

*Recovery  
Ventures  
Corporation*

**Founded  
March 25, 2002**

**Recovery Ventures Corporation is a 501(c)3 Charitable Organization**

*North Carolina Charitable Solicitation License Number SL003149*

*Contributions and personal donations are tax deductible under US Internal Revenue Service Code.*

# *Recovery Ventures Corporation*

## Program Overview

18-24 month long-term residential program for substance abusers followed by a less restrictive environment;

### Therapeutic Community Philosophy

Men and Women age 18 and older

#### Components:

1. **Therapeutic** - all associates participate in the available opportunities- the structured environment and daily routines, seminars, groups and peer counseling.
2. **Job Skills Training/Interdependent Responsibility** - all associates participate in both in-house and outside job placements after a period of initial adjustment to the program; associates learn to be responsible in a number of areas that lead to manageability of their own lives.
3. **Education** - associates must be working toward individualized, mutually agreed upon educational goals.
4. **Spirituality** - all associates develop spiritual connections with each other and/or their Higher Power.
5. **Aftercare** - required; a continuum of care is provided; associates step-down to transitional housing before graduation; participants must serve as mentors to younger residents during this time.

# *Recovery Ventures Corporation*

## **Mission Statement**

*“Recovery Ventures is a nonprofit organization that offers to individuals suffering from chronic substance addictions long term residential treatment and aftercare in a safe and healthy environment that promotes self sufficiency, emotional growth, personal accountability and personal values enhancement.”*

# *Recovery Ventures Corporation*

## **DIRECTORY INFORMATION**

### **MAIN OFFICE**

**Jennifer A. Hollowell, MA, LPC, CCS, CSAC Therapeutic Director**  
**David F. Martin, Executive Director and CEO**

Recovery Ventures Corporation  
PO Box 549  
Black Mountain, NC 28711  
Voice: 828-686-0354  
Fax: 828-686-0359

**Toll Free Referral Line- 1-877-884-0080**

E-mail- [RVCWNC@aol.com](mailto:RVCWNC@aol.com)  
Website [www.recoveryventurescorp.org](http://www.recoveryventurescorp.org)

### **FACILITY LOCATIONS**

Recovery Ventures Corporation  
**Men's Facility**  
Old Fort, NC

Recovery Ventures Corporation  
**Women's Facility**  
Swannanoa, NC

Recovery Ventures  
**Transitional Housing Facility**  
Ridgecrest, NC  
Black Mountain, NC  
Fairview, NC

# *Recovery Ventures Corporation*

**Recovery Ventures Corporation** is a long-term residential, therapeutic community for the treatment of alcohol and drug abuse/dependence. The concept of combining a healthy, substance free environment, personal responsibilities and accountability, positive role models, emotional growth, community involvement, aftercare and participation in the overall management of the program, is proven to lead to opportunities to restructure one's life and maintain a positive, interdependent lifestyle.

**Recovery is not easy.** Ask any of the staff or management of a **Recovery Ventures** facility. Each staff member, manager and associate in any **Recovery Ventures** facility is in “**active recovery**” from some or many forms of abuse/dependence. We are all in this together and being former addicts ourselves, we are able to understand the physical and emotional aspects of addiction and what it takes to stay clean and sober. However, you will find that each of us is strongly committed to the belief that, “*The only way to stay in recovery is by helping others to recover.*”

**Recovery Ventures is not easy.** We do not want you to think that you are going on a vacation, to a weekend at the beach or mountains, or just another state supported 28 day program. Nothing in our paperwork should give you the impression that this is a rest and relaxation retreat. **Recovery Ventures** is a highly structured, supervised and more often than not, a very demanding program. No one can give anyone their recovery, it must be earned much in the same way that **Recovery Ventures** survives and remains in operation, by earning what we receive.

**Each facility is self supporting.** By this we mean that it is the responsibility of every associate in a facility to contribute to the daily operation and generation of operational income that puts the food on our tables, the clothes on our backs, the electricity, water and heat in our facilities, and **keeps our doors open for others seeking recovery and a better way of life.** In the “**real world**” each day involves getting out of bed, fixing meals, going to work, keeping the house clean, taking care of the younger ones (new associates), washing dishes, cutting the grass, meeting with friends, paying the bills, doing paperwork, recreation and leisure activities and advancing our knowledge and emotional growth. In the “**Recovery Ventures world**”, it works very much the same way with each individual playing his/her part to make it work.

