

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2005**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2005 calendar year, or tax year beginning 1-1-2005, 2005, and ending Dec 31, 2005**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☒ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific instructions.

C Name of organization**Galaxy Star Drug Awareness Program**

Number and street (or P.O. box, if mail is not delivered to street address):

P.O. Box IS 8953

Room/suite:

City or town, state or country, and ZIP + 4

Nashville, TN 37219**D** Employer identification number**36 : 4461508****E** Telephone number**(615) 262-0136****F** Group Exemption Number **►**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) **►****I** Website: **►** galaxystardrugawareness.org**J** Organization type (check only one)—☒ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. **►** \$ **52,212****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 38 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	13,053
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	0
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
Expenses	6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	6
	8	Other revenue (describe ► <u>see attachment #1</u>)	8	39,159
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).	9	52,212
	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	50,258
	15	Printing, publications, postage, and shipping	15	1,301
	16	Other expenses (describe ► <u>see attachment #2</u>)	16	2,588
	17	Total expenses (add lines 10 through 16)	17	54,147
	18	Excess or (deficit) for the year (line 9 less line 17)	18	-1,935
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	19	0
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	-1,935

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 41 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0 m t 2000	22 -1,935
23 Land and buildings	0	23 0
24 Other assets (describe ►)	0	24 0
25 Total assets	0	25 -1,935
26 Total liabilities (describe ►)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 m t 2000	27 -1,935

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642i

Form 990-EZ (2005)

I will mail in my amended return Back to:

Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>To foster positive relationships</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28 The organization was able to provide adequate housing to recovering addicts		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	50,258
29 Provided an environment of growth and development conducive to the rights, needs and desires of all people.		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 Provided addicts with quality supported services within the community.		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (attach schedule)		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	50,258

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Lonnie Greenlee 2627 Carter Nashville, TN 37206	40 hours/President	-0-	-0-	-0-
Mary I. Horn	40 hours/Executive	-0-	-0-	-0-
Clemminie Greenlee	Outreach Coordinator	3,000	-0-	-0-

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		✓
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	37a		
b Did the organization file Form 1120-POL for this year?	37b		✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		✓
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.	40b		✓
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d Enter amount of tax on line 40c reimbursed by the organization			

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)**41** List the states with which a copy of this return is filed. ▶ Tennessee**42a** The books are in care of ▶ Mary Horn Telephone no. ▶ (615) 573-6525
Located at ▶ 2627 Carter Ave. ZIP + 4 ▶ 37206**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		✓
42c		✓

If "Yes," enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here. ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43**Please
Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶ Lonnie Greenlee
Signature of officer

Date

▶ Lonnie Greenlee President
Type or print name and title.6-19-06**Paid
Preparer's
Use Only**Preparer's
signature ▶

Date

Check if
self-
employed ▶ ☐

Preparer's SSN or PTIN (See Gen. Inst. W)

Firm's name (or yours
if self-employed),
address, and ZIP + 4 ▶

EIN ▶

Phone no. ▶ ()

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2005

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

Galaxy STAR DRUG AWARENESS, INC.

36-4461508

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>NONE</u>				
Total number of other employees paid over \$50,000 . ▶				

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of other contractors receiving over \$50,000 for other services ▶		

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) N/A (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) N/A (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ a ☐ if the organization belongs to an affiliated group. Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
If the amount on line 40 is— The lobbying nontaxable amount is—			
Not over \$500,000 20% of the amount on line 40			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000 \$1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41).	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50 on page 11 of the instructions.)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

SCHEDULE OF OTHER INCOME/REVENUE

- Attachment 1: page 1 – 990 – EZ page 1, Part I, Line 8

[illegible]

SCHEDULE OF OTHER EXPENSES

- Attachment 2: page 1 – 990 – EZ page 1, Part I, Line 16

Open to public Inspection	For calendar year 2005 or tax period beginning 01-01-2005, and ending 12-31-2005	
Name of organization GALAXY STAR DRUG AWARENESS, INC.		Employer identification Number 36-4461508
	Description	Amount
	Awards	856.80
	Bank fee	144.00
	Business License (Ins)	328.85
	Home Maintained and Repaid	209.63
	Professional Fees	154.90
	Groceries	893.42
		Page Total <u>2587.60</u>
		Total <u>2587.60</u>



GALAXY STAR DRUG AWARENESS

24-Hour Emergency Transient Services Center Schedules In/Outpatients / After Care

