



**Step 1**  
**Resident Application**  
**Packet for**  
**Amanda's House**

# Program Overview

Who We Are: Amanda's House is a residential treatment program that offers women real hope for transformation from lives of brokenness and pain. Our in-house and aftercare programs prepare our women to thrive in their new lives of recovery as they further develop their relationship with God.

Who We Serve: Hope United provides services to women 18 years of age and older who find themselves in destructive life patterns from drug and alcohol addiction, sexual assault, trauma, and/or domestic violence. Although our women's circumstances vary greatly, the cure for their pain remains the same, healing and transformation through a relationship with Christ.

How We Serve: We provide both Bible-based studies and discipleship activities, as well as practical life-skills to help women experience freedom in Christ while learning to live godly and productive lives.

- Character Building Classes
- Independent Bible Study
- Daily Group Devotionals
- Individual Biblical Counseling
- Recovery Groups
- Case Management
- Job Placement Services
- Life Skills Training
- Financial Management
- Fitness Participation
- Community Events and Activities
- Service Projects
- Mentor Program
- Alumni Aftercare

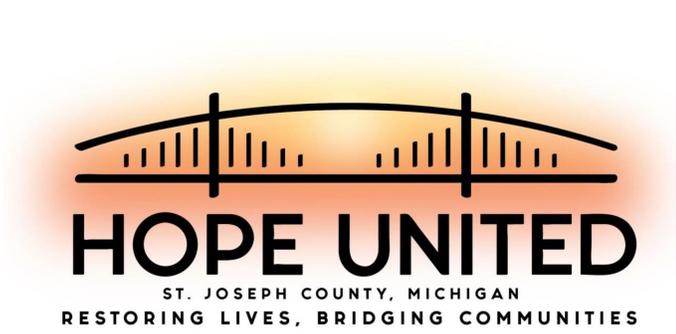
## **\*Hope United is NOT able to house parolees per a city ordinance.**

Program Fees: While Amanda's House provides all program services free of charge to residents, there is a charge for room and board.

- Application Fee: There is a \$40 application fee. This must be paid before intake to Amanda's House and is non-refundable, whether you enter the program or not.
- Room and Board: This covers your room and board, meals, transportation to and from appointments, personal care items, toiletries, etc.
  - Receiving Government Assistance: 40% of income amount, with a minimum of \$40/week.
  - No Income: \$40/week.
  - If you are concerned that you will not be able to pay this, please contact us to discuss additional options as we do not want finances to limit your ability to participate in ministry services.

**Upon completion of this application and PRIOR to entering the program, the applicant commits to making an appointment with Community Mental Health to have a Behavioral Assessment for drugs and alcohol use. Please ask for a copy of this assessment and sign a release for Amy Kemp, Program Manager to receive a copy as well.**





Attention Office Staff:  
Intake Date: \_\_\_/\_\_\_/\_\_\_  
\_\_\_\_\_

Date of Application: \_\_\_/\_\_\_/\_\_\_  
\_\_\_\_\_

Exit Date: \_\_\_/\_\_\_/\_\_\_

### Resident Application

Please Note: All spaces must be filled out on the application. If a question does not apply, write "not applicable" or "N/A" in the space. That shows you have read and filled out the application fully.

#### **1. General Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

In case of emergency, notify:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### **2. Family/Marital Status:**

Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Serious Relationship \_\_\_\_\_

If married, name of husband: \_\_\_\_\_ Phone #: this use \_\_\_\_\_

Describe current relationship with husband and where he stands with your decision to go to Amanda's House.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If separated/divorced, explain reason for breakup: \_\_\_\_\_

Children (List names and ages of children under age 21. If additional space is needed, continue on back of application):

1. \_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Son \_\_\_\_\_ Daughter

2. \_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Son \_\_\_\_\_ Daughter

\_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Son \_\_\_\_\_ Daughter

Name of current caretaker/guardian of child(ren)? : \_\_\_\_\_ Phone #: \_\_\_\_\_

Is CPS (Child Protective Services) involved? \_\_\_\_\_ Case Worker Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ If applicable, please explain visitation rights: \_\_\_\_\_

### 3. Substance Use:

Have you ever used drugs or alcohol? \_\_\_\_\_ Yes \_\_\_\_\_ No

How old were you when you began drinking alcohol? \_\_\_\_\_

How old were you when you began using drugs? \_\_\_\_\_

**Applicants who are in active addiction will be required to go to a 2 week rehab prior to entering Amanda's House to detox. We can help get you placement into a rehab, even without insurance. A clean drug screen upon entrance is required.**

