



## **EPC TRANSITIONAL HOUSING & FOUR-PILLAR PROGRAM**

### **Introduction and Application**

The Endorphin Power Company\* (EPC), founded in 2003, opened its doors to the Waterman Power House (WPH) and its transitional housing program in 2008. Since that time the WPH and EPC's FOUR-PILLAR PROGRAM have earned a reputation as one of the preeminent recovery communities in Albuquerque and the greater New Mexico area. We offer a safe, smoke-, alcohol- and substance-free campus to individuals *committed* to staying clean and sober and who are motivated to "turn the page" and begin a new chapter. At the end of the one-year program, it is our goal that each resident will leave EPC as a contributing member of society with (1) a job and/or stable financial situation, (2) a place to live, and (3) healthy friends and supportive relationships.

The WPH has 18 unique single units – each consisting of a bedroom and bathroom – as well as two cozy community rooms. The FOUR-PILLAR PROGRAM – EDUCATION EXERCISE COMMUNITY SERVICE - is the underlying foundation and structural framework of EPC's program. It is simple, but it is not easy... and it is not for everyone. It requires daily dedication and consistency from every member of the WPH community.

The Admissions Committee includes staff and current WPH residents. Acceptance is based on the committee's assessment of the applicant's commitment to the program and his/her ability to benefit from and contribute to the community. No answer provided on the application results in automatic exclusion; however, lying on the application is grounds for rejection. Being a volunteer and doing service work at EPC, as well as being resolute about remaining sober/clean, does improve your likelihood for admission.

Because EPC is a self-sustaining nonprofit organization with limited funds, we must collect rent to offset our operational expenses. The monthly housing cost is \$430 (*effective 09/15/2010*) and includes private housing unit, utilities, community kitchen facilities, community washer & dryer, internet access, and gym membership.

To apply to be an EPC/WPH resident, please complete the following form honestly and from your heart. If you have questions, please do not hesitate to ask any EPC staff member for assistance.

\* *Endorphins, with a chemical structure similar to morphine, are often referred to as the "inner uppers" which get us "high" on life. Endorphin levels are raised through a range of activities including exercising, laughing and connecting with other people.*



**EDUCATION EXERCISE COMMUNITY SERVICE**

**EPC TRANSITIONAL HOUSING & FOUR-PILLAR PROGRAM APPLICATION**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

Other Names/Aliases you have used: \_\_\_\_\_

Current address: \_\_\_\_\_

Phone # where you can be reached: \_\_\_\_\_ Email address: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Gender:  Male  Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

US Citizen:  Yes  No Soc Sec #: \_\_\_\_\_

Are you:  Single  Married  Divorced  Widowed

**SOCIAL & WORK HISTORY**

Children: Do you have children?  Yes  No

If yes, how many are under 18? \_\_\_\_\_ Over 18? \_\_\_\_\_

If yes, are you in contact with him/her/them?  Yes  No

Level of Education:

High School/GED  Some College

College Graduate  Other \_\_\_\_\_

Veteran:  Yes  No

Work History: Are you currently employed?  Yes  No

If yes: Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Hours: \_\_\_\_\_

If unemployed, date of last employment: \_\_\_\_\_

If unemployed, do you want to work?  Yes  No

If yes, are you actively looking for a job?  Yes  No

**HEALTH STATUS & MEDICAL HISTORY**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Do you currently smoke?  Yes  No

If yes, how many cigarettes/day? \_\_\_\_\_

If yes, do you want to quit smoking?  Yes  No

Do you currently exercise?  Yes  No

What type of exercise? \_\_\_\_\_

How often? \_\_\_\_\_

On a scale of 1-10 (with 1=out of shape & unhealthy and 10=fit & healthy), please rate your overall health? \_\_\_\_\_

**HEALTH STATUS & MEDICAL HISTORY (cont.)**

Have you ever been diagnosed with Tuberculosis?  Yes  No

Have you ever been diagnosed with Hepatitis C?  Yes  No

Have you been diagnosed with HIV/AIDS?  Yes  No

Current medical and/or mental health diagnoses:

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

Other medical concerns/special needs/physical limitations:

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

List **all medications** you are currently taking (*prescription AND over-the counter*):

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

Physician's name/Phone #: \_\_\_\_\_

Psychiatrist's name/Phone #: \_\_\_\_\_

Counselor/Social worker's name/Phone #: \_\_\_\_\_

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

**ADDICTION HISTORY**

At what age did you start using alcohol? \_\_\_\_\_ Drugs? \_\_\_\_\_

Are any members of your immediate family (*parents, siblings, children*) addicted to alcohol and/or drugs?  Yes  No

If yes, who? \_\_\_\_\_

Your drug of choice? \_\_\_\_\_

Other drugs used? \_\_\_\_\_

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

Do you have any other addictions we should know about?

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

**ADDICTION HISTORY (cont.)**

What is your clean date? \_\_\_\_\_

What is the longest period of time you have been clean/sober?  
\_\_\_\_\_

When was that? \_\_\_\_\_

How? (Explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many rehab programs have you entered?  
\_\_\_\_\_

Did you complete any of them?  Yes  No

Name of most recent facility: \_\_\_\_\_

Length of stay: \_\_\_\_\_

Date of completion/discharge: \_\_\_\_\_

Are you active in any recovery programs?

12-Step \_\_\_\_\_ Faith-based \_\_\_\_\_ Other \_\_\_\_\_

Are you currently working with a sponsor?  Yes  No

**CRIMINAL HISTORY**

Have you ever been arrested?  Yes  No

If yes, how many times? \_\_\_\_\_

Have you been convicted of a misdemeanor?  Yes  No

What was/were the charge(s)? \_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a felony?  Yes  No

What was/were the charge(s)? \_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a sex crime?  Yes  No

What was/were the charge(s)? \_\_\_\_\_  
\_\_\_\_\_

If yes, are you a registered sex offender?  Yes  No

**CRIMINAL HISTORY (cont.)**

If yes to any of the questions in this section, how much time have you spent in jail? \_\_\_\_\_ prison? \_\_\_\_\_

Most recent release date: \_\_\_\_\_

Are you currently on probation or parole?  Yes  No

If yes, until when? \_\_\_\_\_

Name of probation/parole officer: \_\_\_\_\_

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

Do you have any pending charges?  Yes  No

If yes, what charges and what is the status of the case? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MISCELLANEOUS QUESTIONS**

How did you first learn about EPC?  
\_\_\_\_\_  
\_\_\_\_\_

Did a specific person or agency refer you?  Yes  No

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

What do you hope to accomplish while you're at EPC?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long do you think it will take to accomplish these goals?  
\_\_\_\_\_  
\_\_\_\_\_

If accepted, do you have the ability to pay first month's rent and \$200 deposit?  Yes  No

If no, do you have people/resources available to assist you?  
 Yes  No \_\_\_\_\_

I certify that the information provided above is accurate, true and correct. I give permission to EPC staff to contact any individual listed above. I also give permission to EPC to perform a background check to confirm the accuracy and completeness of the information I have provided.

I understand that, if accepted into the EPC/WPH Four-Pillars Program, I will need to pay a \$20 acceptance fee to cover the cost of an initial drug screening test by Alliance Drug Testing Service.

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

\_\_\_\_\_  
**Print Name**

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

**EPC OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Photo ID provided: \_\_\_\_\_ State \_\_\_\_\_ Copy made:  Yes  No

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_