**Everyone possesses talents, skills and knowledge,** and at **Recovery Ventures**, we make use of an associate's gifts by directing them toward the best interest and personal advancement of the individual, as well as others participating in our program. You may have experience in a field that you enjoy and may be given the opportunity to manage your own business in which you can train others. You may be assigned to something you have never done before and find out it is something you would enjoy as a career. You may participate and learn how to paint a house, build a house, fix a car, plant flowers and trees, cook a meal, schedule and budget, write grants, solicit donations, or develop skills as a counselor. Talents are recognized and with everyone having input toward the success of our program and others in recovery, we will rely on these talents.

**Responsibility, proper conduct, ethical behavior, accountability and safety in the community** are all primary aspects of the **Recovery Ventures** program. We are comprised of a very diverse population, being of all races, genders, beliefs, origins, economic and social statuses. **Recovery Ventures**, like addiction, discriminates against no one. However, we have established rules and regulations that need to be strictly adhered to by all associates at all times. You will receive details of our established policies and procedures, along with definitions of unacceptable behavior, when you arrive at our facility. Violations of established policies and procedures will result in appropriate action being taken and/or termination from the program. It is not acceptable for any participant in the **Recovery Ventures** program to feel threatened, intimidated, coerced or manipulated by any other associate or external party having any association with **Recovery Ventures Corporation**. All violations of established policies and procedures, threats, violence or any questionable activity are to be reported **immediately** to staff personnel for appropriate action.

***All Work and No Play*** is not a formula that works for those of us in recovery. Although we are all required to work, and at times we work long and hard, we understand the importance of leisure time and stimulating activities in substance free entertainment. If you like concerts, sporting events, movies, cookouts or just some quiet time every now and then, we take advantage of many opportunities to enjoy these events on a regular basis. A variety of social events are made available to us through agencies that support our efforts in wholesome recovery treatment.

***Substance abuse treatment costs money***, and unfortunately, the majority of us who need treatment have little or no money, no insurance, and in many cases, no one that is willing to help bear the financial burdens of long term substance abuse treatment. As stated previously, you earn what you get at **Recovery Ventures**. Participation in **Recovery Ventures** is voluntary and free of charge to anyone requesting participation in our program. Everything that you need will be provided for you through our organization. **Recovery Ventures** is a self supporting, 501c(3) Charitable Organization as defined by the United States Internal Revenue Service. We solicit foundation grants to assist us in obtaining facilities and expanding our locations to provide services in needed areas. We also request corporate donations of various items that are needed by the associates in our program. These items include clothing, hygiene products, medical supplies and services and materials needed to repair and improve our facilities. The majority of our daily operational and administrative expenses of telephone service, electricity, water & sewer services, gasoline, etc. are paid for through the work we perform for contract employers and our independently operated business ventures.

***Associates earn personal privileges*** according to their progress in achieving program objectives toward recovery. Earning privileges involves a combination of personal progress in dealing with emotional issues, acceptance of responsibilities, decision making abilities and time in the program. Associates are not permitted to possess money at anytime until an administrative review is conducted by management and staff and final authorization is granted by the Executive Director of the Corporation.

***Rebuilding relationships with children and family*** is a very important part of recovery. Many of our most significant relationships were damaged by the addict while in active addiction. Family issues can only improve with time, patience, and in most cases, proof that those in recovery are making progress toward changing their negative behaviors. Our program takes a proactive role in reestablishing relationships through individual and group therapy sessions, in which there is open and honest communication with loved ones and scheduled events that welcome parents and/or children to visit our facilities and observe our activities. Communications with loved ones, by telephone and/or mail is an earned privilege that may be lost due to violations of program policies and procedures. You must value and protect the privileges you have worked so hard to earn.

***Service to the community*** and participation in programs and events that promote substance abuse prevention and awareness are a major aspect of the **Recovery Ventures** program. We consider volunteering our services and participation with organizations established for the benefit of our fellow man a form of personal restitution for past behaviors.

