Mt. Zion House Christian Residential Rehabilitation for Men

"In You O Lord, I put my trust" Psalm 71:1

(262) 249-8934 Men's House Phone
(262) 249-8903 fax
www.mtzionhouse.org

Greetings in Jesus' name,

The purpose of this letter is to introduce you to Mt. Zion House, a Christian residential rehabilitation facility for drug and alcohol treatment for men. The men's facility is located in Lake Geneva, WI. Mt. Zion House is a ministry of Mt. Zion Christian Church which is located in Lake Geneva, Wisconsin.

The goal and purpose of Mt. Zion House ministries is to introduce those who are in bondage to drugs, alcohol and any other life-controlling addictions to the restorative power of Jesus Christ, through a relationship with Him. Mt. Zion House was established through prayer and uses only the Word of God and scriptural principles in all aspects of teaching. A twenty-six week commitment is required by all residents, in order to effectively minister in the areas of their lives that need change.

There are three phases to this in-house residential program:

Phase 1
This phase consists of a four-week residential in-house schedule that includes classes, counseling, group discussions, church attendance, work, meals, and recreation. Upon entry to the program, the admission charge is **$700.00**. The full amount of admission fee is NON-refundable.

Phase 2
This phase consists of an eight-week transitional period in which each resident is required to secure employment with a full time, first shift job in order to fulfill his responsibility to pay for housing and food and any other expenses that might be incurred.

Phase 3
This final phase consists of a fourteen-week time frame that is similar to phase 2, with the exception that the residents have an opportunity to receive privileges if they prove themselves to be faithful to the program.

The men's facility houses up to 24 men. The facility includes a kitchen, dining area, living room, dormitory bedrooms and a staff bedroom. It also has onsite, live-in staff personnel. For more information, and to view testimonials, please visit our website at www.mtzionhouse.org

Attached to this letter you will find the application packet. I pray that the Lord will richly bless you with wisdom, as you consider this life changing decision for those you come in contact with whether personally or professionally.

If you have any further questions or if we can help in anyway please feel free to contact our office.

In His service,

Joesph Gibson
MZH Director

Mt. Zion House Rules

Upon signing this document, I agree to comply with all of the following:

Upon entering this program, you must consent to the full 26 week commitment pledge. The program admission rate is **$700.00**. The full amount of the admission fee is NON-refundable. You must provide alternative resources of payment until employment is secured in phase 2. In addition, you must have the following two forms of identification with you.

1) Social Security Card
2) Valid State Picture ID Card.

Mandatory Rules:

- Phase 1 - No visitors until you enter Phase 2 - letter writing only.
- No telephone calls.
- No smoking, anywhere, anytime! Today you quit.
- No illegal drugs, no alcohol, no anti-depressants, no psychotropics, and no mood-altering medication.
- All residents will follow the schedule exactly as stated. No exceptions!
- Mandatory classes, groups, counseling, and church service as scheduled. Must be on time!
- No foul language or any type of negative talk.
- Showers are to be taken daily. Dress modestly; sleepwear only at bedtime.
- All money is turned over to the Director upon entering the program.
- It is mandatory to have a return trip ticket if traveling from out of the area.
- All personal belongings will be searched.
- Personal possessions must fit into 2-suitcases.
- Residents will sleep in assigned beds only.
- Do not sit on or touch anyone's bed or belongings.
- Christian literature only.
- No electronics i.e. radios, IPods, CD's or television allowed. Only what is approved by the staff.
- No one is allowed outside before 7:00 am or after 9:45 pm.
- No one is allowed in the kitchen except those assigned to kitchen duty.
- Direct all questions to the House Assistant, if the Director is not available.
- **No dating** for the entirety of your stay. **No exceptions**!
- If married there will be visit restrictions as determined by the Director & staff.
- **When you enter Phase 2, you will secure a first shift, full time job and pay $175.00 per week from**
- **the alternative resource that you secured before entering the program**.
- You will be responsible for your own transportation to and from work.
- Personal vehicles are to be used for work only. If you disobey, driving privileges will be terminated.
- In Phase 2 you will not carry any money, except what is approved by staff.
- In Phase 2 and 3, residents will be responsible to complete a budget sheet and turn in each pay period.
- You must be on time for all scheduled activities.
- On your day off from work, follow the schedule in Phase 1.
- Phase 2 will last for 8-weeks at which time you will be evaluated to determine whether you are permitted to enter Phase 3.
- Pre-approved visitors are allowed on Sunday from 9:30 am to 6:00 pm.
- Phase 3 will last 14-weeks or until the end of your stay.
- In Phase 3 you are required to participate in all evening activities.
- In Phase 3, personal vehicles are for work purposes only, unless request form is approved 24-hours in advance.