If you are in active addiction (currently using), are you willing to go to rehab 2 weeks prior to entering Amanda's House? \_\_\_\_\_

**Drug screening will be mandatory when entering Amanda's House. In addition, there will be random drug screens throughout your stay.**

	Occasionally	Socially	Weekly	Weekends	Bi-weekly	3x/week	Daily
Alcohol							
Cocaine/Crack							
Hallucinogens (LSD, acid, etc.)							
Heroin							
Marijuana							
Meth							
Prescription Medication							
Tobacco							
Other:							

Other:							
--------	--	--	--	--	--	--	--

Drug of Choice:

1. \_\_\_\_\_ Start Date: \_\_\_\_\_ Length of Use: \_\_\_\_\_ Date Last Used: \_\_\_\_\_

Habit Cost Per Day: \_\_\_\_\_ Longest Period Clean: \_\_\_\_\_

I depend on drugs (check all that apply):

To cope with life challenges

For pleasure

To escape reality

To be "in" with the crowd

Because I am addicted

To ease pain:

Physical

Emotional

Other:

\_\_\_\_\_

**4. Psychological Health/Past Treatment Experience:**

Have you been in an alcohol, drug, detox, recovery program or received counseling/therapy before?

Yes  No If yes, list where: \_\_\_\_\_

Have you been diagnosed with a mental health disorder by a doctor or psychiatrist?  Yes  No

Diagnosis: \_\_\_\_\_

Diagnosing Doctor's Name: \_\_\_\_\_

**5. Medical:**

Do you have current health insurance coverage?  Yes  No

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Clinic: \_\_\_\_\_

Phone #: \_\_\_\_\_

Do you have any medical problems that Amanda's House needs to be made aware of? (Ex.: Diabetes, Oxygen)

Do you have any allergies?  List: \_\_\_\_\_

List any and all medications that you take:

Medication:	Dosage:	Reason:	Prescribing Doctor's Name and Phone #:
-------------	---------	---------	--


List any hospitalizations you have had in the last 5 years and the reason for admission: \_\_\_\_\_

Have you ever tested positive for HIV/AIDS? \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever contracted an STD? \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever tested positive for Tuberculosis (TB)? \_\_\_\_\_ Explain: \_\_\_\_\_

Do you have any other communicable/transferable diseases? \_\_\_\_\_ Specify: \_\_\_\_\_

**6. Financial Status:**

Are you on any type of government or financial assistance? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Will coming to Amanda's House impact this assistance? \_\_\_\_\_

How will you pay for your \$40.00 weekly minimum bill at Amanda's House? \_\_\_\_\_

**7. Legal Status and History:**

Arrest History (Past 5 Years):

Date:	Charge:	Legal Outcome:	Current Status:

Do you have any outstanding warrants? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any pending court dates? \_\_\_\_\_ If yes, date: \_\_\_\_\_ Location: \_ Are you currently incarcerated? \_\_\_\_\_

Total Sentence: \_\_\_\_\_ Length of Time Remaining: \_\_\_\_\_ Name of Attorney/

Legal Representative: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you currently on probation/parole? \_\_\_\_\_ What are the specific terms of your probation /parole? \_\_\_\_\_  
\_\_\_\_\_ Length of Time Remaining: \_\_\_\_\_

Name of Parole/Probation Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

How often do you report? \_\_\_\_\_ In Person\_By Phone\_By Mail

\*Per a city ordinance, Hope United is unable to house parolees.

**8. Education:**

School grade last completed: \_\_\_\_\_ Have you ever been in any special education classes? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**9. Military Involvement:**

Are you a military veteran? \_\_\_\_ Yes \_\_\_\_ No

**10. Spiritual Background:**

Do you feel you have a need for God? \_\_\_\_ Explain: \_\_\_\_\_

What is your present relationship with God? \_\_\_\_\_

Did you grow up going to church? \_\_\_\_ Which denomination/type of church? \_\_\_\_\_

Do you currently attend church? \_\_\_\_ Where? \_\_\_\_\_ How often? \_\_\_\_\_

**11. Personal History:**

Have you ever had suicidal thoughts? \_\_\_\_ Yes \_\_\_\_ No; If yes, is this a current struggle? \_\_\_\_\_

Have you ever had a plan to commit suicide? \_\_\_\_ Yes \_\_\_\_ No

Have you ever attempted suicide? \_\_\_\_\_ Yes \_\_\_\_\_

No; If yes, when/how? \_\_\_\_\_ Have you ever  
self-harmed? \_\_\_\_\_ Yes \_\_\_\_ No; If yes, how? \_\_\_\_\_