***The choice is yours. The application process takes time***, so the time to apply is now. We cannot guarantee available space at our facilities at any given time. Applications and autobiographies are reviewed prior to a personal interview. Interviews are conducted face to face or by telephone and must be completed prior to the acceptance of any applicant to a **Recovery Ventures** facility. We will accept and place applicants in our facilities as space becomes available.

# *Recovery Ventures Corporation*

## **DAILY TRANSITION SCHEDULE**

6:00 am	Be on floor ready to work, transition phase is on the move
6:30 am	Breakfast
7:00 am	Work/On the move
7:15 am	Morning Meeting
8:00 am	Work/On the Move
10:00 am	15 minute Break
12:00 pm	Lunch
12:30 pm	Seminar
1:00 pm	Work
2:30 pm	15 minute Break
4:30 pm	Free Time
5:30 pm	Dinner
6:00 pm	Work/On the Move
8:00 pm	Therapeutic Groups/evening Functions
11:00 pm	Evening Meeting
11:30 pm	Bedtime

# *Recovery Ventures Corporation*

## Program Phases

### **TRANSITION PHASE**

**45-60 days**

The **TRANSITION PHASE** is the initial stage of the *Recovery Ventures* program. During this phase you will become familiar with your surroundings, other associates in the program, relationships with outside agencies and employers, and most importantly, the rules, policies and procedures by which we conduct ourselves. In this phase an initial treatment plan will be established for you with your input.

### **ACCLIMATION PHASE**

**Up to 6 months**

Following the transition stage, you should have a pretty good feel for what is happening in the program and what direction you are headed in your personal recovery program. In the **ACCLIMATION PHASE** you will begin to receive and accept a larger role in your personal responsibility and accountability. You have the opportunity to earn privileges and you will begin to have a more active role in assisting the newer associates in our program.

### **LEADERSHIP PHASE**

**6-12 months**

The **LEADERSHIP PHASE** is the first “major step up” in the program. During this phase you should be very accustomed to the guidelines of the program. At this phase you will begin accepting more responsibility for the proper guidance and development of newer associates and begin to perform as a role model in house operations. You should be moving toward an understanding of your personal issues and the skills you need to deal with them.

### **ENRICHMENT PHASE**

**12-18 months**

The **ENRICHMENT PHASE** continues personal development of responsibilities and accountability by using the tools you have learned and putting them into action in your own life as well as within the community. This is a very critical stage of development where supervision, counseling and guidance is performed on a more personal, in most cases, one-on-one basis. Treatment plans will be revised to include your individual interest as well as your career and educational goals.

### **INTERNSHIP PHASE (AFTERCARE)**

**18-24 months**

The **INTERNSHIP PHASE** is the most critical stage of development. At this point you learn to balance your new direction in life while maintaining interaction with the core of the program. The structure of the transitional housing will be less demanding and restrictive than the long term facility. This is a required portion of the program as it is necessary to continued success when you graduate.

# Recovery Ventures Corporation

## Application Procedures and Admission Process

*“Recovery Ventures is a nonprofit organization that offers long term residential treatment and aftercare for those who suffer from chronic substance abuse/dependence.”*

Associates admitted to our program are:

- A.) Self referred,
- B.) Referred by Community Health and Behavioral Health Care Facilities,
- C.) Referred through the Criminal Justice System as an alternative to incarceration

### Exclusionary Criteria:

1. Applicants with a prior criminal history including convictions for **arson** or **sexual misconduct**,
2. Applicants with long histories of **violence**,
3. Applicants who are on **intensive probation**,
4. Applicants who have **exhibited exaggerated psychiatric symptoms** or **suicidal/homicidal ideations** within the past 90 days.
5. Applicants who require **psychotropic medications** will be considered on a case by case basis.

The **“PRIMARY QUALIFICATION”** for acceptance is the sincere desire to remain in recovery and to make a lifelong commitment to help others recover.

### **TO APPLY:**

1. **Contact Recovery Ventures Corporation at the address, telephone number or e-mail address above and request a “Voluntary Application for Admission” form,**
2. **Community Behavior Health Care agencies, Detox Centers, Alternative Sentencing agencies and Local Hospitals usually have our paperwork and applications and can assist you in this process.**

**Complete the application and contact our office** to receive instructions from our admissions coordinators. Upon arrival at our administrative office, the application will be reviewed by our admissions coordinators.