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00 -8:30 A.M.	Breakfast Meditation Day labor	Breakfast Meditation Day labor	Breakfast Meditation Day labor	Breakfast Meditation Day labor	Breakfast Meditation Day labor	Breakfast Meditation Day labor	Breakfast Meditation
9:00-9:45 A.M.	Personal Hygiene and living skills	Details Checked	Health fitness Excellence	Details Checked	Personal Hygiene and living skills	Outreach Activity	Church
10:00-11:30 A.M.	Group Therapy	Group Therapy	Group Therapy	Group Therapy	Women support group	Outreach Activity	Church
11:30-1:00 P.M.	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Free time
1:00-2:30 P.M.	Music Therapy	Activity therapy and living skills	Step Education	Stress Management	G.E.D. Preparation	Youth support Group	Free time
2:30- 3:30 P.M.	HIV/AIDS Prevention Class	Group Counseling	Defocusing (Relapse) Prevention	HIV/AIDS Basic Ed Class	Justices System Therapy Group	Outreach Free Time	Community Dinner & Family visits
4:00 -5:00 P.M.	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Family Visits & Video
6:00 - 6:30 P.M.	Study Time Or News	Anger Management Classes	Study Time Or News	Study Time Or News	Study Time Or News	Study Time Or News	House meeting with Staff
7:00 - 8:30 P. M.	Spiritual Enhancement	Grace meeting	Bible Study Meeting	Galaxy star Community Support Group	Men support group	A.A. C.A. N.A. Meeting	House meeting with Staff
8:30 -9:00 P.M.	Snacks	Snacks	Snacks	Snacks	Snacks	A.A. C.A. N.A. Meeting	Snacks
9:30-10:00 P.M.	12 Step meeting	<u>Wash Day & Detail Cleaning in the facilities</u>	12 Step meeting	12 Step meeting	12 Step meeting	<u>Wash Day & Detail Cleaning in the facilities</u>	Meditation Time
10:00-11:00 P.M.	Curfew	Curfew	Curfew	Curfew	Curfew	Curfew	Curfew
We do Referral	<u>Note:</u> Any one that is seeking help to stay off alcohol and drugs is welcome to come in this facility at any time.	<u>Note:</u> Make up your mind. Detour Get Back on TRACK for LIFE!	<u>Note:</u> The model program is designed around a rotating team of volunteers	<u>Note:</u> HIV/AIDS OraSure Testing Available Families are welcome.	<u>Note:</u> Join the T.R.W.P.T. The Recovery Work Program Team	<u>Note:</u> Detail Cleaning Tue - Sat of each month Cleaning is done every day	<u>Note:</u> Personal Hygiene Included: 1. Shower 2. Change of Clothes 3. Healthy Snacks

Curfew Hour

Sunday-Thursday 10:00 p.m.

Friday-Saturday 11:00 p.m.

.....

701-Chickasaw Ave
Nashville, TN 37207
Phone 615.228.5467 or 573.6525
Office & Fax # 615.262.0136
Email Galaxystarda@aol.com
www.galaxywstardrugawareness.org

Galaxy Star Drug Awareness

Our Mission Statement

To educate the people in Nashville, TN Davidson County about the relationship between violent crimes, homelessness, substance abuse, and the spread of HIV/AIDS in the community.

OUR PURPOSE:

To foster positive relationships between the addicted persons and their families

THE BUSINESS:

To educate and referral recipients into other agencies such as; treatment center and halfway houses

THE VALUES:

To promote life free from the chains of substance abuse, and free from crime and violence. Every life changed, strengthens the greater community

We Do Make A Difference · · · · ·

.....

Galaxy Star Drug Awareness

Description of Recovery Support Services

24-Hour Emergency

Galaxy Star Drug Awareness provides the following resources for services needed:

1. Educations and Vocational Training
2. Daily Meditation
3. Three out side meeting (NA, AA or CA)
4. Two Mandatory meetings per week
5. Basic 12-step studies
6. Biblical Study and Counseling
7. Family counseling Referral
8. Transitional Housing Services
9. 24-hour Help Line one staff on site
10. Job Referral
11. Foster positive relationships
12. HIV/AIDS Pre/Intervention Classes
13. HIV Testing

Drug Testing Policy/Procedure

Drug testing is Randomly done to determine the client status upon his arrival.
We random drug test a client once a month.

Recovery Support Groups

Mandatory meeting are require from out clients

- a. Two in-house meetings weekly. (Spiritual Enhancement, Galaxy Star Support Group)
- b. Three out-side meeting (NA, AA, CA)

Transportation

At the presence time Galaxy Star is using their own vehicle to transport, clients to and from out-side meetings and other services of needs.

Case Management

Galaxy Star partnership with Bride of Christ and they will be doing our Case Management for the client's documentation will be provided for the clients to receive social security card, food stamps, drivers licenses, medical treatment as well as getting into a Treatment Center

We DO Make A Difference!

.....

.....