At what age did you start? \_\_\_\_\_ Is this a current struggle? \_\_\_\_\_

Did you experience sexual assault/abuse as a child? \_\_\_\_ Yes \_\_\_\_ No

Have you experienced sexual assault/abuse as an adult? \_\_\_\_ Yes \_\_\_\_ No

Did you witness domestic violence as a child? \_\_\_\_ Yes \_\_\_\_ No

Have you experienced domestic violence/abuse? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_Physical\_\_\_\_\_Emotional\_\_\_\_\_Financial

Does your family have a history of drug/alcohol abuse?\_\_\_\_Yes\_\_\_\_\_No

Does your spouse/partner have a history of drug/alcohol abuse?\_\_\_\_Yes\_\_\_\_\_No

Have you been involved in prostitution?\_\_\_\_\_Yes\_\_\_\_\_No; If yes, for what reason? \_\_\_\_\_

Have you engaged in illegal activity to support your addiction?\_\_\_\_Yes\_\_\_\_\_No

What motivates you to work toward achieving and maintaining sobriety? \_\_\_\_\_

How did you hear about Amanda's House? \_\_\_\_\_

Please be advised that Amanda's House program is 12 -18 months in length. Residents must complete the entire 12-18 months in order to graduate the program. You are under no obligation to live here. You are here by choice. By signing below I am indicating that the information I have provided is truthful to the best of my knowledge, and I have not knowingly withheld information.

Printed Name of Resident

Date

Signature of Resident

Date

Signature of Staff

Date



**12. Mission Statement and Statement of Faith:**

Mission Statement:

Amanda’s House is a residential treatment program that offers women real hope for transformation from lives of brokenness and pain. Our in-house and aftercare programs prepare our women to thrive in their new lives of recovery as they further develop their relationship with God.

Statement of Faith:

The Christian perspective of Hope United, Inc., as reflected in the Apostles Creed, is fundamental to each and every activity and purpose of Hope United, Inc. Accordingly, each Director, Ministry Board member, Officer, employee, and volunteer should not only support and personally subscribe to this Apostle Creed, but should demonstrate a passionate commitment to their personal relationship with God.

The Apostles’ Creed

I believe in God, the Father almighty, creator of heaven and earth.  
I believe in Jesus Christ, his only Son, our Lord.  
He was conceived by the power of the Holy Spirit and born of the Virgin Mary.  
He suffered under Pontius Pilate, was crucified, died, and was buried.  
He descended to the dead. On  
the third day he rose again.  
He ascended into heaven, and is seated at the right hand of the Father.  
He will come again to judge the living and the dead.

I believe in the Holy Spirit, the Christian Church, the communion of saints,  
the forgiveness of sins, the resurrection of the body, and the life  
everlasting.

By signing below, I am indicating that I agree to abide by the Mission Statement and Statement of Faith and understand that it represents the position, program, and functioning of Amanda’s House.

Signature of Resident

Date

**13. Amanda's House Fees Charged:**

a. Amanda's House weekly bill:

- i. Receiving Government Assistance: a minimum of \$40/week.
- ii. No Income: \$40/week.

If you do not have any income, please provide the name, full address, and telephone number of potential sponsors who may choose to help with your bill. Monthly support letters will be sent to potential sponsors.

Examples: Parents, Relatives, Friends, Church

- 1. Sponsor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
- 2. Sponsor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
- 3. Sponsor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

b. Upon reaching employment while in Amanda's House program payments not exceeding \$75/week will be charged to cover the current bill. In addition, 10% of income will be charged towards back payment on existing bill, if applicable.

Printed Name of Resident

Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date

Office Use Only:

Date Application Fee Paid: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Paid By: \_\_\_\_\_

Date Application Fee Sent to Corporate Office: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



