



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 Sister 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 \$550.00 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 **Womens Program**

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?

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

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

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

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

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

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

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.

9. Please explain how you see your finances working upon entering the program. Program fees are \$550 a month. \$550 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 \$1,150. 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).

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

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

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:

13. On separate sheet of paper, please write your testimony of how you came to know Jesus Christ as your personal Saviour 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

- 16. _____ I agree to provide a daily agenda if requested by my house leader.
- 17. _____ I grant permission for the Department of Corrections and/or any other program/treatment provider/employer to release any and all records, to be reviewed by the House of Mercy leadership; to include, but not limited to mental health/therapy reports, financial and employer performance reports.
- 18. _____ I authorize the ministry leadership to confer with my CCO, employer, and/or any other treatment provider(s).
- 19. _____ I understand if I self-terminate or am terminated, I will have to wait up to 30 days to receive the balance of my account, if warranted.
- 20. _____ I agree not to hold House of Mercy responsible for any injury occurring on or off properties owned, maintained, used, or leased by House of Mercy.
- 21. _____ I understand no perishable food is allowed in sleeping areas.
- 22. _____ I understand there is a one-time Non-Refundable Administrative Fee of \$50 due upon acceptance.
- 23. _____ I understand \$550.00 program fee is due upon acceptance to reserve your bed space (converts to **last month** program fee upon arrival NON-REFUNDABLE). An additional \$550.00 **first month** program fee due upon arrival into the program. (Total move in cost \$1150.00) I understand fees may be increased in accordance with the cost of operations. **If you qualify for the DOC Voucher Program, the preceding terms do not apply.**
- 24. _____ All Program Fees are due on the 1st of each month for the current month. The House of Mercy Clean & Sober Program is dependent upon the payment of program fees by the participant; any delays or non-payment of fees poses substantial burden upon the program, therefore, past due accounts for non-payment may be asked to relinquish their place in the residence to make room for a new participant. **Any payment received after the 5th of the current month is past due** and a \$35 late fee may be assessed plus \$10 per day thereafter and/or your program residency may be terminated
- 25. _____ I agree to give House of Mercy leadership a 30 day written notice of my intent to move to prior to vacating. In the event that I move prior to the 30 days or fail to give notice I will be responsible for the current month's program fees, if not paid, and will forfeit any paid program fees.
- 26. _____ I understand that if I am a RSO that I will be required to install Covenant Eyes on all my internet capable devices at \$5.00 per month while residing in HOM housing.
- 27. _____ I understand that all internet capable devices are to be utilized only by the owner and that they are not to be sold, traded, borrowed, bartered, shared, loaned or accessed by any HOM participant other than the owner of the device.
- 28. _____ I understand if I self-terminate or I am terminated; all program fees paid to date will be forfeited.

ADDITIONAL STIPULATION[S]

- _____ I agree to abide by any additional stipulations as implemented by the ministry leadership

We will love, care for, and accept all individuals regardless of their sexual orientation and will encourage them to seek God. We will not endorse or promote any non-heterosexual relationships.

These guidelines have been read and/or explained to me. I have initialed each stipulation and have affixed my signature below. I understand that I am responsible for complying with these stipulations and any others that might be added while I am involved with the House of Mercy Clean and Sober Program.

	/ /	/ /
PARTICIPANT: (Print Name)	Date	Program Entry Date

 PARTICIPANT: (Sign Name)

	/ /
MINISTRY STAFF: (Print Name)	Date

 MINISTRY STAFF: (Sign Name)



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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

Details of your crime (NON-SEX OFFENSE): _____

Why do you believe you offended? _____

Any un-adjudicated (Charges without conviction) offenses? _____

Any Domestic Violence (DV)? If yes explain: _____

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

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

Gender of victim. Male Female Both

Age of victim(s) at time of offense: _____

Details of your crime: _____

Why do you believe you offended? _____

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
-

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
-

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:

**ADULT HISTORY AND
GOALS QUESTIONNAIRE**

YOUR FULL NAME			DATE OF BIRTH	AGE	
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					
				YES	NO
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)					
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: _____