- If you are dismissed, you must leave, taking all your possessions with you. The full amount of the admission fee is **NON-refundable**. Anything left behind will be discarded.
- If you have a vehicle, you must provide proof of sufficient auto liability insurance during your residence in the Mt. Zion House Rehabilitation program.
- Residence must acknowledge sole responsibility for all medical, dental, and other expenses owed for yourself and all third parties as a result of your acts or omissions whether intentional, negligent, or other, during my tenure at Mt. Zion House.
- When you obtain employment during your tenure, as a resident at Mt. Zion House, you must hereby authorize Mt. Zion and/or its agents to notify your employer in the event of your dismissal from the rehabilitation program.
- ***If you are currently on any medications that are mood altering, you must seek your doctor's advice to be weaned from said medications. There are absolutely no mood altering drugs allowed.***
- ***A blood test for HIV, Hepatitis A,B,C (panel) TB, and VD, Results are required before admittance***
- ***into Mt. Zion Houses' program.***
- ***A positive blood test result for HIV, Hepatitis A, B, C or TB, will prohibit entrance into the program. STD's must be treated before entrance.***
- No overnight or weekend passes.
- Eating foods between meals is prohibited.
- No checking or savings accounts allowed through FDIC banks. In-House banking only. Easy access to such accounts while in treatment can be very dangerous for those addicted to drugs or alcohol.

I hereby give my full permission to the Director(s) and staff of the Mt. Zion House to inquire of my family, employer, probation officer, and others for anything concerning me.

The undersigned party hereby waives any and all claims, demands, suits, damages, loss, judgment's, liens and/or assessments which they may have or incur individually or jointly for either personal injury or property damage, against Mt. Zion Christian Church, Inc. and/or Mt. Zion House, for their members and/or employees as a result of any action taken by their members and/or employees during the course of the residents tenure at Mt. Zion House.

The undersigned party further agrees to indemnify, hold harmless and defend the Mt. Zion Christian Church, Inc. and/or Mt. Zion House or their members and/or employees, their agents, successors and assigns for any liability which may be imposed upon the Mt. Zion Christian Church, Inc. and/or Mt. Zion House, and/or their members and/or employees, as a result of any injury to herself or her personal property, and/or as a result of any injury to a third party resulting from acts or conduct by the undersigned.

The undersigned hereby accepts responsibility for all medical expenses incurred while a resident at the Mt. Zion House, I further agree to indemnify and hold harmless Mt. Zion Christian Church, Inc. and Mt. Zion House, their agents, members, and/or employees for any and all expenses resulting from my medical treatment.

The undersigned hereby acknowledges receipt of (and that I have fully read and understand) the rules, disclosures, requirements, and commitments. I agree to abide by all of the rules as set forth by Mt. Zion House, I further understand that disobedience of said rules may result in dismissal from the program or loss of privileges, said determination to be of the sole discretion of the Mt. Zion House Director(s).

