



# BIC Overcomers

*“Christ, the unique overcomer, dwells within to make us all overcomers”*

The Brethren In Christ Overcomers serves the San Juan County area through its residential addiction recovery program. We work with men who have succumbed to the pain of addiction through alcohol, drugs or other addictive behavior.

Our methods include a clinical approach, educating the clients on the detrimental effects of drugs and alcohol on the body and how one can become chemically and emotionally dependent with abuse. We balance the clinical aspect of our program with a Christ centered approach to dealing with the spiritual side of addiction.

We house up to eight men, twice a year, in our facilities near Nageezi, New Mexico. We try to supply whatever is needed to provide a decent atmosphere so that our clients may focus their attention on recovery. Each man has his own room with a simple bed and chest of drawers. We provide recreation with a small game room, which has a pool table. We also have a workout room with weights, exercise cycles and other basic equipment. Our curriculum consists of individual counseling, group therapy, Bible study, financial planning, computer basics, family dynamics and responsibility awareness.

We operate our program with a high level of integrity and have gained a good reputation within the judicial community.

We are able to provide quality treatment because of individuals, churches and other organizations that contribute through volunteer service, financial support and program supplies and equipment.

We are continually interviewing for each term. Those who are accepted must be available on the start date for the term they are accepted for in order to enter the program. Applications accepted on a continual basis.

Program Directors are Ralph and Bonnie Yoder

**OVERCOMERS PROGRAM INFORMATION NEW TERM**  
**BIC OVERCOMERS**  
**240 NM 57**  
**Bloomfield NM 87413**  
**505.716.8070**

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

To: \_\_\_\_\_

Thank you for your interest in the BIC Overcomers Program. Your name will be placed on the Waiting List as soon as we receive your completed application. Enclosed is an application, which needs to be completely filled out and returned as soon as possible. If we *do not receive* the application your *name will not* be added to the Waiting List.

WHAT: Long term residential and aftercare alcohol/drug rehabilitation program for men- three (3) months residential and three (3) months aftercare.

WHO: Maximum number of eight (8) men accepted.

WHERE: 30 miles South of Bloomfield, NM on the Brethren In Christ Mission campus

COST: \$1500 (\$300 due on check in, remainder due before end of residential term)

CONTACT: Ralph or Bonnie Yoder, Directors, BIC Overcomers

INFORMATION REQUIRED

1. **Application and questionnaire completely filled out**, signed and returned as soon as possible. It is important to include phone numbers and personal/family contact name when requested. Read and sign Program Policies and return with application. **Only sign** the Request for Release of Information and return with application.
2. **If you are currently in prison**, include your **classification officer's name, phone number and mailing address on the application.**
3. **If you are currently in SJDC, DWI Center or any other detention center or on probation** you **MUST** include your **probation officer and/or attorney, phone number and address on the application.**
4. **If the above information is not included then your application cannot be processed for an interview date.**

**NOTE:**

**YOUR NAME ON THE WAITING LIST DOES NOT MEAN ACCEPTANCE  
INTO THE OVERCOMERS PROGRAM.**

The BIC Overcomers will contact you for an interview. Those accepted into the program will be notified by letter.

You must be available to enter the program on the first day unless other arrangements are made in advance WITH YOUR PAROLE OFFICER OR CLASSIFICATION OFFICER OR OTHER REFERRAL CONTACT PERSON AND THE NAVAJO BIC OVERCOMERS.

# BIC Overcomers

240 Hwy 57 Bloomfield, NM 87413

Phone: 505.716.8070

Fax: 1.855.710.8028

## CONFIDENTIAL INFORMATION APPLICATION

Filling out and signing this application gives us the right to contact persons named for additional information.

Filling out this application does not indicate acceptance into the program.