## Amanda's House Rules & Guidelines

<b>Topic:</b>	<b>Explanation:</b>
1. Appointments	All necessary appointments that are scheduled will need a <b>48 hour advance notice</b> needed to ensure transportation can be scheduled. Emergencies will be evaluated case by case.
2. Honor & Respect	Honor and respect for others and yourself is important for everyone involved. Do to others as you'd have them do to you. When we choose to honor those in authority and those around us the Lord blesses that. Choose to respect those in leadership and have discussions that honor them, i.e: no screaming, hollering, violence, etc... Be honest! Mutual respect & honor is important for everyone.
3. Bedding & Towels	You'll be given bedding and towels to use while staying in the Recovery Home. If you need an extra blanket, please ask. It's your responsibility to keep your sheets regularly washed & cleaned. Your bed needs to be made daily.
4. Church Attendance	Amanda's House residents will attend church on Sundays & Small Groups. This can be a church of your choosing as long as you go with a mentor or pre-authorized person.
5. Chores/Housework	Each resident is assigned to specific chores weekly, including seasonal outdoor work. It is your responsibility to check the chore sheet & schedule for your daily assignment. If clarification is needed to know what the chore consists of, read the chore description and then if further details are needed, ask a staff member. Each week (Friday or Saturday) a staff person will do a room check. It is important that you have vacuumed, dusted and your clothing is put away.
6. Drug & Alcohol Tests	Any illegal activity, either within the home or the community at large, will result in police intervention. This includes theft or abuse of another person's property, as well as the possession or sale of illegal substances. If you have a history of drug &/or alcohol abuse or dependency, you will need to work with staff and a counselor to include addiction treatment in your plan. Drug testing/breathalyzer tests are done randomly and at the discretion of the staff. Drug testing is done via urine tests. Refusal to comply with alcohol & drug testing will be considered a "positive" test result and could result in a release from the program. If you are on probation/part of a program through the courts, a release is required for all drug testing results.

7. Discipline (Write-ups)	A self-evaluation process will be used to discuss decisions made. When necessary write-ups will be used for breaking rules. These incident reports can be verbal or written warnings. One written warning will equal one strike. Three strikes could be grounds for dismissal. All warnings will be placed in your file. Upon three strikes, the resident may be asked to meet with the Ministry Board to discuss next steps. A willingness for change, growth and being humble is extremely important in this program.
8. Dress Code	Clothes need to be modest. Shorts & skirts length need to be 3-4 inches above the knee, no shorter. No cleavage is to be shown. Clothing with inappropriate images, wording, etc... will not be allowed.
9. Eating and Drinking	Only drinks with lids are allowed in bedrooms, no food. This prevents gnats, flies, ants, cockroaches, etc...
10. Exercise & Fitness	Various times of exercise will occur throughout the week and everyone will be expected to participate within their physical capacity.
11. Group	Group assignments must be completed before the start of the next session and is considered part of the weekly homework. All group activities are mandatory & this includes game night.
12. House Thermostat	Please do not adjust thermostats nor fans, staff will take care of this. If an adjustment is needed, please ask.
13. Hygiene/Toiletries	Residents are expected to maintain acceptable standards of personal hygiene and appearance, including regular bathing or showering. No one is to go from the shower to their room in a towel or partially dressed. Be considerate and clean the bathroom of your belongings before you leave it. Wipe down the shower after use. See staff for toiletry & hygiene needs and products. See staff when feminine products are needed. Dispose of these products by wrapping them and placing them in the trash can.
14. Employment	When staff deems appropriate, you will be permitted to seek employment. Once employed, you must complete a budget. All money/paychecks/bank cards must be deposited in the bank &/or turned into the office and locked up.
15. Language	Inappropriate or vulgar language will not be tolerated.
16. Laundry	You will be assigned a laundry day.
17. Mail	All incoming & outgoing mail will be opened and inspected by staff. Inappropriate correspondence will be denied. Residents are not permitted to write current/former relationship partners - romantic or emotional. You are here to work on getting healthy. Stamps are not provided for you. When exiting the program, you must contact each individual person or place that sends mail to Amanda's House for you and change your address with them. You cannot use a change of address at the post office because we are a business and they will not forward.

