



*I was a stranger and you took Me in, I was in prison and you came to Me... Mt 25:35b - 36b NKJV*

## **Introduction**

Dear Brother in Christ,

Thank you for your interest in The House of Mercy Clean & Sober Program (CSP). This short introduction is to provide you with a glimpse as to what the House of Mercy CSP is all about. Our program is offered to those who want help to remain clean and sober and are willing to give their self (body, soul and spirit) over to the care of God, and then trust Him for the results!

House of Mercy's sole purpose of the CSP is to benefit the participant and the community, by providing a safe, accountable, structured, clean and sober environment. Our CSP will help one to maintain a successful recovery from all types of addictions by providing support through our recovery meetings, worship services, and fellowship. Transportation from the residence will be provided to the required meetings if held at an off-site location. The CSP is faith based, and we encourage participation in AA, NA, and CA, in addition to the three HOM meetings required per week.

Our Clean & Sober residences are fully equipped with laundry facilities (no extra charge), shared kitchen, refrigerator/freezers, personal food storage area, and a common area for meetings and socializing. All bedrooms are shared. A twin sized bed and mattress (no bedding), dresser, and a shared closet will be provided. Bathrooms are shared, consisting of a shower and or tub/sink/toilet, mirror. The monthly program fee is \$400.00 per month, including electricity, gas, garbage, water, sewer, and all other costs of operation. Please see attached *Clean & Sober Housing Program Stipulations Agreement* for payment terms.

Pickup upon release is available depending upon release location, please discuss this with your counselor prior to release. Program participants will be provided with transportation to meet initial DOC and State required registration, CCO check in, DSHS and SSI appointments.

Each residence has a House Leader who oversees the structure and conformity to the program stipulations.

Please pray first before applying, then if God puts it in your heart to apply, please do so, and we will review your application. We will respond to every completed application we receive.

Thank you again for your interest in House of Mercy's Clean & Sober Program.

God bless,

Pastor James Valela  
House of Mercy



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## **House of Mercy Clean & Sober Program Application** **Spokane County**

Name: \_\_\_\_\_ DOC #: \_\_\_\_\_

Birthday: \_\_\_\_\_ Height: \_\_\_\_\_ Weight \_\_\_\_\_

ERD: \_\_\_\_\_ Max Date: \_\_\_\_\_ Sex Offender Level (if applicable): \_\_\_\_\_

Have you ever applied to HOM in the past? If yes please indicate Month and Year \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

Counselor Phone/Email: \_\_\_\_\_

Therapist Name: \_\_\_\_\_

Therapist Phone/Email: \_\_\_\_\_

STEP 1 Pray before deciding whether to apply or not. If God places it on your heart to apply, then continue on to Step #2

STEP 2 Please answer all questions thoroughly and to the best of your ability.

1. How would you describe your relationship with Jesus Christ?

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2. Why do you want a Clean and Sober Housing Program?

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3. Please list your three greatest weaknesses in regards to relapse?

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4. Describe your addiction and the effect it had on your life.

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5. What is the longest length of non-incarcerated time of sobriety and how did it happen?

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6. How do you feel about recovery/house meetings?

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7. What are your thoughts and feelings about attending HOM mandatory Church service?

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8. Please share what you have done in regards to changing from your old lifestyle towards re-entry into society. Include classes, groups, programs, etc.

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9. Please explain how you see your finances working upon entering the program. Program fees are \$400 a month. \$400 deposit, (due upon acceptance, converts to last month program fee upon arrival. NON-REFUNDABLE). There is a one-time NON-REFUNDABLE administrative fee of \$50 DUE UPON ACCEPTANCE. For a total move-in cost of \$850. How do you expect to pay this and program fees in the future? (If covered by the DOC Voucher Program, these terms do not apply. Only the \$50 Administrative Fee applies upon arrival).

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10. Are you under the ISRB and if so, when will you be seen or have you been?

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11. Do you have any special needs that we need to be made aware of, mental, emotional or physical?

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12. If accepted, do you have family or friends that would be a good contact for us to have during the preparation for release? If so, please list that person's contact information. Consider things like travel arrangements on day of release. If needing our assistance, please specify that information here.

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Notes:

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13. On separate sheet of paper, please write your testimony of how you came to know Jesus Christ as your personal Savior and include it with the packet.

STEP 3 Please include the following to complete the application process

- Completed Application Form and Testimony
- Copy of Judgment and Sentence
- Signed Stipulations
- Completed Disclosure Form
- Copies of Treatment Summaries (if applicable)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



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## **Clean & Sober Housing Program Stipulations Agreement**

I, \_\_\_\_\_, hereby understand that House of Mercy is a faith (Christian) based clean and sober living residence of the HOUSE OF MERCY church. Upon my acceptance into the Clean and Sober Program; I agree to comply with all of the following terms of participation; failure to do so could result in my immediate termination.

