



## **MISSION STATEMENT**

We are women committed to staying free from incarceration, addiction, domestic violence, homelessness, and other life-controlling issues. We support other women in making and maintaining this same commitment. Additionally, we assist women involved in House of Hope Ministries in developing the tools and life-skills necessary to become productive citizens: we support House of Hope women in reestablishing their family relationships and child custody as well as in employment and permanent housing. House of Hope helps build God-fearing women, nurturing mothers, and good neighbors who give back to society.

## **PROGRAM RULES AND GUIDELINES**

Before accepting any legally adult-aged women into our transitional residency programs, we meet with and interview them to explain the HoH rules and guidelines. For our part, we explain our support services and expectations; for their part, applicants need to demonstrate a commitment to change — to get clean and stay sober and out of incarceration, growing in love and wisdom and fear of the Lord. Our ultimate goal is to bring women back home and into the body of Christ.

### ***House of Hope Guidelines reflect our ministry's core values:***

**As stated in our House of Hope mission, we believe** that every woman, regardless of her past, can be redeemed. We believe that a personal relationship with Jesus Christ is essential to each woman's recovery.

### ***We believe that success is possible when a woman surrenders to Christ and accepts support:***

SURRENDER > SUPPORT > SUCCESS. We believe that when a woman becomes healthy in all respects — spiritual, emotional, physical, and economic — only then will she become successful.

**We believe** that the most effective mentoring comes from women who have themselves broken the chains of addiction, incarceration, violence, homelessness, and toxic lifestyles.

### ***We also believe:***

That we're all the same in relationship in the body of Christ but different in function. On this basis, we assign different duties and responsibilities to HoH women. Before God, all HoH women stand as equals to the staff members placed above them. But, as HoH staff are assigned different functions, so must the women placed under their guidance show respect to the staff and obey HoH house rules. As Scripture tells us:

The body is a unit, though it is made up of many parts; and though all its parts are many, they form one body.

(1 Cor. 12.12)

The eye cannot say to the hand, "I don't need you, and the head cannot say to the feet, "I don't need you."

(1 Cor. 12.21)

Now you are the body of Christ and each one of you is a part of it.

(1 Cor. 12.27)

***Women eligible for acceptance into House of Hope residency programs will abide by the following general rules:***

We will be guided in our relationships by 1 Corinthians 12.12-27: though of one body in Christ, we are different in function.

We will give superior service and do everything with excellence.

We will treat everyone with dignity and respect.

We will support each woman's unique gifts and potential. We will not complain.

We will strive always to be a part of the solution, not the problem.

***HOUSE RULES AND GUIDELINES***

Given the lack of structure most applicants have experienced throughout their lives, House of Hope residence programs present a carefully planned and structured daily schedule.

In order to maintain a safe and sober Christian living environment for all women in our residences, the following house rules and guidelines shall be followed:

1. Upon admittance, residents must notify House of Hope of all psyche medications and of changes to any psyche medications during residency. Each resident must have an emergency form on file with the House of Hope and have a photograph taken and placed in her file. No narcotic-based pain medications are allowed at any time, ever.
2. Each new resident must pass a 30-day probationary period and observe a strict 9:00 p.m. curfew. Without prior permission of the HoH Director, no outside visitors are allowed during a resident's 30-day probation.
3. Each woman is to have a mentor (a Christian- and life-coach) within 30 days of admission to residency.

4. Upon completing the 30-day probationary period, residents' house curfew will be 10:00 p.m. unless prior permission is requested and received from the Director. Residents will wake up and take morning medications by 6:00 a.m.
5. Residents will be showered, dressed, and ready for breakfast by 7:00 a.m.
6. Breakfast begins promptly at 7:00 a.m.
7. Bible study from Proverbs begins at 7:30 a.m.
8. Residents will prepare for their morning's job search, being ready to board the city bus by 8:49 a.m.
9. If a resident in good standing holds a job, she may "sleep in" until 9:00 a.m. on her days off work.
10. Lights out in dormitory rooms at 10:30 p.m.
11. Each resident is responsible for checking the posted monthly schedule, noting any changes.
12. There is zero tolerance towards violence in the house.
13. This is a drug- and alcohol-free house.
14. No food or drinks are allowed in any room other than the dining room. No smoking is allowed anywhere on the premises.
15. No one is allowed to borrow money or clothing from other residents.
16. No dating is allowed while resident at House of Hope.
17. Residents in good standing may receive visitors on Sundays only. No visitors are allowed in any of the women's bedrooms at any time.
18. Women in the house will determine a fair distribution of household chores, and these will be completed (as agreed upon) together.
19. House meetings will be held weekly, and all women are expected to attend.
20. Residents holding jobs will place trust in the HoH leadership regarding the protection, growth, and appropriate use of their earnings and finances. Hence, residents will give their earnings to the HoH Director. One third of a resident's earnings will be kept by the House of Hope; one third will be placed in the resident's House of Hope savings account; and one third will be returned to the resident for purchase of personal hygiene items, etc.

