

Haven of Rest Ministries, Inc.

Mission Application Form

Attach picture here **FOR HAVEN STAFF TO COMPLETE**

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 \applicationmaster.xlsxm Revised: 6/23/2014

STAFF MEMBER TO FILL OUT:

Check in Date: (m/d/yyyy)
 Prior Stays: First: Second:
 Third: Other:
 First Name:
 Middle Name:
 Last Name:
 Goes By:
 DOB:
 Last 4 digits SS # *** - *** -

Proof of ID:

Driver's License #
 State ID #

Passport #
 Veterans ID #

Staff Member's Name:

APPLICANT TO FILL OUT:

Home Address:
 Street City State Zip

Phone #:
Just enter numbers area code first

Marital Status: Single Married Separated Divorced Widowed

Race: Black White Other:

Referred by:

<input type="checkbox"/> Police Officer	<input type="checkbox"/> Chaplain	<input type="checkbox"/> Friend
<input type="checkbox"/> Prison County	<input type="checkbox"/> Court Order	<input type="checkbox"/> Hospital
<input type="checkbox"/> Prison Federal	<input type="checkbox"/> Family	<input type="checkbox"/> Pastor
<input type="checkbox"/> Prison State	<input type="checkbox"/> Other:-->	<input type="text"/>
<input type="checkbox"/> Walk-In	<i>(Other reference)</i>	

Arrived from what state: Veteran: Yes No Branch:

Education History:

Last Grade Completed: High School Name:
 Graduated H.S.: Yes No GED: Yes No
 College: Yes No Graduated: Yes No
 Name of College: Course of Study:

Do you draw a disability check? Yes No If Yes, why?

NOTE: Mission Clients cannot move to the Men's Training Center if drawing disability.

If applicable upon entry, Donation Amount:

Client's Name: _____

Emergency Contact Information

Name:		Relationship:	Phone #:	
			<i>Just enter numbers area code first</i>	
Address:				
Street	City	State	Zip	

Name:		Relationship:	Phone #:	
			<i>Just enter numbers area code first</i>	
Address:				
Street	City	State	Zip	

Name:		Relationship:	Phone #:	
			<i>Just enter numbers area code first</i>	
Address:				
Street	City	State	Zip	

Law Enforcement Record

If applicable, most **recent** charges and/or any **pending** charges:

Probation? Yes No Parole? Yes No Parole Violations? Yes No

Explain:

Parole and/or Probation Officer: (NOTE: If client is on probation or parole, he MUST complete this)

Name of Officer: _____
P.O. Work Address: _____
Street City State Zip
Phone #: _____
Just enter numbers area code first

Sentence: _____

Any upcoming Hearings or Court Dates? Yes No
Date: _____ Time: _____ Date: _____ Time: _____

Any other legal record(s)

Charge(s) _____
City Address: _____
Street City State Zip

Disposition: _____
Comments _____

Are you registered as a sex offender? Yes No (Note: Haven Required To Check)
Have you ever been arrested for a sex crime? Yes No (Note: Haven Required To Check)
Do you have any pending court charges? Yes No
If any of these apply, give location and date:

(Sign) I _____ understand that the Haven of Rest Ministries, Inc. is obligated through a working relationship with probation and parole to contact any probation officer immediately if I leave the program prematurely.

Client's Name:	DOB:	
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Medical History

1. Family Doctor: _____

Home Address: _____

Street **City** **State** **Zip**

Phone #: _____
Just enter numbers area code first

Last Visit: _____ With Whom: _____
(if Different From Dr. Named Above)

2. Have you had any of the following: (Answer yes or no)

Hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bleeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bad Back	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Attack/Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	TB Tuberculosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aids	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Do you have any other medical problems not listed above? Yes No

If yes please explain here (please print): _____

Any Allergies? Yes No

If yes please explain here (please print) _____

3. Are you CURRENTLY taking any medications? Yes No

Name of Meds	Directions
Med1 _____	Dir1 _____
Med2 _____	Dir2 _____
Med3 _____	Dir3 _____
Med4 _____	Dir4 _____
Med5 _____	Dir5 _____

4. Have you ever used needles? Yes No

	No	Yes – Date of Last Test	Positive	Negative	Type
Have you ever had an HIV test?	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	A, B, or C
Have you ever been tested for Hepatitis?	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been tested for tuberculosis (TB)?	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

5. Do You Have Insurance? Yes No

Have We Copied Your Card? Yes No

Person Who Can Verify Your Coverage? _____ Phone? _____

Company Name: _____

Client Name:

New Client Questionnaire

1. What are the reasons you came to the Haven of Rest?

2. What were/are your biggest concerns when you came to the Haven of Rest?

3. Do the family members you are responsible for have financial and family support while you are here?

4. How long do you plan to stay at the Haven of Rest?

5. How serious are you in making changes in your life while here at the Haven?

6. What limitations do you have that would hinder you from working the program?

7. Have you asked the Lord Jesus Christ to forgive you of your sins, save you from hell and take you to heaven to be with Him when you die? Have you given your life to Him?