DATE \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Social Security Number \_\_\_\_\_ CIB Number \_\_\_\_\_

Ethnicity: Native American \_\_\_\_\_ Tribe \_\_\_\_\_ Hispanic \_\_\_\_\_ African American \_\_\_\_\_ Anglo \_\_\_\_\_

If Navajo, which Chapter House are you affiliated with: \_\_\_\_\_

Current  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone  
Number \_\_\_\_\_

*(Please indicate location of phone i.e.: parent, wife, etc. Include message phone number, cell, etc.)*

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

Spouse's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Include work and or cell number)

Children (How Many & Ages) \_\_\_\_\_

If Currently Incarcerated: Admission Date \_\_\_\_\_ Expected Release Date \_\_\_\_\_ Where \_\_\_\_\_

Classification Officer Name/Mailing Address & Phone Number \_\_\_\_\_

Court Date Pending? No \_\_\_\_\_ Yes \_\_\_\_\_ When \_\_\_\_\_ Where/What Court \_\_\_\_\_

Referred By \_\_\_\_\_

Name of:  
Probation/Parole Officer \_\_\_\_\_ Phone \_\_\_\_\_

Public Defender/Attorney \_\_\_\_\_ Phone \_\_\_\_\_

Judge/Judges \_\_\_\_\_ Phone \_\_\_\_\_

List All Charges, Past & Current \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received treatment for addiction \_\_\_\_\_

When and Where did you receive treatment \_\_\_\_\_

Have you been tested for HIV or AIDS? \_\_\_\_\_ Date of testing \_\_\_\_\_ Results \_\_\_\_\_

Circle Any of the Following Items That You Have Had Problems with Within the Last Two (2) Years:

Allergies    Anxiety    Asthma    Bleeding    Depression    Diabetes    Diarrhea    Dizziness

Heart Problems    Hepatitis    High Blood Pressure    Insomnia    Liver Problems    Memory Loss

Open Sores    Stress    Others: \_\_\_\_\_

Recently Lost or Gained Weight? \_\_\_\_\_ Number of Pounds \_\_\_\_\_

List All Hospitalizations Over Past 2 Yrs. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List All Current Medications \_\_\_\_\_

List All Allergies \_\_\_\_\_

Circle Highest Level of Education: 7 8 9 10 11 12 GED College \_\_\_\_\_ years \_\_\_\_\_ other \_\_\_\_\_

What Kind of Work Have You Done In the Last Five (5) Years \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do You Attend Church \_\_\_\_\_ Where \_\_\_\_\_ Name of Church \_\_\_\_\_

Describe Your Spiritual Life \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circle Yes or No To The Following:

Are You Having Financial Problems?	Yes	No
Are You Having Marital Problems?	Yes	No
Are You Having Problems With Your Children?	Yes	No
Have You Ever Attempted Suicide?	Yes	No
Have You Ever Been Sexually Assaulted?	Yes	No
Do You Think You Have A Drug Problem?	Yes	No
Do You Think You Have An Alcohol Problem?	Yes	No
Have You Ever Tried To Stop Any Type Of Addiction?	Yes	No
Are You Ready To Work On Your Problems?	Yes	No

Additional Information (Use this space for any additional information that you want us to know) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# MAST

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

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

**Instructions:** Place an X on the line to indicate your response.

**YES**

**NO**

- |  |       |       |
|--|-------|-------|
| 1. Do you feel you are a normal drinker?   | _____ | _____ |
| 2. Have you ever awakened the morning after some drinking the night before and found that you could not remember part of the evening before? | _____ | _____ |
| 3. Does your wife or parents ever worry or complain about your drinking?   | _____ | _____ |
| 4. Can you stop drinking without a struggle after one or two drinks?   | _____ | _____ |
| 5. Do you ever feel bad about your drinking?   | _____ | _____ |
| 6. Do friends or relatives think you are a normal drinker?   | _____ | _____ |
| 7. Do you ever try to limit your drinking to certain times of the day or to certain places?  | _____ | _____ |
| 8. Are you always able to stop drinking when you want to?  | _____ | _____ |
| 9. Have you ever attended a meeting of Alcoholics Anonymous AA?  | _____ | _____ |
| 10. Have you gotten into fights when drinking?   | _____ | _____ |
| 11. Has drinking ever created problems with you and your wife?   | _____ | _____ |
| 12. Has your wife or other family member ever gone to anyone for help about your drinking?   | _____ | _____ |
| 13. Have you ever lost friends or girlfriends because of your drinking?  | _____ | _____ |
| 14. Have you ever gotten into trouble at work because of drinking?   | _____ | _____ |
| 15. Have you ever lost a job because of drinking?  | _____ | _____ |
| 16. Have you ever neglected your obligations, your family, or your work for 2 or more days in a row because you were drinking?               | _____ | _____ |
| 17. Do you ever drink before noon?   | _____ | _____ |
| 18. Have you ever been told you have liver trouble? Cirrhosis?   | _____ | _____ |
| 19. Have you ever had delirium tremens DTs, severe shaking, after heavy drinking?  | _____ | _____ |
| 20. Have you ever gone to anyone for help about your drinking?   | _____ | _____ |
| 21. Have you ever been in a hospital because of your drinking?   | _____ | _____ |

22. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem? \_\_\_\_\_

23. Have you ever been seen at a psychiatric or mental health clinic, or gone to a doctor, social worker, or clergyman for help with an emotional problem in which drinking has played a part? \_\_\_\_\_

24. Have you ever been arrested, even for a few hours, because of drunk behavior? \_\_\_\_\_

25. Have you ever been arrested for drunk driving or driving after drinking? \_\_\_\_\_

## Request for Release of Information

I, \_\_\_\_\_, give the BIC Overcomers permission to receive from/give to any records and pertinent information necessary for my treatment. This includes verbal and written information that includes consulting with attorneys and/or probation and parole officers regarding the possible admission, progress, termination and discharge from the BIC Overcomers.

### Check Specific Information Requested

\_\_\_\_\_ Immunization Record

\_\_\_\_\_ Court Records

\_\_\_\_\_ Health Records

\_\_\_\_\_ Probation/Parole Records

\_\_\_\_\_ Health Summary

\_\_\_\_\_ Evaluation Reports  
(D/A, psychological, etc.)

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_

This request is valid for up to one year after the date of signatures. A completed copy is also valid. The BIC Overcomers will only release information that it directly produces.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Overcomers Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

# PROGRAM POLICIES

## BIC Overcomers

THE FOLLOWING POLICIES ARE NECESSARY TO MAINTAIN ORDER IN A GROUP SETTING.  
VIOLATIONS OF ANY OF THESE POLICIES IS GROUNDS FOR DIMISSAL.

1. Alcohol, tobacco products street drugs and **energy drinks** are not permitted at any time throughout the Overcomers Program.
2. No weapons of any kind are permitted.
3. Clients will respect the authority and direction of the staff and maintain respect toward other clients and property at all times.
4. Clients will not glamorize past alcohol/drug abuse.
5. Upon admission personal belongings will be searched and contraband removed. All personal belongings and residential areas must be keep free of all contraband to avoid being searched throughout the program.
6. All medications will be kept locked in the staff office.
7. Clients are subject to drug and alcohol testing at any time. By signing below, you are consenting to a search of your person and possessions while you are in the program. All contraband will be removed.
8. Clients will participate fully in all aspects of the Program.
9. Clients will keep their room and personal belongings clean and neat.
10. Due to the remoteness and limited phone availability your calls in and out will be limited. Incoming calls will be responded to by taking a message. Return calls may be made at staff's discretion. Messages will be posted by the staff office window. **COLLECT CALLS WILL NOT BE ACCEPTED.** Personal calling cards will be used for long distance calls. Calling cards are available in the Office. Family calls can be made and received during posted client phone hours.
11. Food and/or beverages are not permitted in the residential areas, weight room or restrooms at any time.
12. Bandanas, sunglasses, **sodas and food** are not permitted during sessions may have coffee or water.
13. All offices and residences are off limits except with staff's permission.
14. Visiting hours are for family members only. Overnight stays are not permitted.
15. Visitors staying for meals are expected to contribute \$1.00 per person per meal.
16. Clients are not to sit in vehicles during visitation.
17. Everyone is to be in the dining room on time for meals.
18. On the event a client leaves the program before graduation, then he may not come on the property occupied by the Overcomers for the duration of the term.
19. Personal videos, tapes, compact discs, cell phones, pagers, radios, clock radios and all other electronic equipment are not permitted.
20. Any violation of these policies, or assisting a client in breaking any of these policies, are grounds for dismissal.
21. Clients will participate in Aftercare immediately after completing the residential term.
22. Immediate family members are strongly encouraged to participate in family counseling sessions, family visits and family day.

I hereby agree to submit to the above policies while participating in the Overcomers Program.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_