**Write an “autobiography.”** Give details of your life **from as far back as you can remember up to and including your personal decision to complete our application** and seek long term recovery treatment. This is a very important tool that will be reviewed and referred to many times throughout your participation in the program.

**BE SURE TO INCLUDE CURRENT CONTACT INFORMATION** so we can arrange a convenient time to conduct a personal interview either by telephone or in person. Please be sure to include a working telephone number and the best time to make contact. If you are working with a referring agency, we will contact them to make arrangements for your interview.

## **Application Procedures and Admission Process**

### **Page 2**

During the application and interview process, there may be additional information that may be required prior to a final determination of acceptance into the **Recovery Ventures** program. We will work very closely with you and any community agencies to obtain the required information and expedite the application process.

#### **UPON ACCEPTANCE:**

- 1.** Arrangements will be made to have you transported to a **Recovery Ventures** facility. Many agencies provide transportation to our facilities. However, we may have to arrange for transportation through alternate agencies or by staff members or associates. In either case, you need to be prepared so that you may be transported immediately upon acceptance.
- 2. Entry fee of \$175** must be paid at time of arrival. Scholarships must be discussed with Intake coordinators during the application process and approved by Intake supervisor.
- 3.** Storage space is limited at our facilities; therefore we request that you only bring enough clothing to last a week. You will be provided with clothing while in our program but we must allow a few days for proper sizing. **Do Not Bring** any clothing promoting substance use or racial overtones. Such articles are not a part of our philosophy and will not be permitted.
- 4.** Bring a minimal supply of personal hygiene products, toothbrush, soap, deodorant, etc. You will receive additional supplies once you are settled.
- 5.** Bring no more than **3** pairs of shoes, **1**-Dress, **1**-Tennis, and **1**-Work.
- 6.** Pictures of children and parents are acceptable (not spouses or significant others). Please limit the number you bring to an amount you can retain in your personal possession. (No More Than 4)

**DO NOT BRING:** jewelry, money or any personal items that you consider valuable. There will be no need for these items and we cannot responsible for the loss of these items.

# Recovery Ventures Corporation

## CLOTHING INVENTORY

Due to the overwhelming amount of gifts, items, services being sent to program associates from outside the organization, we are forced to limit what is allowed to be sent from home. Upon entering RVC, it is recommended that each person bring adequate clothing to get them through the first phase of the program. The following list must be strictly adhered to. Any items over the amount specified will be disposed of accordingly!

*The personal items should be kept to the following:*

- 10 pairs of pants (including 1 or 2 pair of slacks)
- 10 shirts (including 1 or 2 dress shirts)
- 10 t-shirts
- 2 dresses
- 1 suit
- 1 pair of pajamas or 1 nightgown/1 robe
- 1 pair of slippers
- 1 pair of flip-flops
- 1 purse AND wallet
- Make-up (necessities only)
- Necessary toiletries/hygiene items
- 10 pair of underwear, 10 pair of socks, 5 bras
- 1 large winter coat
- 1 jacket
- 1 AA Book / 1 NA Book
- 1 Bible
- 1 Journal
- 4 pictures (no significant others included)
- NO more than 3 pair of shoes, 1 pair needs to be work shoes or work boots
- NO more than 2 hats
- ID – Social Security Card, Picture ID
- 6 cartons of tobacco products can be brought upon admission

**NOTE: DO NOT BRING JEWELRY, PERFUME, COLOGNE, WATCHES, STUFFED ANIMALS, LETTERS, BOOKS, MAGAZINES, MONEY, CREDIT CARDS, ADDRESS BOOKS OR ANYTHING NOT LISTED IN THE ABOVE INVENTORY. Ladies clean out your purses or you will lose the contents!**

**If you do not have all of the above items, we will do our best over the following weeks to assure that you receive the clothing items you require.**

**\*\*\*You WILL NOT be allowed to request any items to be sent from home until your first family visit, which is when you make Leadership phase (approximately 6 months).**

Birthday and Christmas gifts will be dealt with on a request basis. An associate must request what they would like to be sent from home as a gift on these holidays. Associates should notify family of these conditions prior to entering RVC. Failure to comply can result in accountability.

