



House of T.I.M.E., Inc.

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APPLICATION PROCESS

This is the process:

1. You receive the application. Verify you or your client meets the following criteria:

Criteria:

- a. female
 - b. aged 18 or older
 - c. homeless
 - d. substance abuse addiction
2. You read it completely, fill out the parts that apply to you, get the required documentation (including letters).
 - a. You are to read, answer questions and sign the application yourself. No one is allowed to do this for you.
 3. You return the completed application, including all documentation to us (mail, fax, or in person).
 4. We review your information. As a courtesy, if your application is not complete, we will notify you. We will notify you only once; it is your responsibility to follow through and obtain the missing information and send it to us. Applications **are not considered** until we receive all **required documents**.
 5. Once we have received your completed application, we call to schedule a telephone interview with you. You must call us on the scheduled date and time to be interviewed.
 6. After your interview, the team will discuss your application and determine whether or not our program is appropriate for your needs and circumstances.
 7. You (or your contact person) will be notified of our decision.
 8. If you are accepted, your arrival date and time will be determined. We only admit clients on Monday and Tuesday and you must arrive by 2:00 pm.
 9. Turnaround time can be as minimal as 24 hours or as lengthy as you make it. Remember beds fill up fast. The quicker you complete the application process the better chance you have at securing a bed.

If you are referring yourself: You must provide information on all of the application pages, along with letters and medical information, if available. If you have an upcoming court date, please postpone for at least six months after your admission to our program.

If an agency is referring you: The person from that agency who is working with you (such as case worker, attorney, or probation officer) also has paperwork to complete. If you have an upcoming court date, please postpone for at least six months after your admission to our program.

Required Documents:

- Completed application
- Letters of homelessness (client, referring agency, friends/relatives;)
- Physical examination and report
- Letter of medical stability
- Lab Test Results

If you have any of these documents (Please bring them with you)

- Social Security Card
- Birth Certificate
- Driver's License or Picture I.D.
- Marriage Certificate (If married)
- Divorce Papers (If divorced)

NOTE: If you are unable to supply us with a Physical Examination and report, Letter of Medical Stability and Lab Results, you can write a letter stating you need these services upon arrival. PLEASE NOTE...Your acceptance into the program is BASED UPON THE RESULTS OF THESE REPORTS. A telephone interview will need to be conducted before your arrival.

The process depends on you! The sooner you return all required documentation the sooner we can conduct your telephone interview and the sooner you will find out if you are admitted.

Transitional Recovery Residence for Women

MISSION

The House of T.I.M.E., Inc., is committed to providing quality, long-term, residential treatment services in a structured, community-based environment to homeless women who are at least 18 years old and who are substance addicted and may have an additional mental diagnosis.

PHILOSOPHY

We are a problem-identifying, solution-oriented program that uses the philosophy of 12-Step programs. We believe spiritual development is essential for life-long recovery (religious beliefs are personal choices and specific adherence to any is not a requirement). All of our residents are homeless, and many have experienced sexual, physical, and emotional abuse, lack of education, and poor healthcare. We offer each resident the opportunity to address these issues, as well as others, while teaching her the life skills needed for independent living.

GOALS AND OBJECTIVES

Upon completion of this program, each woman will have remained abstinent from alcohol and/or other drugs while developing social and comprehensive cognitive skills. She will also become gainfully employed, thus learning and implementing the skills to become independent. Our goal is to empower them to become functioning members of our society, living independently and maintaining sobriety.

POPULATION SERVED

All of our clients are female, homeless, at least 18 years of age, and have substance abuse issues. Many of them have little or no job skills or coping mechanisms, and demonstrate, at the time of admission, the inability to identify problems and develop appropriate solutions. Our program provides the tools necessary for a woman to overcome these obstacles. Most importantly, they receive treatment for and insight into their addictive disease toward their ultimate goal of life-long sobriety.

PROGRAM OVERVIEW

Our program is generally 12 months in duration. Although the occasional client is ready to move to independent living within nine months, most clients require more time. The maximum stay is 24 months. A Residential Completion Certificate is an option to clients that meet certain criteria after completing Step 5 in her step work. This option is to help rapidly rehouse clients that qualify for this certificate. This option and criteria are explained upon admission. A Program Recovery Certificate is only available to clients that complete all four (4) phases of the program and stay in the Muscogee or Russell County area.