18. Meals	Breakfast and lunch are on your own. You are responsible to clean up after you eat. When you are done eating wash all of your dishes, wash down the countertop that you used and the stove as well. Please do not leave your dishes in the sink. If dinner includes frozen food, take it out the night before. During dinner, everyone is to stay at the table until everyone is finished. If we are home for the evening, we will have a snack (popcorn, cookies, fruit, etc..
19. Medication	Any prescriptions or over-the-counter drugs should be taken only with the knowledge and permission of a doctor & staff. It must be locked in the office. No narcotics or sleep aids are permitted. Medication is dispensed by staff in the morning and evening. It is your responsibility to come get your medication at these times, including if you need additional medication throughout the day.
20. Money	If you receive money (cash, check or cards) at any time while in the program, it must be turned in to the immediately and locked in your file. Your application fee and weekly bill must be paid first before you can spend it on other things.
21. Music/ Entertainment	Only Christian music is allowed both in the house and the vehicles. Music levels should be appropriate and must not infringe on others. TV shows will be watched as a group activity. Shows and movies will be chosen by staff only; shows must be rated PG13 or lower. No daytime TV or soap operas allowed. If you have extra time, with permission you may watch a Biblical teaching DVD.
22. Offices	Residents are not allowed in the office, except when directed by staff. If you are in the office, do not go through or read things on the desk or even in the trash
23. Personal Belongings	You are not allowed to take or borrow anything that belongs to someone else. If things are not yours, do not touch or go through them. Do not lend anything, including money, to anyone in the program. Do not go through items left by a client that has left the program. Personal belongings left lying around will be confiscated. Please be advised that if a resident leaves the program at any time, one week is permitted to collect all belongings depending upon circumstances.
24. Physical Contact	No personal/physical contact is allowed between residents. You are not to be in any bedroom except your own. There is 0 tolerance for acts of violence - including physical behavior or threats; whether directed towards staff, residents or visitors.
25. Probation Period (1st 30 days)	<p>For residents entering the house on the Intro Phase, the first 30 days in the program are TOTALLY restricted. You must stay with the staff, a leader or mentor wherever we go (church, shopping, groups, etc..) Always check the rules before asking if you can do something. You may write letters and receive mail. There will be many things that others will be allowed to do that you may not. Possessing a good attitude is very important and will determine your success.</p> <p>After the 30 day probation period, you will meet with the program manager and together evaluate if remaining in the program is the right fit for you and Amanda's House. This evaluation will look at your progress, your interactions with the other residents &amp; volunteers, the self-evaluation process, your willingness to continue in the program, as well</p>

	as the dynamics of you within the house. If you leave within the first 30 days, you must leave with what you came with. We are not a storage facility and will not keep your belongings.
26. Relationships - Romantic/Friendships	You are here to work on yourself. You are <u>NOT</u> permitted to establish romantic relationships with men or women while in the program. You are NOT to talk to OR write relationship partners (both romantic or emotional) - this includes having family/friends keep you informed of a partner's situation. Friendships with other residents must be appropriate and only in encouragement of the pursuit of Godliness.
27. Request Slips	You must fill out request slips for the things you need to do (not all wants will happen). Staff will try to answer within 48 hours.
28. Safety	Residents are expected to maintain personal safety and safety of others at all times.
29. Schedule	Residents are responsible for following the program schedule and structure. This includes completing chores, Bible assignments, room inspection, cooking and clean-up, getting along with others and attending group per individual schedules. A daily schedule will be given to you, if you need one then please ask.
30. Smoking	Amanda's House is a <b><u>NO SMOKING</u></b> program. This includes inside, outside and when volunteers or other personnel take you somewhere.
31. Telephone Calls &/or Cell Phones	There is NO public phone. Cell phones are prohibited until later in the Phases. Upon your intake, cell phones must be left with staff and will be locked in the office. Sundays, if no visit, residents may call parents or grandparents or children. NO calls to relationship partners. Do not ask volunteers to use their phones nor the office phone. Only staff may give permission for phone usage.
32. Visitors (Children)	Unless prearranged by the staff, there will be no visitors. This is a <b><u>privilege</u></b> and can be revoked. You may have a visit with your children or healthy family members on Sundays from 12:30p-2:30p. 2 adults with children - limited number of visitors. If visitation rights exist with your children and Child Services on other days of the week, this must be arranged with staff members. No relationship partners are permitted to visit. Visiting is to be done in the living room or outside in the backyard.
33. Weapons	Firearms and other weapons are prohibited. Staff reserves the right to confiscate any object considered to be potentially dangerous. If a resident possesses a weapon and refuses to turn it over to staff, this will be considered justification for removal from the program.
34. Volunteers	Do not discuss any issues concerning other women or leadership in the home with volunteers or guests. The Bible instructs us to go to the person we have an issue with and talk with them first. Do not ask volunteers for money, other possessions or to do anything that you know is against the rules. Volunteers are made aware of this rule and will only encourage you to work on your own issues.
35. Mentors & Sponsors	Residents will be expected to work with a mentor &/or sponsor within 2 weeks of arrival.

36. Removal from &/or leaving program	If you test positive for drugs, alcohol or act out in threatening or violent behavior, this will be grounds for immediate removal from the program. If you choose to stop programming and state that you're leaving the program, you will have 2 weeks to move out with all of your belongings. We are not a 'place to live', we are a programmed, residential, recovery home. <b>IF a resident provokes a fight, is threatening anyone or engages in violent behavior, the police <u>WILL</u> be called.</b>

**Breaking these rules and guidelines are your choice. Leaving this program is your choice. Healing is your choice and success is your choice. You have the power to choose.**