



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. 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 \$500 (*effective 4/01/2022*) 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

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 Mobile Medical Associates, LLC.

Signature **Print Name** **Date**

EPC OFFICE USE ONLY
Received by: _____ Date: _____

Type of Photo ID provided: _____ State _____ Copy made: Yes No

Notes: _____