This is the end of the computer entered application form. The remainder requires signatures and other written answers. Print the application complete to here, and fill in the remaining parts.

Client's Name:

Haven of Rest Ministries, Inc.
Rules and Regulations

The Haven of Rest Ministries, Inc. and its programs are Christian facilities and clients are expected to treat them as such. Alcohol, Drugs, Gambling, Profanity, or Pornographic Literature in any form ARE forbidden and are grounds for immediate dismissal from the ministries and its facilities!

(Initial)

1. First 30 days:

- No contact with family or friends is allowed during the first 30 days at the Haven.
- No phone calls
- No mail
- No visitors
- No passes

2. Zero Tolerance Policy:

- Clients caught drinking or taking drugs will automatically be dismissed from the mission—no exceptions.
- Clients are prohibited from bringing in printed materials except Bibles
- Clients are prohibited from bringing in any electronic devices such as, but not limited to, CD's, DVD's, videos, musical instruments, phones, VCR's, ipods, MP3's, or TV's.
- Stealing from the mission, Clients, staff, or store is grounds for immediate dismissal.
- Clients demonstrating sexual misconduct toward other Clients and/or staff; this would include sexual harassment, sexual advancement, sexual activity, public displays, use of pornography, or any other immoral act by Biblical definition.

3. Weapons:

- Guns, knives, any sharp items, or any item that can be used as a weapon is prohibited.

4. Passes:

- **No passes for the first 30 days**
- No Passes will be allowed until the Client reaches the Transition Dorm (A Dorm).
- Clients will be subject to random alcohol, drug and or nicotine testing upon returning to the mission from pass.
- Client must sign out with staff or RA upon departure after receiving staff and Director approval and sign back in with staff or RA upon arrival back at mission from pass.
- No Client may leave property for any reason without permission from staff
- Client must complete a pass request form by Wednesday evening for the upcoming weekend.
- Passes are only available on Sunday's from 1 PM to 5 PM, except,
- A Saturday pass will be permitted if the family travels more than 100 miles to the Mission.

5. Respect:

- No disrespect of staff or RA, store management or distribution center management will be allowed.
- No slander or gossip is permitted.
- No disrespect of any other Client will be allowed.
- No pairing off to exclusion of others.
- No off-colored or ethnic jokes.
- No negative attitude, flagrant disobedience, and no threats or blunt disrespect towards staff, Client, or visitors will be tolerated and are grounds for immediate disqualification from any program and dismissal from mission grounds

6. Chapel/Church:

Chapel Is Held At The Mission At 7:00 Pm Every Night Except Wednesday And Sunday.

- You must be on time for chapel/church.
- If no chapel is held, you must still report to the chapel at 7:00 PM for worship and roll call.
- No inappropriate talking, laughing, or other loud noises in or during chapel or church services.
- No gum, candy, or eating in chapel or church services.
- No hats allowed in chapel or church services.
- No going to the restroom, to get water, walking around, or going outside during chapel or church services.
- No smoking or tobacco in any form at any church or on the grounds of any church—this is grounds for dismissal from the mission.

7. Wake up call is at 6:00 AM every day except Sunday and specific holidays.

- Clients must get up at 6:00 AM, make their bed, get dressed, put clothes in laundry bag/locker/dresser as appropriate, clean area around bed and locker prior to breakfast. (Breakfast is at 6:30 AM.).
- You must be on time for roll call and morning devotion at 7:00 AM.

8. Dorms:

- No gum, candy, food, eating or drinking in dorms or designated classes at the mission. Eating & drinking is only allowed in the cafeteria at the mission.
- Dorms, lockers, other storage, and beds must be kept neat and clean at all times. Each Client is responsible for his own bed, locker, and dorm. Dorms and lockers are subject to inspection at any time.
- Items to be laundered should be turned in according to scheduled time.
- Clients are not allowed to visit other dorms.

9. Hygiene:

- Clients are responsible for maintaining personal hygiene, which includes:
 - Shaving daily.
 - Bathing daily with soap.
 - Putting on clean clothes every day.
 - All Clients must wear antiperspirant or deodorant daily. Cologne cannot be used in place of antiperspirant.
 - Wash hair regularly with shampoo. Comb/brush hair and keep neatly groomed daily.
 - Brush teeth using toothpaste and toothbrush daily.

