



DISCOVER HOPE 517 RESTORATION HOUSE

Thank you for your interest in Discover Hope 517 Restoration House. Our primary goal is to provide a biblical, clean, and safe environment that provides you the tools to ease into life as a clean and sober, productive member of our community. Upon acceptance into our housing unit, you will be expected to follow our rules of residency. These rules are non-negotiable. We reserve the right to cancel residency at any time, should any of these rules not be met by you, the residents.

Requirements for Entry

- You must have a valid driver's license (or state issued photo ID).
- You must have a Social Security card or have applied for one to enter Discover Hope 517 Restoration House. If you don't have a card, you must provide proof that it has been applied for.
- You must provide a physical copy of insurance.
- You must have a physical exam and list of medications, which has been completed within one month prior to your entry date. This includes blood work showing TB test, HIV and Hepatitis status, and documentation of skin disorders. This is required prior to entering Discover Hope 517 Restoration House. **DO NOT get the physical exam and blood work done until the Discover Hope Executive Director gives you the confirmation to do so. This confirmation will not be given until after the application has been filled out and received by Discover Hope 517.**
- Before entering the Discover Hope 517 Restoration House, you must provide one of the following: **1)** all test results, or **2)** proof that the physical has been completed, and the results are being sent to Discover Hope 517. Adequate proof consists of a signed doctor's statement submitted on prescription pad or letterhead.
- You must be enrolled in Be Transformed. It is a weekly small group support service that Discover Hope 517 offers. More information for Be Transformed can be found in the "Services" tab of the Discover Hope 517 webpage.
- Everyone entering the services agrees to undergo a complete search of person and possessions in order to eliminate any forbidden items. We also reserve the right to check your person or possessions or require you to submit to a urine analysis and/or breathalyzer at any time.
- You will be required to submit to a drug-screen on induction day. We are not equipped to care for those in the withdrawal process and if necessary, can refer you to an appropriate facility. If the drug-screen returns positive, you will be asked to return in one week.



- If you have a sexual offense on your record you will be considered for residency only upon Executive Director approval.
- Letters of acceptance into Discover Hope 517 Restoration House are void 30 days after the date of that letter if you have missed your move in date.
- **You must be clean and sober:** Residents will be subject to random drug screenings. Any resident who fails such test will be evicted from the housing unit, as this jeopardizes the recovery of those that are attempting to break the bondage of their addictions.
- **You must be participating in discipleship classes, recovery support services and weekly Church service:** This includes Be Transformed, NCC Men's Group, Breaking Free Recovery group. You will be expected to meet with a Navigator weekly.
- **Rent:** Is due by the 5th of each month for \$400. A \$25 late fee will be added after the 15th of the month.
- **No physical harm:** At no point will a resident be permitted to bring any form of harm to another resident, Discover Hope 517 staff or guests, or Discover Hope 517 property. If a resident chooses to do so, it will result in termination of residence. On-site staff members will not hesitate to contact local law enforcement to escort any disgruntled resident from the property. Staff members will not hesitate to contact local law enforcement to escort any disgruntled resident from the property. Residents must comply with all law enforcement or termination from the house could be enforced.

What to Expect as a Resident

- The program is up to 12 months long.
- Upon acceptance into the Restoration House, residents will be asked to submit random urine drug-screens. The use of any substances will not be tolerated.
- Residents will be asked to submit to random breathalyzer tests.
- Residents will be expected to maintain full-time employment.
- Residents will be expected to wake up at 6:30 am on weekdays. Subject to change dependance on work schedule.
- Residents will be asked to do chores such as cooking meals, cleaning after meals, and cleaning the dorm, bathrooms, and house and community center.
- Residents will be asked to participate in recovery services designed to aid in the recovery process for the Residents. The recovery services will be Biblically based on small groups, individual studies, and community worship and teaching times.