### **Please read and initial each of the following stipulations;**

1. \_\_\_\_\_ I have accepted Jesus Christ as my Lord and Savior and the Holy Bible as the sole Word of God "For there is one God and one Mediator between God and man, the man Christ Jesus." (1 Tim 2:5 NKJV)
2. \_\_\_\_\_ I understand my participation is for a **minimum** of THREE MONTHS. (Long term residency is acceptable)
3. \_\_\_\_\_ I understand I may be moved to a different house within the clean and sober program at the discretion of Ministry Staff.
4. \_\_\_\_\_ I understand my clean and sober housing is contingent upon my active participation and compliance to all program stipulations contained herein and that Landlord/Tenant rights do not apply. I understand if I terminate or am terminated there will be no refund of Clean & Sober Housing Program Fees and I must leave the premises immediately upon request.
5. \_\_\_\_\_ I understand I may be terminated immediately for NON-PAYMENT AND/OR LATE PAYMENT OF PROGRAM FEES, INSUBORDINATION, A THREAT OF VIOLENCE, POSSESSION OF WEAPONS, PROPERTY ABUSE, LYING, STEALING, PORNOGRAPHY, OR BEING INVOLVED WITH ANY ILLEGAL ACTIVITY.
6. \_\_\_\_\_ I understand if I self-terminate or am terminated, I must take all my belongings with me. Anything left becomes the property of House of Mercy, and may be immediately disposed of, unless otherwise agreed upon -- in writing -- by the House Leader.
7. \_\_\_\_\_ **Under no circumstance are non-prescribed drugs or alcohol to be on the premises, possessed or consumed.** The House Leader is to be informed of all prescribed drugs. Under no circumstances am I to give and/or share any prescribed drugs. Arrangements for possession and distribution are to be made with the House Leader.
8. \_\_\_\_\_ I agree to submit to breathalyzer and/or drug testing upon request of ministry leadership.
9. \_\_\_\_\_ I understand that any overnight stay must be approved by my house leader. A minimum of 48 hours advanced notice is required.
10. \_\_\_\_\_ I understand there are to be no unapproved guests. I will seek approval from the House Leader prior to inviting guests onto the premises.
11. \_\_\_\_\_ I understand pets are not allowed.
12. \_\_\_\_\_ I understand at all times I will consider the needs of others, and strive to be a positive influence.
13. \_\_\_\_\_ I will maintain neat, sanitary living conditions. If there is more than one occupant, all must share equally in maintaining these conditions. Cleaning responsibilities are to be agreed upon by those occupying the same living area. If agreement is not reached or the premises is not maintained in a neat, sanitary condition, the House Leader will assign duties so sanitary living conditions are maintained.
14. \_\_\_\_\_ I agree to participate in the following required program activities. Programming includes:
  - a. Recovery meeting (Adults Only) Monday @ 7:00 p.m.
  - b. House meeting (Residents Only) Tuesday @ 7:00 p.m.
  - c. Church Service (Adults Only) Saturday @ 6:00 p.m.
15. \_\_\_\_\_ I agree to the standard 11:00 p.m. curfew, unless adjusted by the resident house leader or ministry staff





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## CRIMINAL HISTORY DISCLOSURE

Please note that we are looking for an honest and complete disclosure of ALL CRIMINAL HISTORY, [includes current offense and any past offenses]. **Your criminal history will not cause you to be denied, however withholding information will be grounds for denial of application.**

Name: \_\_\_\_\_ DOC Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you been convicted of a felony or misdemeanor? \_\_\_\_\_.

If yes, complete the section below and include the following information.

- Type of offense (Felony or Misdemeanor)
- Charge you were convicted of.
- Date of the offense(s).
- Length of sentencing.

If you are currently serving time for any conviction please include it in this section.

**Include only non-sexual offending in this disclosure, if you have been convicted of a sex offense or are currently serving time for a sex offense complete the Offending Disclosure in addition to the Criminal History Disclosure**

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Details of your crime (NON-SEX OFFENSE): \_\_\_\_\_

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Why do you believe you offended? \_\_\_\_\_

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Any un-adjudicated (Charges without conviction) offenses? \_\_\_\_\_

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Any Domestic Violence (DV)? If yes explain: \_\_\_\_\_

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Any dis-inhibitors used during offending (Alcohol/Drugs, etc)? \_\_\_\_\_

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Comments: \_\_\_\_\_

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## Sex Offending Disclosure

Please note that we are looking for an honest and complete disclosure of any and all sexual criminal history. Your sexual criminal history will not cause you to be denied, however withholding information will be grounds for denial of application.

