

Attach picture here

Haven of Rest Ministries, Inc. Registration Form

1st 2nd 3rd or _____ times being here.

Section to be filled out by a staff member only

Staff Member's Name _____

Check in Date: _____ / _____ / _____

First Name: _____

Middle Name: _____

Last Name: _____

DOB: _____

Last 4 digits SS # _____ ***** - *** -** _____

Application Form
Rev. 9-1-09

Applicant to fill out:

Home Address: _____
Street City State Zip

Phone #: _____

Marital Status: Single Married Separated Divorced Widowed

Race: Black White Other _____

Joined How: Police Officer Referred by: Chaplain Friend
Prison County Court Order Hospital
Prison Federal Family Pastor
Prison State
Walk-in Other _____

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 College: Yes No

Name of College _____ Course of Study: _____

Proof of ID:

Driver's License # _____ Passport # _____

State ID # _____ Veterans ID # _____

Per Pastor: _____ Per Policeman: _____

Emergency Contact:

Name _____ Relationship _____ Phone _____

Address: _____
Street City State Zip

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

Amount of Donation upon entry \$ _____

Check In Procedure

Print residents name: _____

MARK BY CHECKING ANY THAT APPLY:

(To be completed in print by staff and attached with resident Registration Form)

1. ___ Residents must be a male 18 years or older and **fully cooperative and ambulatory**.
2. ___ Residents must pass a Breathalyzer test and/or a drug test if requested.
3. ___ Potential resident must have a positive picture ID (police officer or a known pastor can bring in a potential resident if he acknowledges his identity.) Residents must get an ID at the Hwy Dept within 48 hours.
4. ___ See Curtis or Brian before entering a resident if he has been here more than once. (Verify this by looking in the card file.)
5. ___ Person must be physically able to climb up on a bunk bed and work at the thrift store.
6. ___ If 40 degrees or less, he may be checked in on a night by night basis only
7. ___ If local or traveling through area, it is a 2-night stay only.
8. ___ Staff/RA personnel on duty must check person in (**not another resident**)
9. ___ If approved by staff on duty, assigned resident may help potential resident fill out paperwork if he is unable to read or write. Staff must check over paperwork with potential new resident during check-in interview.
 - Ask each potential resident if he understands the rules and regulations.
 - Stress the rules and that they must use the side glass doors for all entering and exiting of the building. Inform residents about door alarm and all other alarms.
 - Make sure that he completes and signs all forms.
10. ___ Check-ins after 9:00 PM must be by police department or a known pastor or church leader. If a pastor or church leader is not known, then the potential resident must return the next day between 4:00 p.m. – 8:00 p.m.
11. ___ **NO** excuses will be permitted for resident's paperwork (including picture) or file card not being filled out. It is your responsibility on your shift to see that this is done!

In addition, these steps should be taken when checking someone into the mission:

- Has potential resident been here before? Look in resident card files. Can he return?
- Has an application been completed? If they have been here before, still have them to fill out a **Registration Form** and circle the #2 on the top right hand corner. If this is their 3rd time, they need to see Curtis or Brian first, but they still need to fill out a form, then circle the #3 on the top right hand corner of the **Registration Form**.
- Have resident list all medications. Check listed medications and turn ALL medications into the office. No medications are to be kept out of the medication cabinet. A staff member must monitor the medicine cabinets when open. After staff hours, the night watchman will monitor the medicine only!
- Take a head to shoulder photograph of the resident (with eyes open) and staple picture to Registration Form. Place it on the top before turning into office.
- Check resident for weapons. No weapons are allowed!
- Check all resident's articles and fill out on the resident's belongings form.
- Staff on duty must physically check in all belongings at the time of check in.
 - ** It is necessary to have the resident lay all their articles out on table or bed for you to see.
- List articles on check in sheet!
- Write a voucher to thrift store for needed clothing. If not resident, cannot get any clothing for the first 90 days without your permission

Date: _____ Time: _____

(Staff and or RA's Signature)

Haven of Rest Ministries, Inc. Rules and Regulations - 1

Resident Print Name: _____

The Haven of Rest Ministries, Inc. and its programs are Christian facilities and residents 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 grounds!

- __1. Wake up call is at 6:00 a.m. every day except specific holidays.**
 - Clients must get up at 6:00 a.m., 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 7:00 a.m.).
 - You must be on time for roll call and morning devotion at 7:15 a.m.
- __2. Attire: No shorts unless during outside sport events**
 - No baggy pants in any form & no pants dragging the floor.
 - 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.
- __3. 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
- __4. 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. Turn in all keys to the mission staff.
- __5. 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.
- __6. 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.
- __7. 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.
- __8. 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.

Haven of Rest Ministries, Inc. Rules and Regulations - 2

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. **Meals**

- Report to the cafeteria on time for each meal unless prior arrangements have been approved by staff due to illness, labors of love, etc.
- Standard meal times (subject to change due to special occasions, etc.)
 - Breakfast: Monday-Saturday: 7:00 a.m. – 7:30 a.m.; Sunday: 8:00 a.m. – 8:30 a.m.
 - Lunch: Monday-Saturday: 12:00 noon – 12:30 p.m.; Sunday: 2:00 p.m. – 2:30 p.m.
 - Supper: Monday-Saturday: 5:00 p.m. – 5:30 p.m.; Sunday: 8:00 p.m. – 8:30 p.m.