21. Residents are required to apply for food stamps. House of Hope will provide a letter on each resident's behalf.
22. Out of respect for their fellows, residents are expected to treat others' personal space, privacy, and belongings as they would want their own to be treated. Neither House of Hope, nor Northside Assembly of God, nor any resident in the house is responsible for any missing items; for this reason, HoH residents are advised not to bring anything of real or sentimental value into the house.
23. All residents are expected to adhere to the conditions of any court-ordered supervision (ISP, probation, drug court, etc.) in addition to HoH house guidelines.
24. Given that House of Hope is an outreach of Northside Assembly of God, all residents are required to attend Sunday morning church services at Northside Assembly. Residents may attend evening services wherever they choose.
25. After Sunday morning services, House of Hope women will work together to clean up and prepare the church for Sunday evening services. As with their household chores, residents have responsibilities for their worship space as well as their living space.
26. As with their household chores, House of Hope women will work together to clean the upstairs of the church on a weekly basis. Individual assignments will depend on each resident's work schedules for the week. If a person assigned to any task runs into problems and needs redirection, she should see the church secretary.
27. Each resident will meet with the Director weekly, typically on Monday.

Signature of HoH Staff: \_\_\_\_\_

Signature of Resident: \_\_\_\_\_

*The information contained in this form will be kept completely confidential from other house members and only used by House of Hope staff in the event of an emergency.*

**Personal Information**

Last Name		First Name		Middle Initial
Date of Birth	Sex	Weight	Blood Type	
Address				
City		State	Zip Code	

**Past Medical History**

Allergies	Cardiac	Surgery
<input type="radio"/> None <input type="radio"/> Unknown Allergies: _____ _____ _____ _____ _____ _____	<input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Angina <input type="radio"/> Arrhythmia <input type="radio"/> Cardiomyopathy <input type="radio"/> CHF <input type="radio"/> Congenital <input type="radio"/> Implanted DE fib <input type="radio"/> MI Other _____	<input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Abdominal <input type="radio"/> Heart <input type="radio"/> Lung <input type="radio"/> Neurological Other _____ _____ _____

**Chronic Illnesses**

<input type="radio"/> None <input type="radio"/> Asthma <input type="radio"/> Bleeding Disorder <input type="radio"/> Cancer <input type="radio"/> COPD <input type="radio"/> CVA / TIA <input type="radio"/> Diabetic	<input type="radio"/> Dialysis/Renal <input type="radio"/> Gastrointestinal <input type="radio"/> Headaches <input type="radio"/> Hepatitis <input type="radio"/> HIV + <input type="radio"/> Hypertension <input type="radio"/> Paralysis	<input type="radio"/> Psychological <input type="radio"/> Seizures <input type="radio"/> Substance Abuse <input type="radio"/> TB <input type="radio"/> Unknown Other _____ _____
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Medication	Dosage	Frequency	Reason

**Emergency Contact Person:** \_\_\_\_\_



*Driver's License State / Number?*

Do you have a car? Yes No  If you have a car, we need a copy of your driver's license and insurance.  Copy of license received ____ Copy of insurance received ____
If license is suspended, how can we work together on getting it restored?

**Individual History:**

Do you have a substance abuse problem? (Circle One): Yes No
What was your drug of choice? Date of last use:
How many Christian support meetings do you plan to attend each week?
Do you want to stop drinking alcohol and using drugs?
What do you plan to do to stay free of any drug or alcohol use?
Have you been diagnosed with any other mental/emotional problems besides substance abuse? (Circle One): Yes No If so, what?  How do these diagnoses affect your ability to work and function in society?