**Recovery Ventures Corporation will not be responsible for any personal items left behind if you leave against clinical advice. If you would like, you can bring a \$50 non-refundable deposit (receipt will go in file) to have your belongings mailed to your home address. Otherwise you will be given one business day to make arrangements to pick up your belongings, after that they will be delivered to a local charity as a donation or disposed of in the local landfill. You are encouraged during your stay to not bring anything of sentimental value!!**

**I understand that if I bring items other than those specifically listed above, the items will be disposed of at the time of my entry into the program. The list above is all-inclusive; there are no exceptions.**

\_\_\_\_\_  
Print Name (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Legal Representative)

\_\_\_\_\_  
Date

**Over the Counter Medication Administration Acknowledgement**  
**&**  
**Statement of Personal Responsibility**

**These are the over the counter medications that Recovery Ventures Corporation provide on an as needed basis. Please review the list below and check those medications that you are able to take without known adverse reaction.**

**Allergy Preparations**

- Benadryl tablets/ointments
- Claritin

**Analgesics**

- Tylenol
- Aspirin
- Excedrin
- Ibuprofen (Motrin, Advil)
- Aleve

**Cough & Cold Preparations**

- Chlorpheniramine and acetaminophen (Coricidin)
- Guaifenesin elixir (Robitussin, Tussin)
- Vapor rubs, sore throat lozenges/sprays
- Clemastine (Tavist)

**Digestional Aides**

- Aluminum and magnesium hydroxide with simethecone (Maalox-antacid/anti-gas)
- Bisacodyl (Dulcolax-stool softeners/laxatives)
- Bismuth subsalicylate (Pepto-bismol, Kaopectate)
- Calcium Carbonate (Tums, Rolaids)

**Nutritional Supplements**

- Vitamins
- Fiber
- Calcium
- Zinc
- Fish Oil


**Topical Preparations**

- Hydrocortisone ointments
- Zinc oxide lotion (Calamine)
- Bacitracin/neomycin/polymyxin B (Neosporin, Triple antibiotic ointments)

**Miscellaneous**

- Ophthalmic Solutions: (Saline, Allergy drops)
- Antiseptics: (Betadine, Rubbing Alcohol, Hydrogen Peroxide, Bactine, camphophenic)

OTC Med list and use of all items checked by associate approved by:

  
\_\_\_\_\_  
Sharon Sweede, M.D.

By my signature below, I acknowledge that during my residency at Recovery Ventures Corp., I am allowed to take only those over the counter medications that I have indicated above with a check mark. Further, I hereby agree to hold Recovery Ventures Corp. harmless if I take any over the counter medication not checked off above.

\_\_\_\_\_  
Associate Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# *Recovery Ventures Corporation*

*PO Box 549*

*Black Mountain, NC 28711*

*Voice- 828-686-0354*

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**Toll Free Referral Line- 1-877-884-0080**

# VOLUNTARY APPLICATION FOR ADMISSION

SUBMITTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

# Recovery Ventures Corporation

## Voluntary Application for Admission

Page 1

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

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Sex: \_\_\_\_\_

SSN: \_\_\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_ Status: \_\_\_\_\_ DOB: \_\_\_\_\_

Most Recent Address: \_\_\_\_\_

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

Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_ lbs Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Distinguishing Marks: (Tattoos, Scars, etc.) \_\_\_\_\_

Marital Status: Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Single: \_\_\_\_\_

If married, Spouse's Name \_ \_\_\_\_\_

Do you have any children? \_\_\_\_\_ How Many? \_\_\_\_\_

Child's Name	Who is the child staying with	Child's Age

In case of Emergency, Notify: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Emergency Contact E-mail: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

First time applying to RVC? Y\_\_ N\_\_

Have you previously been a resident in RVC? Y\_\_ N\_\_ Did you complete? Y\_\_ N\_\_ Circumstances around discharge.  
\_\_\_\_\_

**Admission Application**

**Page 2**

**Criminal Justice Information**

*Applications may be submitted and a determination to accept or reject the applicant will be made prior to the scheduled court date. However, all legal proceedings must be completed prior to establishing residency in a **Recovery Ventures** facility. **Failure to disclose pending legal action(s) is grounds for immediate dismissal from the program.***