Name: \_\_\_\_\_ DOC Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex Offender Registration Level (1, 2 or 3)? \_\_\_\_\_

Prior sexual convictions, include the following information.

- Type of offense (Felony or Misdemeanor)
- Charge you were convicted of
- Date of the offense(s)
- Length of sentencing

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Gender of victim. Male Female Both

Age of victim(s) at time of offense: \_\_\_\_\_

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Details of your crime: \_\_\_\_\_

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Why do you believe you offended? \_\_\_\_\_

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**Sex Offending Disclosure (Continued)**

How long did you offend for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often did you offend? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you keep the victim from telling? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How were you discovered? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any un-adjudicated (Charges without conviction) offenses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why will you never sexually offend again? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you undergone any sexual deviancy treatment? Did you successfully complete the treatment? When and where did you take treatment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you required to participate in phase 3 SOTP treatment upon release? \_\_\_\_\_

**Sex Offending Disclosure (Continued)**

Any dis-inhibitors used during offending (Alcohol/Drugs, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## **Chemical Dependency Checklist**

Mark as many of the following statements as fit you (**PAST USE**):

- \_\_\_ I frequently (once or twice a day) find that my conversation centers on drug or drinking experiences.
- \_\_\_ I drink or get high to deal with tension or physical stress.
- \_\_\_ Most of my friends or acquaintances are people I drink or get high with.
- \_\_\_ I have lost days of school/work because of drinking or other drug use.
- \_\_\_ I have had the shakes when going without drinking or using drugs.
- \_\_\_ I regularly get high or take a drink upon awakening, before eating or while at school or work.
- \_\_\_ I have been arrested for driving under the influence of a substance.
- \_\_\_ I have periods of time, while under the influence, I cannot remember.
- \_\_\_ Family members think drinking or other drug use is a problem for me.
- \_\_\_ I have tried to quit using substances but cannot. (One test is to voluntarily go six weeks without substances and not experience physical or emotional distress.)
- \_\_\_ I often double up and/or gulp drinks or regularly use more drugs than others at parties.
- \_\_\_ I often drink or take drugs to “get ready” for a social occasion.
- \_\_\_ I regularly hide alcohol/drugs from those close to me so they are unaware of how much I am using.
- \_\_\_ I often drink or get high by myself.
- \_\_\_ My drinking or use of drugs has led to conflict with my friends or family members.

**Three or more checked indicates Chemical Dependency**

## Chemical Dependency Checklist (Continued)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### Signs and Symptoms of Substance Abuse Behavioral Signs

- \_\_\_\_\_ Change in overall attitude/personality with no other identifiable cause.
  - \_\_\_\_\_ Avoiding friends or family members in order to get high or drunk.
  - \_\_\_\_\_ Missing work or school because of drug use or drinking.
  - \_\_\_\_\_ General lack of motivation, energy, self-esteem or having an "I don't care" attitude
  - \_\_\_\_\_ Taking risks while under the influence of drugs or alcohol
  - \_\_\_\_\_ Constantly talking about using drugs or alcohol
  - \_\_\_\_\_ Pressuring others to take drugs or drink
  - \_\_\_\_\_ Believing drug use or alcohol has to be used in order to have fun
  - \_\_\_\_\_ Excessive need for privacy
  - \_\_\_\_\_ Chronic dishonesty or lying about the amount of drugs or alcohol being taken
  - \_\_\_\_\_ Possession of drug paraphernalia
  - \_\_\_\_\_ Getting in trouble with the law
- 

### Physical Signs

- \_\_\_\_\_ Loss or increase of appetite, significant changes in eating habits or unexplained weight loss or gain
  - \_\_\_\_\_ Red, watery eyes or pupils larger or smaller than normal
  - \_\_\_\_\_ Smell of substance on breath, body or clothes
  - \_\_\_\_\_ Nausea, vomiting or excessive sweating
  - \_\_\_\_\_ Tremors or shakes of hands, feet or head
  - \_\_\_\_\_ Needle marks on lower arm or leg
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### Alcohol

- \_\_\_\_\_ Clumsiness
  - \_\_\_\_\_ Difficulty walking
  - \_\_\_\_\_ Slurred speech
  - \_\_\_\_\_ Sleepiness
  - \_\_\_\_\_ Poor judgment
  - \_\_\_\_\_ Dilated pupils
- 

### Marijuana

- \_\_\_\_\_ Glassy, red eyes
  - \_\_\_\_\_ Loud talking and inappropriate laughing followed by sleepiness
  - \_\_\_\_\_ A sweet burnt scent
  - \_\_\_\_\_ Weight gain or loss
- 