10. Attire:

- No shorts unless during outside sport events.
- No baggy pants in any form & no pants dragging the floor; must wear a belt with the pants.
- No head rags.
- No shirts worn with advertisement of any type alcoholic beverages, secular music, cigarettes, or any other non-Christian type logo.
- Pajamas and bed clothes not allowed outside dorms.
- All men must wear appropriate shirts and trousers to Sunday services (blue jeans and tennis shoes are only allowed for Wednesday night services).
- Hair to be kept neat at all times. Hair length cannot exceed collar. This includes beards being kept neatly trimmed.

11. Medications::

- All medications must be properly labeled (name of Client, doctor's name and phone number, name of medication, directions, pharmacy name and address) and given to staff and locked in office cabinet. This will be strictly enforced. Keeping medications in your possession is grounds for immediate dismissal.
- Medications are given out between 6:15 AM – 6:30 AM. and 8:00 PM. – 8:15 PM **by staff only**.

12. Tobacco::

- This is a tobacco-free facility. If you are caught with tobacco products in your possession, you are subject to dismissal from the Haven. Smoking in the building is grounds for immediate dismissal.

13. Money, cards, etc.:

- Clients are not allowed to keep more than \$5 in their possession at any time. Any amount of money over \$5 must be turned in to staff and kept in escrow.
- Clients are not allowed to possess credit cards, debit cards, or gift cards. All cards must be turned in to staff while at the Haven.
- Borrowing money or personal belongings from other Clients or staff is prohibited
- Receipts showing items purchased are required for any money that is spent.

14. Appointments:

- A 48-hour notice is required prior to all appointments, including, but not limited to, doctor, dentist, court, etc. except in emergencies.
- The request form must be completed and turned in to staff 48 hours prior to appointment.
- All appointments must be approved by staff.

15. Phone Calls:

- Clients are allowed one (1) 10-minute phone call per week after the first 30 days.
- Clients must log any phone use, no matter what the occasion.
- Clients are not allowed to make or receive phone calls to/from women other than immediate family, and those only after 30 days at Haven.
- Violation of these guidelines will mean loss of phone privileges and/or possible dismissal.

16. Dating:

- Clients are not allowed to date while in any program at the Haven
- Clients are not allowed to carry on conversations or write letters or notes for the purpose of attempting to start a dating relationship, whether on the grounds of the Haven, at churches, at home on pass, or attending other events while in any program at the Haven.

17. Visitors:

- Clients are prohibited from having visitors during the first 30 days.
- Clients cannot “visit” inside vehicles or in the parking lot.
- Visitors must log in upon arrival before visiting with Client and log out with staff when leaving.

18. TV/Movies:

- All TV shows and movies must be approved by the Director or Assistant Director prior to viewing.

19. Purchases:

- No purchase in any thrift stores by Clients! Clients are not allowed to make purchases from the thrift stores for themselves or for anyone else while they are Clients at the Haven.
- Clients may not receive or keep anything given to them at the stores by customers or other Clients.
- See “Store Rules” for rules regarding thrift stores.

20. Mentors:

- Director must approve all mentors for Clients prior to beginning of mentor/mentee relationships.
- Mentor must be familiar with and understand Client rules prior to beginning of mentor/mentee relationship.

21. Vouchers:

- If clothes are needed, the staff member checking you in will issue a written voucher. You will then be able to go to one of the thrift stores to have it filled. Items can only be given if available and needed as **follows**:
 - 1 Church clothes: shirt-2; pants-2; socks-3, underwear-3, dress shoes-2 pr
 - 2 Casual wear: shirt-2, pants-2, socks-3, underwear-3, tennis shoes-1 pr
 - 3 Work clothes: shirts-2, pants-3, socks-3, underwear-3, work boots-1 pr
- Coats & Jackets are provided if needed.
- Clothing needs will be re-evaluated as needed
- The Thrift Store issues and fills vouchers on Monday – Friday at 3:00 p.m.
- Staff may decline to give or fill a voucher at their discretion.

22. Personal Clothing and Other Items:

- All Clients are required to take all their personal items with them when they leave the Haven's premises, regardless of reason. If you do not take your belongings with you, you must have a copy of a statement signed by you and the Director, Supervisor, or Staff on Duty, stating who will be picking up your belongings and when they will be picked up. Belongings must be picked up within 48 hours. Belongings left longer than 48 hours will be considered a donation to the ministry and will be handled as such.

23. Automobiles:

- Clients are not allowed to have automobiles on the property. You will be given three days to find a place to park your vehicle while at The Haven of Rest. You must turn in all keys to the mission staff upon your arrival.