Do you have any outstanding warrants? \_\_\_\_\_

Do you have any outstanding charges? \_\_\_\_\_

When is your court date? \_\_\_\_\_

Are you represented by an attorney? \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Are you on supervised probation? \_\_\_\_\_

If yes, in what county and state? \_\_\_\_\_

Probation Information: Officer's Name: \_\_\_\_\_

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

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

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

Last Seen/Spoken With: \_\_\_\_\_

Is your probation officer aware that you are seeking long term treatment? \_\_\_\_\_

Are you obligated for child support payments? \_\_\_\_\_ Are payments current? \_\_\_\_\_

County: \_\_\_\_\_ Case worker Name: \_\_\_\_\_

**Financial Information**

Do you have any outstanding debts (child support, installment loans, IRS, etc.)? \_\_\_\_\_

If yes, explain? \_\_\_\_\_

Do you receive any ongoing financial reimbursement for any reason (disability, trust fund, etc.)? \_\_\_\_\_

If yes explain? \_\_\_\_\_

**Admission Application**

**Page 3**

**Medical History Information**

Do you have any medical conditions that will limit your activities? \_\_\_\_\_

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

Are you taking any prescription medication(s)? \_\_\_\_\_

If yes, list all: \_\_\_\_\_

\_\_\_\_\_

Have you ever experienced or been diagnosed as having any of the following:

\_\_\_\_\_ Seizures                      \_\_\_\_\_ TB                      \_\_\_\_\_ Diabetes                      \_\_\_\_\_ Hepatitis

\_\_\_\_\_ Heart Disease      \_\_\_\_\_ Epilepsy                      \_\_\_\_\_ Cirrhosis                      \_\_\_\_\_ High BP

Are you currently under the care of a physician? \_\_\_\_\_

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

Reason(s) for current treatment: \_\_\_\_\_

\_\_\_\_\_

Have you ever been hospitalized in a mental institution? \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Date(s): \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

Have you ever tried to commit suicide? \_\_\_\_\_ If yes explain: \_\_\_\_\_

\_\_\_\_\_

Have you been tested for HIV? \_\_\_\_\_ Date: \_\_\_\_\_ Result: \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ Do you qualify for medical benefits? \_\_\_\_\_

Do you have health insurance? \_\_\_\_\_

\_\_\_\_\_

Do you have or maintain a primary residence at this time? \_\_\_\_ Yes \_\_\_\_ No

If NO, where have you been staying/sleeping? \_\_\_\_ Relative \_\_\_\_ Friends \_\_\_\_ Shelter \_\_\_\_ On Street

How long have you been in this situation? \_\_\_\_ Years \_\_\_\_ Months \_\_\_\_ Days

**Admission Application**

**Page 4**

**Educational Information**

Did you graduate from high school? \_\_\_\_\_ Year: \_\_\_\_\_

If not, highest grade completed? \_\_\_\_\_

Did you earn a GED? \_\_\_\_\_ Year: \_\_\_\_\_

Have you had any college or vocational school training?

Name of College/School: \_\_\_\_\_

Location: \_\_\_\_\_

Degree/Certificate Received: \_\_\_\_\_ Year: \_\_\_\_\_

**Employment Information**

What is your primary occupation? \_\_\_\_\_

How Long? \_\_\_\_\_ Do you enjoy this type of work? \_\_\_\_\_

What type of work would you like to do? \_\_\_\_\_

How long has it been since you last worked? Where? \_\_\_\_\_

**Substance Abuse History**

Drug(s) of Choice: \_\_\_\_\_ Date Last Used: \_\_\_\_\_

How long have you been using drugs? \_\_\_\_\_ How Often? \_\_\_\_\_

How long have you been using alcohol? \_\_\_\_\_ How Often? \_\_\_\_\_

Other drugs used or tried? \_\_\_\_\_

Have you been in treatment before? List prior programs below:

Prior programs tried? \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

How old were you when you first used drugs and/or alcohol? \_\_\_\_\_

Have you ever used drugs intravenously? \_\_\_\_\_



# Recovery Ventures Corporation

PO Box 549  
Black Mountain, NC 28711

Voice: 828-686-0354 Fax: 828-686-0359

## RELEASE OF INFORMATION AUTHORIZATION

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(Client's Name) (Facility, Physician, and address of person releasing information)

to release/exchange specified information in my client record to: \_\_\_\_\_  
(Recipient Name and Address)