Employment is a necessary part to be a resident at the House of Hope. Can you work full time? Yes No  If no, please explain:
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**House of Hope is a substance-free, positive, Christian environment.** Please write a brief statement about how living in the House of Hope can help you achieve your goals.

List Three Goals you would like to accomplish while at the House of Hope:

- 1.
- 2.
- 3.

***If you are currently incarcerated:***

How long have you been incarcerated?

When do you plan to be released?

What type of supervision will you be under and for how long?

***Arrested Record***

List all the times you been arrested. Why/where

List any warrants you may have.

Use next page to explain:

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**LEGAL RELEASE**

**Confidential Release:**

I hereby grant a full release of any information in my file, whether it be confidential or otherwise restricted from public access, to House of Hope and its agents. I further grant House of Hope or its agents the right to have conferences, including telephone conferences, with outside agencies for the purposes of discussing said information in my file or otherwise obtaining needed information for purposes of meeting the needs and purposes of House of Hope.

Further, I give permission to the case manager and staff of House of Hope to divulge pertinent information to the House of Hope and/or any other staff if they feel the information is needed for the health and well-being of me or other residents in the House of Hope. By signing this agreement, I understand that some confidential information may have to be revealed for my benefit or the benefit of others in the house.

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

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**RIGHT TO USE CASE HISTORY**

I, \_\_\_\_\_, hereby grant House of Hope the right to use my testimony in my case history with House of Hope for purposes of media coverage, special bulletins publications, advertisements, or any other documentary or public coverage of House of Hope and its affiliates. I further recognize that I may be requested to speak at public gatherings, give my testimony, or participate in House of Hope fundraisers, although I may forgo these functions if I deem it necessary. While participation would be appreciated by House of Hope, House of Hope will respect my decisions in these matters.

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

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**SEARCH / ZERO TOLERANCES POLICY**

The House of Hope has the right to search all personal belonging. House of Hope will give random urine / drug testing at any given time. Failure to comply will result in immediate dismissal.

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

*Please initial after reading each point:*

\_\_\_\_\_ *I release the House of Hope / North Side Assembly of God from all responsibility, both physical and financial, in the case of accident, injury, illness or other imponderable misfortune.*

\_\_\_\_\_ *It is understood that if I damage any property, it is my responsibility to pay the repair costs for the damaged property.*

\_\_\_\_\_ *It's also understood that while at the House of Hope, I may participate in various work-study assignments and fundraiser events. Should I be hurt or injured on any of these events, I will not hold the House of Hope / North Side Assembly of God responsible. I understand that I am willingly attending these events as part of the House of Hope transitional home.*

\_\_\_\_\_ *Financial Agreement: I agree to pay the House of Hope one-third of the income (net) I may receive while I am a resident. This is called "giving back" to the ministry, so that we can continue to help other ladies.*

\_\_\_\_\_ *Refund Agreement: In the event that I leave or am dismissed from the House of Hope, I understand that the money I have already paid to the house is non-refundable.*

\_\_\_\_\_ *Transportation Release: As a resident of the House of Hope, I will not hold the House of Hope / North Side Assembly of God responsible in the event of any accident which could result in a non -ministerial vehicle. Non – ministerial vehicles are described as follows:*

\_\_\_\_\_ *1. Staff cars/North Side Assembly Vehicle*

\_\_\_\_\_ *2. Approved volunteers' cars*

\_\_\_\_\_ *3. Residents and/or their family's cars*

\_\_\_\_\_ **Food Stamps Agreement: I agree to sign up for Food Stamps while at the House of Hope. I agree to do this so that I can provide for myself until such a time that my income is suitable to meet my needs and I no longer qualify according to the rules and guidelines of Green county FSD.**

\_\_\_\_\_ **I understand that I am responsible to provide my own food while at the House of Hope.**

\_\_\_\_\_ **I understand that the House of Hope is not a drug recovery program, a medical facility, or a licensed counseling center and does not provide psychiatric counseling or care. The House of Hope is designed strictly as a Transitional Home.**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a resident, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate expulsion from the house.

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

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

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