Signature _____ Date _____

Witness _____ Date _____

Mt. Zion House Daily Schedule

Monday - Friday

6:15 Out of bed / straighten bunk (military corners) / tend to personal needs
7:00 Breakfast
8:00 Each day read 4 Psalms / in order / at the table
8:30 Read 1 Proverb scripture, write a page summary at the table. Continue with Proverbs readings and summary in sequence order each day that follows.
9:30 Class / at the table
11:30 Lunch
12:30 Video teaching. Students must watch the video in its entirety, altar call included! Bring bible, pen and notebook. Students must write a two page summary on subject being taught. When finished, students may have free time
5:00 Supper
6:30 Church on Wednesday evening, all other evenings during the week, there will be class
8:30 Chores / 25 minutes / be diligent
9:00 Whole house gathers for prayer
9:30 Quiet time / this is a time that everyone is silent! No exceptions
10:00 Lights out / Friday 11:00 lights out

Saturday

6:15 Out of bed / same as the other days
7:00 Breakfast
8:00 Workday
11:30 Lunch
12:30 Back to work
4:00 Free time
5:30 Supper
5:30 Church
6:30 Free time
11:00 Lights out

Sunday

6:15 Out of bed / same as the other days
7:00 Breakfast
8:00 Church
8:00 Free Time
11:30 Lunch
5:00 Supper
6:30 Chores
7:00 Prayer with the whole house
8:00 Chores and/or Free time
9:30 Quiet time
10:00 Lights out

MT ZION HOUSE APPLICATION

APPLICANT INFORMATION

Name:		**Date:**
Current address:		
City:	**State:**	**ZIP Code:**
Phone:	**Date of Birth:**	
Place of Birth City:		**State:**
Height/Weight:	**Race:**	**Hair Color:**
Tattoos: Yes_____ No_____ If yes, describe:		
Social Security # (Must have a social security card and valid picture ID)		**SS#**
Drivers License #:	**Expiration Date:**	**State:**

Do you have any physical disabilities or defects? Yes_____ No_____

If yes, explain:

How would you rate your health? Poor_____ Fair_____ Good_____

Are you taking any prescription drugs or medication? Yes_____ No_____ If yes, please list:

For what purpose?

What drugs are you taking that are non-prescription?

Have you ever been tested for AIDS? Yes_____ No_____ Are you HIV positive? Yes_____ No_____

Have you ever been tested for Hepatitis A, B, or C? Yes_____ No_____ Are you Hepatitis A, B, or C positive? Yes_____ No_____

Have you ever tested positive for Syphilis? Yes_____ No_____ Gonorrhea? Yes_____ No_____ Chlamydia? Yes_____ No_____

Are you currently under the care of a physician? Yes_____ No_____ A Psychiatrist? Yes_____ No_____

If yes, have you ever been diagnosed with a mental illness? Yes_____ No_____ If yes, what illness?

Military service? Yes_____ No_____ If yes, what branch? How long?

Last grade completed in school List job skills

Have you ever been arrested? Yes_____ No_____ How many times?

Please list dates and reasons (be specific)

Have you ever spent time in prison? Yes_____ No_____ How long? _____ Where?

Are you on probation or parole? Yes_____ No_____

If yes, agents name: County: Telephone number:

Do you have any warrants for your arrest? Yes_____ No_____

Have you ever assaulted anyone? Yes_____ No_____

If yes, were you under the influence of drugs or alcohol? Yes_____ No___

Have you ever committed the act of murder? Yes_____ No_____

Have you ever molested a child? Yes_____ No_____ If yes, male or female *(circle one)*

How old was the child? How old were you? How many times?

Have you ever raped anyone? Yes_____ No_____

Have you ever thought about suicide? Yes_____ No_____ Have you ever attempted suicide? Yes_____ No_____

If yes, by what means did you try and how many times?

Are you a homosexual? Yes_____ No_____ Are you a bisexual? Yes_____ No_____

Is anger a problem with you? Yes_____ No_____

Have you ever been divorced? Yes_____ No_____

MT ZION HOUSE APPLICATION

Are you in debt? Yes____ No____ If yes, how much?

Are you a drug addict? Yes____ No____ What is your drug of choice?

Are you an alcoholic? Yes____ No____ Do you smoke? Yes____ No____

Do you consider yourself addicted or attracted to pornography? Yes____ No____

What is your religion?

Do you attend church? Yes____ No____

Do you pray? Yes____ No____ If yes, how often?

Do you believe in God? Yes____ No____ Do you read the Bible? Yes____ No____
If yes, how often?

Who do you say Jesus is?

Are you born again? Yes____ No____ How long have you been a Christian?

Have you been baptized in water? Yes____ No____ When/ Date ?