24. Dietary Suppliments:

- Dietary suppliments, such as diet, weight gain, work out suppliments, etc. are not permitted, in any form, to clients.
- THE HAVEN OF REST IS NOT RESPONSIBLE FOR ANY ITEMS LEFT AT THE HAVEN AFTER RESIDENT'S DEPARTURE.

In signing this document I am affirming that I will abide by all of these rules and regulations. I further affirm that failure to abide by them is grounds for immediate dismissal from the ministries and its facilities.

Client, please PRINT your full name:
Client, please SIGN your full name:
Date Signed: _____ Time Signed: _____
Supervisor/Staff/RA, please PRINT your full name:
Supervisor/Staff/RA, please SIGN your full name:
Date Signed: _____ Time Signed: _____

Client Name:

If any of the rules and regulations you have just read or that have been read to you are not clear, ask the staff member now!

I have read and/or listened to the rules of the Haven of Rest and I agree to abide by these rules and regulations during my stay. I completely understand these rules and regulations and that the breaking of all or one of them may mean my immediate dismissal from the premises. I also realize that during my stay here, my area, myself and any and all of my belongings may be searched upon command at any time by the **directors, supervisors, (night/weekend shift staff) other staff and/or any law enforcement, and I will not impose any legal action nor have anyone to do so in/on my behalf!**

****Rules can be amended at any time and I know it is my responsibility to listen, and/or watch for any new rules or changes in the rules and/or regulations.**

I _____ do hereby acknowledge all the recorded information on this application to be true and accurate. I have also carefully read all the Rules & Regulations of “The Haven of Rest Ministries” and if I am accepted, I agree to abide faithfully by them.

I _____ also hereby agree to the following: I agree that I will hold harmless and not bring suit against The Haven of Rest Ministries, Inc. or its agents or employees for any injury, harm or other dangers whether caused by its agents, employees or by third parties. This consent authorizes the use of pictures of above named individual for the promotion of The Haven of Rest Ministries. It also authorizes the release of personal and medical information pertaining to the above named individual to The Haven of Rest Ministries for its private or legal use and evaluation. I understand that The Haven of Rest Ministries, Inc. always has and always will work closely with any legal agency or company. This form and my signature serve as an Authorization for the purpose of any legal agency, or company to obtain needed requested information.

In signing this application I am also stating that I'm fully ambulatory and can complete my daily work duties as assigned by Staff/RA.

Client, Please PRINT your full name:

Client, Please SIGN your full name:

Date Signed: _____ Time Signed: _____

Supervisor/Staff/RA, please PRINT your full name:

Supervisor/Staff/RA, please SIGN your full name:

Date Signed: _____ Time Signed: _____

Client's Name:		
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Client's Belongings

List below any and all clothes and/or articles that are brought in with the client at check-in time! Any items that client needs must go through the Ray of Hope at the Anderson store with prior staff permission.

Clients can only receive a voucher in compliance with the rules. All vouchers for clients are on an as need basis and must be approved and signed in writing by a staff member as follows: Curtis Pless or Brian Allen. (A voucher that is used and not signed by staff will be considered dishonest!)

Vouchers are filled by the Thrift Store on Monday-Friday at 3:00 p.m. with a signed client referral form. This sheet must be turned in with the "Ray of Hope" report on Mondays. Clients may not receive any items given to them from ANY of the stores nor are they allowed to purchase items from any store.

No electronic items such as (but not limited to) cell phones, iPods, radios, CD's, DVD's, videos, headphones, MP3 players, tape players, sound boxes, VCR's, TV's are allowed. We highly recommend that you find someone else to keep your electronic items outside of the mission!

Church:				
Item	# Has	What Type	# Needs	Staff Initials
Pants				
Shirts				
Belt				
Shoes				

Casual/Daily:									
Item	# Has	What Type	# Needs	Staff Initials	Item	# Has	What Type	# Needs	Staff Initials
Pants					Socks				
Shirts					Jacket				
Underwear					Shoes				

Work:				
Item	# Has	What Type	# Needs	Staff Initials
Pants				
Shirts				
Belt				
Jacket				

Other Items:				
Item	# Has	What Type	# Needs	Staff Initials
Radio				
CD'S				
Other				
Other				
Other				

I understand that The Haven of Rest Ministries and/or staff are not responsible for any missing clothing and/or other items!

Client, please PRINT your full name:	Date:	Time:
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Client, please SIGN your full name:

Initials of staff that filled voucher:	Date:	Time:
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Client's Name:

Staff Information regarding Client

Left Mission:
Transferred to MTC: Reason:

Member Status: DLN-ID:

Graduated MTC:
Comment 1: *(date)*

Comment 2: *(date)*