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 6:30 a.m. – 6:45 a.m. and 8:30 p.m. – 8:45 p.m. by staff only.

12. **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.

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

14. **Passes**

- No passes for the first 30 days
- After 30 days, day passes are permitted when approved by staff and Director
- Clients will be subject to random alcohol and/or drug 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.

15. **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.

16. **Phone Calls**

- Clients are allowed one (1) 5-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.

17. **TV/Movies**

- All TV shows and movies must be approved by a staff member on duty prior to viewing.

18. **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.

Haven of Rest Ministries, Inc. Rules and Regulations - 3

19. **Respect**

- No disrespect of staff or RA 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

20. **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 CD's, DVD's, videos, musical instruments, phones, VCR's, or TV's.
- Stealing from the mission, clients, staff, or store is grounds for immediate dismissal.

21. **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.

22. **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-1; pants-1; socks-1, underwear-1, dress shoes-1 pr
 2. Casual wear: shirt-1, pants-1, socks-1, underwear-1, tennis shoes-1 pr
 3. Work clothes: shirts-2, pants-2, socks-2, underwear-2, 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.

23. **Weapons**

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

24. **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 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 as a donation to the ministry and will be handled as such. **THE HAVEN OF REST IS NOT RESPONSIBLE FOR ANY ITEMS LEFT AT THE HAVEN AFTER DEPARTURE**

Close Friends/Relatives

Resident Print Name: _____

List 3 names including address & phone numbers of family members and/or close friends:
1 MUST BE A RELATIVE (PARENTS WHERE POSSIBLE)

List 3 Friends/Relatives	How many Years		Relationship	Attitude toward Friend/Relative
1.				Positive
				Negative
2.				Positive
				Negative
3.				Positive
				Negative

Employment History:

Last 3 Employers and Address	Position	From Date	To Date	Reason for Leaving	Your Attitude Toward The Job
1.					Positive
					Negative
2.					Positive
					Negative
3.					Positive
					Negative

Law Enforcement Record

Resident Print Name: _____

List most demanding charges:

1. _____

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

Explain: _____

Parole Officers:

Name: _____

Street Address _____ City: _____

State: _____ Zip: _____ Phone: (____) _____ - _____

Sentence: _____

Any upcoming Hearings or Court Dates? Yes No

Date _____ Time: _____ Date: _____ Time: _____

Any other legal record(s)

Charge(s)

1. _____

City _____ State: _____ Zip: _____

Disposition:

Comments:

Are you registered as a sex offender? Yes No

Have you ever been arrested for a sex crime? Yes No

Do you have any pending court charges? Yes No

If any of these apply, give location and date _____

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.

Medical History

Resident Print Name: _____ **DOB:** _____

1. Family Doctor: _____
 Address _____ City: _____
 State: _____ Zip: _____
 Last Visit: _____ Insured: Yes No (We need copy of insurance card)
 With Whom: _____

2. Check answer that applies:

Hepatitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bleeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aids	Yes <input type="checkbox"/>	No <input type="checkbox"/>
High Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bad Back	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Attack/Stroke	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TB Tuberculosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you have any other medical problems not listed above? YES NO

- If yes please explain here (please print)

- Any Allergies? (Please print)

3. Are you taking any medications? Yes or No

<u>Name of Meds</u>	<u>Directions</u>

4. Have you ever used needles? Yes or No

	No	Yes – Date of Last Test	Positive	Negative	
Have you ever had an HIV test?					
Have you ever been tested for Hepatitis?					Type A, B, or C
Have you ever been tested for tuberculosis (TB)?					

New Client Questionnaire

Name:

Date:

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

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

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

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

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

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

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?

Resident Acceptance and Signature Form

Resident Print 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 .

Resident, please print your full name: _____

Resident, please sign your full name: _____

Date: _____ Time: _____

Supervisor/Staff/RA, please print your full name: _____

Supervisor/Staff/RA, please sign your full name: _____

Resident's Belongings

Print Residents Name: _____

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

Residents can only receive a voucher in compliance with the rules. All vouchers for residents 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 resident referral form. This sheet must be turned in with the "Ray of Hope" report on Mondays. Residents may not receive any items given to them from down at the store nor are they allowed to purchase items from any store.

Church:

Item	# Has	What Type	# Needs	Staff Initials	Item	# Has	What Type	# Needs	Staff Initials
Pants					Shoes				
Shirts									

Casual/Daily:

Item	# Has	What Type	# Needs	Staff Initials	Item	# Has	What Type	# Needs	Staff Initials
Pants					Socks				
Shirts					Jackets				
Underwear					Shoes				

Work:

Item	# Has	What Type	# Needs	Staff Initials	Item	# Has	What Type	# Needs	Staff Initials
Pants					Jackets				
Shirts									
Belt									

Other Items:

Item	# Has	What Type	# Needs	Staff Initials	Item	# Has	What Type	# Needs	Staff Initials
Radios									
Tapes									
CD'S									

No radios, CD's, DVD's, videos, headphones, MP3 players, tape players, sound boxes, VCR's, TV's and like items are allowed. We highly recommend that you find someone else to keep your items of this nature outside of the mission!

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

Resident, print your name: _____ Date: _____ Time: _____

Resident, sign your name: _____

Initials of staff at check-in _____ Initials of staff (filled voucher) _____ Date: _____ Time: _____