAM SUPPORT CONTRACT**

This program costs the ministries of T.T.G.W. a great deal. The resident, family, or sending church must provide portions of this cost. All program participants' supporters will be required to pay a resident support fee of **\$100.00 per week** over the course of the 6-8 month program, depending on the graduation date. All support fees are nonrefundable. This shared cost of operation is necessary to keep our program affordable.

Before a resident may begin the program, the first non-refundable payment of \$460.00 is due. This fee must be paid by the resident, family, or church.

Financial Remuneration:

- The Support Fee is \$115 per week.
- If your Support Fee becomes overdue by more than 1 week (\$230), you will be asked to leave, unless agreements are made with T.T.G.W. Housing Director.
- Eviction from the home does not eliminate the responsibility to pay overdue Support Fees.
- You are responsible for your own meals and personal hygiene costs.

In addition, a \$150.00 cash deposit for the resident's first month's meal expense must be placed in the resident's account at the time of check-in.

Total due before check in: \$660.00 payable by credit card or check to Transformed Through God's Word.

- ❖ \$460.00 non-refundable resident support fee
- ❖ \$150.00 recommended meal expense
- ❖ \$50.00 curriculum cost

Supporter Agreement: (must be completed by the person responsible for the monthly support fee). I have read, understand, and agree to the terms and responsibilities of this contract.

Name _____
Address _____
City _____ State _____ Zip _____
Day phone _____ Evening phone _____
Relationship to Resident _____
Supporter's Signature _____ Date _____
Resident's Signature _____ Date _____
 Please bill my credit card. I will send a check every month.

Please provide a credit card number for us to keep on file in case the student's account becomes more than two weeks behind schedule. Note: All resident support fees are non-refundable.

Card: Visa Master Card
Card Number: _____ - _____ - _____ - _____
Expiration date: ____ - ____