Galaxy Star Drug Awareness

Description of Recovery Support Services

24-Hour Emergency

Galaxy Star Drug Awareness provides the following resources for services needed:

1. Educations and Vocational Training
2. Daily Meditation
3. Three out side meeting (NA, AA or CA)
4. Two Mandatory meetings per week
5. Basic 12-step studies
6. Biblical Study and Counseling
7. Family counseling Referral
8. Transitional Housing Services
9. 24-hour Help Line one staff on site
10. Job Referral
11. Foster positive relationships
12. HIV/AIDS Pre/Intervention Classes
13. HIV Testing

Drug Testing Policy/Procedure

Drug testing is Randomly done to determine the client status upon his arrival.
We random drug test a client once a month.

Recovery Support Groups

Mandatory meeting are require from out clients

- a. Two in-house meetings weekly. (Spiritual Enhancement, Galaxy Star Support Group)
- b. Three out-side meeting (NA, AA, CA)

Transportation

At the presence time Galaxy Star is using their own vehicle to transport, clients to and from out-side meetings and other services of needs.

Case Management

Galaxy Star partnership with Bride of Christ and they will be doing our Case Management for the client's documentation will be provided for the clients to receive social security card, food stamps, drivers licenses, medical treatment as well as getting into a Treatment Center

We DO Make A Difference!

.....

701-Chickasaw Ave
Nashville, TN 37207
Phone 615.228.5467 or 573.6525
Office & Fax # 615.262.0136
Email Galaxystarda@aol.com
www.galaxywstardrugawareness.org

Galaxy Star Drug Awareness

Our Mission Statement

To educate the people in Nashville, TN Davidson County about the relationship between violent crimes, homelessness, substance abuse, and the spread of HIV/AIDS in the community.

OUR PURPOSE:

To foster positive relationships between the addicted persons and their families

THE BUSINESS:

To educate and referral recipients into other agencies such as: treatment center and halfway houses

THE VALUES:

To promote life free from the chains of substance abuse, and free from crime and violence. Every life changed, strengthens the greater community

We Do Make A Difference · · · · ·



24-Hour Emergency Transient Services Center Schedules In/Outpatients / After Care

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00 -8:30 A.M.	Breakfast Meditation Day labor	Breakfast Meditation Day labor	Breakfast Meditation Day labor	Breakfast Meditation Day labor	Breakfast Meditation Day labor	Breakfast Meditation Day labor	Breakfast Meditation
9:00-9:45 A.M.	Personal Hygiene and living skills	Details Checked	Health fitness Excellence	Details Checked	Personal Hygiene and living skills	Outreach Activity	Church
10:00-11:30 A.M.	Group Therapy	Group Therapy	Group Therapy	Group Therapy	Women support group	Outreach Activity	Church
11:30-1:00 P.M.	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Free time
1:00-2:30 P.M.	Music Therapy	Activity therapy and living skills	Step Education	Stress Management	G.E.D. Preparation	Youth support Group	Free time
2:30- 3:30 P.M.	HIV/AIDS Prevention Class	Group Counseling	Defocusing (Relapse) Prevention	HIV/AIDS Basic Ed Class	Justices System Therapy Group	Outreach Free Time	Community Dinner & Family visits
4:00 -5:00 P.M.	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Family Visits & Video
6:00 - 6:30 P.M.	Study Time Or News	Anger Management Classes	Study Time Or News	Study Time Or News	Study Time Or News	Study Time Or News	House meeting with Staff
7:00 - 8:30 P. M.	Spiritual Enhancement	Grace meeting	Bible Study Meeting	Galaxy star Community Support Group	Men support group	A.A. C.A. N.A. Meeting	House meeting with Staff
8:30 -9:00 P.M.	Snacks	Snacks	Snacks	Snacks	Snacks	A.A. C.A. N.A. Meeting	Snacks
9:30-10:00 P.M.	12 Step meeting	<u>Wash Day & Detail Cleaning in the facilities</u>	12 Step meeting	12 Step meeting	12 Step meeting	<u>Wash Day & Detail Cleaning in the facilities</u>	Meditation Time
10:00-11:00 P.M.	Curfew	Curfew	Curfew	Curfew	Curfew	Curfew	Curfew
We do Referral	<u>Note:</u> Any one that is seeking help to stay off alcohol and drugs is welcome to come in this facility at any time.	<u>Note:</u> Make up your mind, Detour Get Back on TRACK for LIFE!	<u>Note:</u> The model program is designed around a rotating team of volunteers	<u>Note:</u> HIV/AIDS OraSure Testing Available Families are welcome.	<u>Note:</u> Join the T.R.W.P.T. The Recovery Work Program Team	<u>Note:</u> Detail Cleaning Tue - Sat of each month Cleaning is done every day	<u>Note:</u> Personal Hygiene Included: 1. Shower 2. Change of Clothes 3. Healthy Snacks

Curfew Hour

Sunday-Thursday 10:00 p.m.

Friday-Saturday 11:00 p.m.