Please see additional house rules below:

- No tobacco products will be permitted in the house, including chewing tobacco, e-cigarettes and vaping devices.
- Shoes must be removed in the entryway of the house



- Please clean up after yourself, this includes making your bed every morning and keeping your living space tidy.
- All trash and recyclables need to be placed in their designated areas.
- All assigned chores must be completed within the day they are assigned, unless an extension is approved by a staff member.
- Stealing will not be tolerated. This will lead to termination of residency from the housing unit.
- All additions or alterations to the housing unit must be approved by the Discover Hope 517 board of executives.
- There will be no drugs or alcohol of any kind permitted in the housing unit. Violation will result in eviction.
- Abide by all parole rules and guidelines addressed by the parole officer. Failing to do so will result in immediate notification to the parole office.
- Family may visit with approval of the Executive Director.
- Quiet time will begin every evening at 8 p.m.
- The curfew will be enforced at 10 pm., with the exception of employment.
- There will be no appliances or heaters of any kind allowed in the room. This excludes small fans.
- Heavily soiled laundry items will need to be taken to the laundromat and must not be washed in the house appliances.
- Respect another resident's property. Do not touch other resident's items.
- Breaking a state or federal law will result in termination of residency from the housing unit.
- TV's, DVD's and streaming or music devices are not allowed in the bedrooms.
- Only the Resident Director is allowed to operate the thermostat of the housing unit.
- Church services must be attended weekly.
- House meetings are mandatory. The Resident Director will hold these meetings on Tuesdays at a designated time.
- You must comply with all House Expectations.
- Employment is mandatory for continued residency.
- Any violation of these rules will result in immediate termination of residency.

Financial Arrangements

The program fee per resident is \$400. This fee provides the basic needs like rent, utilities, food, teaching materials, etc. This fee is waived during the transition period. The ministry will also provide the following:

- Double occupancy furnished room
- Bed linens, towels, and washcloths
- Bathroom facilities shared with other residents
- Use of the kitchen and common living area
- Laundry facilities



After your transition period, your financial mentor will help you set up a budget to start purchasing your own personal toiletries (hygiene), laundry soap, clothing, and any other basic personal needs not already provided by the house. Your financial mentor will teach you biblical principles of stewardship (managing the resources God has provided). Accountability to both your mentors regarding your money's use should be expected. Please do not treat this as an intrusion, but an important part of your journey.

Your financial mentor will help you arrange to pay off outstanding fines, restitution, and parole fees, personal and family needs, and other necessities, after you have begun working.

The way you handle your money reflects clearly the way you handle your life and relationship.

As part of the *Resident Manual*, I have read and agreed to the *Financial Arrangements* indicated by my signature below.

Resident Signature: _____ Date: _____

Witness Signature: _____ Date: _____



DISCOVER HOPE 517
RESTORATION HOUSE

Personal Information

Date _____

Name _____
Last First M.I.

Address: _____
Street Address City State Zip Code

Phone: () _____ Email: _____

Date of Birth: _____ SSN: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____
Street Address City State Zip Code

Phone: () _____ Email: _____

Marital/ Family Information

- Marital Status:
- | | |
|------------------------------------|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Married | <input type="checkbox"/> Common Law |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Engaged or Significant Other |
| <input type="checkbox"/> Separated | |

Spouses Name: _____

Number of Children: _____ Ages of Children: _____

Where/with whom are children living? _____

Employment Information

Are you employed? Yes No Company Name: _____



Employer Contact: _____ () _____
Name Phone Number Current Weekly Take Home Pay

Legal Information

Are you currently incarcerated? Yes No _____
Name of Facility Inmate Number

Facility Address: _____
Street Address City State Zip Code

Do you currently have any charges pending? *(Explain below)* Yes No

Attorney's Name: _____

Address: _____
Street Address City State Zip Code

Phone: () _____ Email: _____

Do you have any outstanding warrants? *(Explain below)* Yes No

Have you ever been charged with a violent offense? *(Explain below)* Yes No

Are you currently on probation or parole? Probation Parole No
Date you will be off supervision: _____

Probation/Parole Officer's Name _____

Address: _____

Phone: () _____ Email: _____

Previous Felony Convictions: *(Please explain)*



Have you ever been charged or convicted of a sexual offense? *(Explain below)* Yes No

Are you required to register as a sexual offender? *(Explain below)* Yes No

Have you ever been evicted from a place of residence? Yes No

Medical Information

Do you have medical insurance? (If so, please provide a copy of insurance) Yes No

Are you a nicotine user (cigarettes, vape, chew, etc.)? Yes No

Do you have any allergies (food, medication, etc.)? *(Explain below)* Yes No

Do you currently take any medications? *(List below)* Yes No

<i>Medication</i>	<i>Dosage</i>	<i>Purpose</i>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Do you have any restrictions due to medical conditions? *(Explain below)* Yes No

Do you have any history of mental illness? *(Explain below)* Yes No

Have you ever had suicidal thoughts? Yes No

Substance Abuse History

Have you ever been addicted to drugs or alcohol? Yes No

What substances have affected your life the most

Have you ever been through rehab or treatment? Yes No

If yes, where and when did you go through treatment?