Have you been baptized in the Holy Spirit? Yes____ No____ Uncertain____

Explain why you want to be admitted to Mt Zion House:

CONTACT INFORMATION

Contact Person:		**Phone:** _____ **Cell:**
Father's name:	**Address:** _____	**Phone:** _____ **Cell:**
Mother's name:	**Address:** _____	**Phone:** _____ **Cell:**
Spouse name:	**Address:** _____	**Phone:** _____ **Cell:**

Children's names:

Who has custody of the children?

Siblings names:

Name:	**M**	**F**	**Age:**	**Name:**	**M**	**F**	**Age:**
Name:	**M**	**F**	**Age:**	**Name:**	**M**	**F**	**Age:**

ACKNOWLEDGEMENTS

Do you understand and accept that we use only the Word of God for all teaching, counseling, and instructing? Yes____ No____

Do you understand and accept that this program is Christian based? Yes____ No____

Is all the information that you gave true to the best of your knowledge? Yes____ No____

The Bible says that you shall know the truth, and the truth shall set you free and you will be free indeed.
Are you ready to be set free? Yes____ No____

SIGNATURES

I agree that by signing this application I am making a minimum 26-week commitment to Mt Zion House. I understand that I must be faithful in all that is required of me in order to graduate the program. I agree to abide by all the rules of Mt Zion House.

Signature of applicant:	**Date:**
Signature of director:	**Date:**

Mt ZION HOUSE

MT ZION HOUSE MEDICAL RELEASE

Name:		**Date:**
Current address:		
City:	**State:**	**ZIP Code:**
Phone:	**Date of Birth:**	
Please list any medications you are currently taking:		
Please list any known allergies:		
Family physician or last doctor seen:		
Physician address:		
Physician Phone:		
Health insurance provider: (if any)		
Health insurance group ID number:		

EMERGENCY CONTACT INFORMATION

Name:	**Phone:** **Cell:**
Relationship:	

ACKNOWLEDGEMENTS

The undersigned hereby accepts responsibility for all medical expenses incurred while a resident in the Mt Zion House program. I agree to indemnify and hold harmless Mt Zion Christian Church and Mt Zion House, their agents, members, and/or employees for any and all expenses resulting from my medical treatment.

Signature of applicant:	**Date:**

Mt ZION HOUSE

MT ZION HOUSE MEDICAL SCREENING

This form must be completed by the applicant and his physician, physician's assistant, registered nurse, or nurse practitioner prior to entry into the Mt Zion House residential program.

Name:	**Date:**	**Date of Birth:**

Tuberculosis test: Positive____ Negative____ PPD____ Chest x-ray____

HIV test: Positive____ Negative____

Syphilis test: Positive____ Negative____ Treated____ Medicine_____

Gonorrhea test: Positive____ Negative____ Treated____ Medicine_____

Chlamydia test: Positive____ Negative____ Treated____ Medicine_____

Hepatitis A Antibody Positive____ Negative____

Hepatitis B Antibody Positive____ Negative____

Hepatitis B Surface Antigen Positive____ Negative____

Hepatitis C Core Antibody Positive____ Negative____

Pregnancy Test (Women) Positive____ Negative____

AUTHORIZATION

I, _____ authorize the above medical tests to be done and the results of such tests to be released to Mt Zion House, 2330 Hwy 120, Lake Geneva, WI 53147

Resident/Patient_____ Date_____

EXAMINATION RESULTS

Upon visual examination of_____ I have found him to be free from clinically apparent communicable diseases and to be in physically excellent, average, poor health *(circle one)*

Physician or Nurse *(please print)*_____ **Date_____**

Physician or Nurse Signature_____ Phone:_____

INFORMED CONSENT FOR THE RELEASE OF STUDENT INFORMATION

I, _____ give the Mt. Zion House staff my permission to release information concerning myself. The release of this information is only to the following individuals listed below. And I give the Mt. Zion House staff my permission to release information to these individuals at their discretion. This information may be released beginning now and up until 60 days after my departure from the Mt. Zion House program.

Signed_____Date_____

Names of individuals that information may be released to are:

Mt ZION HOUSE