



El Shaddai's Refuge, Inc.
Jarrod Windham, Director
PO Box 4153
Dublin, GA 31040
Phone: 478-463-3555
Fax: 888-368-2425

ELSHADDAISREFUGE@GMAIL.COM

WWW.ELSHADDAISREFUGE.COM

Updated: July 2025

El Shaddai's Refuge, Inc. Intake Application

El Shaddai's Refuge, Inc. is a men's addiction recovery ministry located in southern Laurens County just outside of Dublin, GA. We are situated on approximately 45 acres near a freshwater spring and the Oconee River. We provide men with an environment and recovery program to overcome substance use disorder. Our goal is to equip men with an opportunity to gain needed skills to return to society as a productive citizen. The tools utilized are: continued abstinence through 12-Step Meetings, Biblical applications for living, life skills, relationship skills, educational needs, job preparation, budgeting skills. El Shaddai's Refuge is a 12 - 18 month commitment. A resident's program length is determined using many factors.

Candidates for admission must complete this application and have an in-person or phone interview with the director. False or misleading information could result in denied admission or in being discharged when this becomes known.

Requirements for Admission:

- Be a biological male between ages 25 and 55.
- Agree to abide by all guidelines, fully participate in all aspects of the program (12-step meetings / activities, Christian faith-based meetings / activities, and other recovery related assignments), and refrain from any activity staff deems contrary to recovery or good moral character. (Director reserves the right to enact disciplinary measures or dismissal from El Shaddai's Refuge for any violations.)
- Be physically able to work.
- Be medically able to fully participate in a program that does not provide medical care, dental care, or assistance with medications.
- Be mentally stable and capable of functioning in the El Shaddai's Refuge environment; able to participate in 12-Step Meetings, in-house meetings, and church as well as participate in group discussions, written work, and study assignments.
- Be willing to refrain from the pursuit of all romantic relationships (excluding your spouse to whom you are legally married) while residing at ESR.
- Avoid drugs and alcohol.
- Avoid other mind-altering substances, which can be available over-the-counter and in some energy drinks. (Follow staff's directions).
- Avoid tobacco / nicotine and vaping on or off campus.
- Possess no electronic device (cell phone, tablet, etc.). New residents are required to be device free but will be allowed to communicate with trusted contacts via U.S. mail. Residents will be assigned an ESR cell phone at the director's discretion.
- Understand that not until after 30 days will a resident qualify for a Sunday visitor (church attendance only; must meet standards for visitation as outlined in the Resident Handbook).
- Pay the non-refundable intake fee (\$1,250) and first 4 weeks fees (\$1,460) totaling \$2,710 at intake.
- Maintain the weekly \$365.00 program fees.
- Each resident is limited to an amount of clothing and personal items that he will store in an assigned chest-of-drawers and an assigned section of a shared walk-in closet. We do not have space to store extra belongings.
- **MUST PASS DRUG TEST** the day of intake to El Shaddai's Refuge and willing to take periodic drug tests throughout the stay.
- Submit to a criminal background check.
- **MUST** bring a photo ID to intake.

Receipt of this application does not guarantee acceptance. An applicant must have a written confirmation from the El Shaddai's Refuge director that he has been accepted.

This application form should be completed by the applicant, but a trusted family member / friend, case worker, accountability court coordinator, or other authorized person may complete this if necessary.

Last Name:	First Name:		MI:
Date of Birth:	Email:		Race:
Mailing Address:			
City:	State:	Zip Code:	
Home Phone:	Cell Phone:		Other:
SSN:	Driver License No:		State Issued:
Religion / Religious Background:	Gang Affiliation?: Y N If "Y" explain:		
Occupation / Previous Work:			
List the substances you have abused. Begin with your drug of choice. (i.e., alcohol, marijuana, cocaine, prescription drugs, etc.):			
Have you ever before been in a drug and alcohol program?	Yes	No	
If yes, name the <u>most recent</u> program:			
How long were you there?		Dates of attendance:	
Did you complete the program? Yes No	Number of <u>other</u> programs attended?		
How did you hear about El Shaddai's Refuge?			
Marital Status:	Single	Married	Divorced Separated Widowed
Number of Children:	Pay child support? Current with payments?		
List any physical disability / handicap:			
Are you on Disability, SSI, etc? Reason:			
EMERGENCY CONTACT INFORMATION			
Name:		Relationship:	
Email:		Primary Phone:	

Community Supervision Officer, DFCS Representative, Court Representative, and/or Other Supervising Authority		
Name:	Phone:	
Email:	Frequency of Check-In:	
MEDICAL ISSUES / MEDICATIONS		
List any current medications prescribed to you and why:		
Medication:	Reason:	
Medication:	Reason:	
Medication:	Reason:	
Do you have any known medical or dental problems (including allergies to food, medicine, etc.)?	Yes	No
If yes, describe here:		
List any mental health treatment (give diagnosis if known) and any medications prescribed:		
Have you ever attempted suicide or a suicidal action?	Yes	No
If yes, give date(s) from the last 5 years:		
LEGAL ISSUES		
Do you have any court case(s) pending?	Yes	No
Is yes, explain:		
List your record of criminal charges, jail time, and / or prison time (if applicable):		
Are you a registered sex offender or have a sex charge?	Yes	No
If yes, explain:		
Have you ever been convicted of a violent crime?	Yes	No
If yes, explain:		

EDUCATION	
Highest level of education (circle one):	Some high school High School Diploma GED
Some technical school Technical School Degree Some college education	
College Degree Some post-graduate school education Post-Graduate Degree	
RECOVERY STATEMENT	
In a short paragraph, share why you would like to enter the ESR program:	
FINANCIAL STATUS	
Are you able to pay your initial fees? Yes No If “No” do you have someone to help pay your initial fees? Yes No	
If “Yes” give name and phone number:	
STATEMENTS OF COMMITMENT	
Initial beside each of the following statements to show agreement:	
	I will comply with all the requirements of admission as well as the rules of ESR as stated in the Resident Handbook.
	I have obtained written permission from legal supervision for entering the ESR program (if applicable).
	I am willing to participate in this Christian faith-based program.
	I am willing to participate in 12-step meetings and group meetings.
	I will refrain from activities that the staff deem contrary to recovery and personal growth.
	I agree to refrain from the pursuit of all romantic relationships (other than with my spouse with whom I am legally married) while at ESR.
	I am physically and mentally able to fully participate in all aspects of this program (including work assignments).
	I am willing to do whatever is necessary to be clean and stay clean of drugs and alcohol.
	I , the applicant, personally completed this application? If no, who did?
Applicant's Signature: _____ Date: _____	

If this form was completed by an authorized person - not the applicant, that person should sign his / her own name.