What was the date of your last drink?

What was the date of your last drug?



Recovery Information

What type of recovery meetings do you attend?

- DH517 Support Services
- Alcoholics Anonymous
- Narcotics Anonymous
- Other

Do you have a mentor? Yes No

Mentor's name: _____ Mentor's phone number: _____ () _____

Social

Share four words that best describe your experience growing up.

Briefly describe your relationship with your mom and dad. (if no relationship with birth parents, then step-parents, and/or primary caregivers)

Briefly describe the earliest life altering event you can remember that had a profound impact on you.

Please share a significant failure in your life and why you think that may have happened.

Have you ever been gang affiliated? Yes or No Explain

Please describe any past experience you have with faith, church, or religion of any kind. (being or becoming a Christian is not required to participate in this program)



What are two or three hobbies, areas of interest and/or passions that you have? (for example: Music/Arts, Sports/Exercising, Collecting Items, Outdoor Activities, Cooking, Gardening, etc)

(1) _____

(2) _____

(3) _____

What are two life skills you would most like to receive or improve? (for example: conflict resolution, parenting, grammar/language, vocational training, etc)

(1) _____

(2) _____

Long-term Goals

What is in this for you, what do you want your life to look like when you complete the program? (please share in our 5 wholistic areas of life, in your own words, and be honest and specific)

SPIRITUAL (your relationship with God and/or a home church)

RELATIONAL (your significant personal relationships)

PERSONAL (your residence, legal situation, medical status, etc)

VOCATIONAL (your job and/or future vocational plan) _____

FINANCIAL (your personal savings, credit score, budgeting skills, etc)



What are you willing to give up and what lengths are you willing to go to reach all of those goals? (cannot be 'anything' or 'everything', be very specific and honest, and list as many as you can)

- (1) _____ (4) _____
- (2) _____ (5) _____
- (3) _____ (6) _____

What would you consider to be the greatest barriers or roadblocks to reaching all of those goals? (again be very specific and honest, and list as many as you can)

- (1) _____ (4) _____
- (2) _____ (5) _____
- (3) _____ (6) _____

General Have you previously stayed at and/or barred-suspended from Restoration House? Yes No Explain

Please describe any questions or concerns you have about the program.



Media Relations Policy & Release Form

Release of Information Form I, _____, give permission for Discover Hope 517 staff to share and exchange information with other staff at Discover Hope 517 for the purpose of providing assistance to me. This may include sharing information about a disability. _____ (Initial)

I, _____, give permission for Discover Hope 517 staff to share information with the following service agencies for the purpose of providing assistance to me. This may include sharing information about a disability. (Agencies may include DMH, DHS, DDC, P & P, etc.) _____ (Initial)

Discover Hope 517 Ministry is required to share information when there is:

- Evidence of child or elder abuse or neglect
- Guest presents a danger to themselves or others
- Court order requires disclosing of information I understand that my consent is valid for 180 days after I check out as a resident of Discover Hope 517 or after any related follow ups.

_____ (Initial) I understand that I may revoke this consent at any time.

_____ (Initial) I confirm that Robbie Robinson has explained the purpose of this form to me, and that I understand the content contained. My signature below indicates my consent:

Printed Name: _____ Signature: _____

Date: _____ Time: _____



Media Relations Policy & Release Form

I _____ do hereby authorize Discover Hope 517, and those acting pursuant to its authority to:

1. Record my participation and appearance on video tape, audio tape, film, photograph or any other medium.
2. Use my name, testimony, likeness, voice and biographical material in connection with any media (website, social media, and printed publications, as well as, educational or promotional material).
3. Exhibit or distribute such materials in whole or in part without restrictions or limitation for any promotional purpose which Discover Hope 517 and those acting pursuant to its authority, deem appropriate.

Printed Name: _____

Signature: _____ Date: _____



Criminal Background Check Authorization

As part of the application process for residency, Discover Hope 517 will obtain a criminal background report. Criminal charges, including felonies, will not necessarily preclude an applicant from entering our residency.

During the application process for residency at Discover Hope 517 Restoration House I authorize Discover Hope 517 to procure a full criminal background report.

I understand that applicants with certain convictions such as sexual offenses will not be considered for Discover Hope 517 Restoration House.

Printed Name: _____

Social Security Number: _____

Date of Birth: _____

Signature: _____

Date: _____