This data shall include (Nature & Extent of Information)  
Specify Time Period: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Summary of Evaluation & Treatment   | <input type="checkbox"/> Acquired Immunodeficiency Syndrome |
| <input type="checkbox"/> Admission Assessment/Screening      | (Aids History & Treatment)                                  |
| <input type="checkbox"/> Alcohol or Drug History & Treatment | <input type="checkbox"/> Treatment Plan & Diagnosis         |
| <input type="checkbox"/> Progress Notes                      | <input type="checkbox"/> Medication History                 |
| <input type="checkbox"/> Discharge Summary                   | <input type="checkbox"/> Psychological Evaluation           |
| <input type="checkbox"/> Psychiatric Evaluation & History    | <input type="checkbox"/> Financial Information              |
| <input type="checkbox"/> Human Immunodeficiency (Virus)      | <input type="checkbox"/> Educational Information            |
| (History & Treatment)  | <input type="checkbox"/> Attendance                         |

Other: \_\_\_\_\_

I understand this information will be used for:

- |  |   |
|--|---|
| <input type="checkbox"/> Evaluation & Treatment Planning | <input type="checkbox"/> Referral           |
| <input type="checkbox"/> Case Management Services        | <input type="checkbox"/> Continuity of Care |
| <input type="checkbox"/> Other: _____                    |   |

*I hereby request and authorize the above named agency, organization or individual which possesses information relative to the client named above to release information, as specified, to the agency, organization or individual named on the request. I understand that the information to release may include information regarding drug abuse, alcohol abuse, sickle cell anemia, or psychological or psychiatric information.*

*I certify this authorization is made freely, voluntarily and without coercion. I understand that the information to be released is protected under state and federal laws and cannot be re-disclosed without my further written consent unless otherwise provided for by state and federal law. This consent shall be valid for a period not to exceed one year. I further acknowledge that I may revoke this consent, in writing, at ANY time except to the extent that action based on this consent has been taken.*

Client: \_\_\_\_\_ Legal Representative: \_\_\_\_\_

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

Person Releasing Information: \_\_\_\_\_ Date: \_\_\_\_\_



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

**Recovery Ventures Corporation** does not allow residents to take the following medications:

- **Opioids**

Often prescribed to treat pain.

Morphine	Dilaudid	Vicodin	Ativan	Lortab
Codeine	Buprenorphine	Demerol	Klonopin	Percocet
Oxycodone	Methadone	Darvon	Darvocet	

- **Central Nervous System (CNS) Depressants**

Used to treat anxiety and sleep disorders.

- 3. **Barbiturates**

Mebaral	Phenobarbital
Nembutal	Seconal

- 4. **Benzodiazepines**

Valium	ProSom	Flurazepam	Triazolam	Klonopin
Librium	Ativan	Restoril	Xanax	

- **Stimulants**

Prescribed to treat narcolepsy and attention deficit / hyperactivity disorder.

Dexedrine	Adderall	Strattera
Ritalin	Cylert	Medadate
Concerta	Clonidine	Ephedrine

- **Antipsychotics**

Seroquel	Haldol	Clozaril
Risperdal	Thorazine	

- **Muscle Relaxers**

Flexeril	Cycloflex	Zanaflex
Soma	Skelaxin	

- **Anti-Depressants (Sedating)**

Elavil	Remeron	Tofranil
Trazadone	Pamelor	Sinequan

**Recovery Ventures Corporation doesn't allow the medications listed above and will most likely not accept any that may cause similar reactions.**

We have found that certain over the counter medications have the potential for abuse. We only allow clients to take OTC's that are provided by the facility, and ordered by a doctor. Residents are not permitted to bring in or hold their own OTC medications.

Please call us if you have a question about a client's medication. Often, it is possible to replace one unacceptable medication with one that is acceptable to us and just as effective for the client's condition. If this is the case, this must take place before admission in order to ensure efficacy.

**\*\*We will consider Geodon, Abilify, Depakote, and Zyprexa**

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