### Depressants

- \_\_\_\_\_ Difficulty concentrating
- \_\_\_\_\_ Clumsiness
- \_\_\_\_\_ Poor judgment
- \_\_\_\_\_ Sleepiness
- \_\_\_\_\_ Contracted pupils

## Chemical Dependency Checklist (Continued)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### Stimulants

- \_\_\_\_\_ Anxiety or irritability
  - \_\_\_\_\_ Hyperactivity
  - \_\_\_\_\_ Excessive talking followed by depression or excessive sleeping at odd times
  - \_\_\_\_\_ Dilated pupils
  - \_\_\_\_\_ Weight loss
  - \_\_\_\_\_ Able to go long periods without sleeping or eating
- 

### Inhalants

- \_\_\_\_\_ Watery eyes with impaired vision
- \_\_\_\_\_ Secretions from the nose or rashes around the nose and mouth
- \_\_\_\_\_ Impaired memory or thought process
- \_\_\_\_\_ Headaches and nausea
- \_\_\_\_\_ Poor muscle control
- \_\_\_\_\_ Changes in appetite
- \_\_\_\_\_ Anxiety or irritability

### Hallucinogens

- \_\_\_\_\_ Bizarre and irrational behavior including paranoia, aggression and/or hallucinations
  - \_\_\_\_\_ Mood swings
  - \_\_\_\_\_ Detachment from people with absorption with self or other objects
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### Heroin

- \_\_\_\_\_ Needle marks on arm, leg or bottom of feet
- \_\_\_\_\_ Contracted pupils that do not respond to light
- \_\_\_\_\_ Loss of appetite
- \_\_\_\_\_ Coughing and sniffing
- \_\_\_\_\_ Sweating

### COMMENTS:

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**ADULT HISTORY AND GOALS QUESTIONNAIRE**

YOUR FULL NAME	DATE OF BIRTH	AGE
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**SUBSTANCE USE**

DESCRIBE YOUR USE OF THE FOLLOWING SUBSTANCES	AGE WHEN FIRST USED	PREVIOUS USE		CURRENT USE	
		FREQUENCY	QUANTITY	FREQUENCY	QUANTITY
Caffeine					
Cigarettes / Other Nicotine					
Alcohol					
Marijuana					
Cocaine					
Methamphetamines					
Other					
				<b>YES</b>	<b>NO</b>
Do you sometimes use more than you planned of one of the previous substances?					
Do you find yourself frequently thinking about or preoccupied with one of these substances?					
Has a family member or friend ever expressed concern about your alcohol / drug use?					
Have you ever missed school or work because of intoxication or a hangover?					
Have you ever tried to stop using drugs or alcohol without success?					
Have you ever experienced legal problems (arrests, DUIs) for your behavior while under the influence of alcohol or drugs?					
Have you ever been under treatment for alcohol or substance abuse problems?					

**MEDICAL HISTORY**

DESCRIBE ANY SERIOUS OR LONGSTANDING ILLNESS YOU HAVE HAD IN YOUR LIFE. PLEASE INCLUDE ANY ISSUES THAT YOU FEEL ARE IMPORTANT, SUCH AS ACUTE OR CHRONIC PAIN. PLEASE DESCRIBE IN DETAIL.


LIST ANY SURGERIES AND THEIR APPROXIMATE DATES


**LIST ANY MEICATIONS YOU ARE TAKING AT THIS TIME**

NAME OF MEDICATION	DOSAGE	HOW OFTEN TAKEN

LIST ANY MEDICATIONS THAT HAVE CAUSED YOU TO EXPERIENCE SEVERE SIDE EFFECTS (BUT NOT ALLERGIC REACTIONS)

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LIST ANY MEDICATIONS THAT HAVE CAUSED ALLERGIC REACTIONS (FOR EXAMPLE: RASH, ITCHING, SHORTNESS OF BREATH)

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## **Beneficiaries Consent for Testing of Alcohol and/or Drug Use**

I, \_\_\_\_\_, do hereby consent to submit to urinalysis and/or Breathalyzer tests solely for the purpose of determining whether I am under the influence of illegal drugs and/or alcohol while on any properties used by and/or owned by the HOUSE OF MERCY.

I understand that the results of these tests will be reviewed and evaluated by staff of the Ministry. In the event that the results positively indicate that I am under the influence of alcohol or illegal drugs or that the sample was altered, I further understand that HOUSE OF MERCY may, at its sole discretion, terminate me from the Program. Finally, I understand that failure to submit to the above described testing upon request of HOUSE OF MERCY staff may also result in termination from the Program.

I, the undersigned, have read this Beneficiary's Consent for Testing of Alcohol and/or Drug use and understand its meaning.

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

Print Name: \_\_\_\_\_

Ministry Staff: \_\_\_\_\_ Print Name: \_\_\_\_\_