Residents live in transitional recovery residences as a family unit, sharing cooking, cleaning, shopping, and other household duties. Each residence has two to three bedrooms, kitchen, dining area, living room, laundry facilities, and bathroom(s). This environment is conducive to helping the women learn appropriate and effective communication and problem-solving skills within a healthy living arrangement.

All residents are required to take an active role in the planning and development of their individual treatment plans by identifying problems in various aspects of their lives. The areas include physical, emotional, sexual, and substance abuse issues. Clients must develop a comprehensive plan of attack to resolve the identified problems. A case manager/counselor works with each woman to set short term and long-term goals and to select small steps which are easily recognizable by the client as progress toward reaching her goals. These plans are reviewed biweekly by our treatment team and updated as necessary.

Clients go from a state of homelessness and addicted, to a state of permanent housing and living sober. Our individualized, phased approach to treatment has proven to be very effective for many women and has given them the help they need to regain and maintain a sober way of living.

TREATMENT PROGRAM AND SUPPORTIVE SERVICES

We are a Housing 1st program. Our program is designed to help homeless women obtain transitional to permanent, affordable **housing** as quickly as possible and provide the supportive services and connections to keep their **housing** and avoid returning to homelessness and relapse. Assisting program participants with maintaining sobriety, while finding permanent housing, are priorities of the House of T.I.M.E. and these priorities are addressed during each phase of the program. There are four phases to our Recovery program, each with its own needs, requirements and goals, and transition into each is based on individual progress. These phases are as follows:

Phase I Each resident is oriented to the program by her case manager/counselor and other staff members; program rules, guidelines, and client rights are discussed. In Phase I, attendance and participation in a variety of activities is offered. These classes include life skills, cognitive and comprehension skills, parenting, relapse prevention, GED instruction, recovery principles, addiction education, meditation, and weekly recreation events. Nutrition classes teach residents how to create a menu and shopping list and to prepare low-cost, healthy meals. Group therapy is provided three times a week by our counselors. All residents in Phase I must achieve required measures, in addition to the goals that they wish to accomplish, prior to moving into the next phase. These measures include the ability to follow program rules; follow the daily schedule without supervision; complete all reading and writing assignments on time; participate actively in all program activities; and voluntarily self-disclose in group therapy, education sessions, and private appointments with their assigned counselor. Clients must remain abstinent from alcohol and drugs, as evidenced by random drug screens, and attend 12-Step meetings.

Phase II As the resident moves forward into this phase, the Life Skills Counselor will assist her in updating her treatment plan to include job hunting; saving money; and demonstrating her ability to be self-sufficient. Phase II residents are required to secure employment. A maximum of 30% of a resident's pay is donated to the House of T.I.M.E. to help defray the cost of phase I expenses. Every resident is to attend all program activities and meetings and all evening events on the schedule during the job-search period. Extra support provided by peers and staff during these activities is essential since feelings of rejection and discouragement peak during this time. This is a time where clients are concentrating on completing the "Action Steps" in the 12 Step Recovery process with accompanying treatment groups and classes. Once employed, a resident's schedule of activities at the Center will be restructured to accommodate her new work schedule. After having saved \$250.00 from her paychecks, which she deposits with the Program Financial Manager, the client will open a savings account at a local banking institution. She must deposit a portion of all paychecks into her savings account. This will eventually help provide means to secure permanent housing upon completion of the program. In this phase, after evaluation of her credit report the client will begin paying on particular debts and/or fees, fines, and restitutions required from her involvement in the legal system. The resident attends budgeting classes where she tracks her spending and learns the value of money.

Phase III is the shortest phase of the program and is the prelude to "Moving Forward" into independent living. The client has devised an action-based recovery plan to discuss with her Counselor and Aftercare counselor. During this time, the resident will actively search for a suitable home in a safe neighborhood that is within the budget she has created with the Life Skills Counselor. The Residential Manager will assist her and must approve her choice. The resident "Moves Forward" into permanent housing during this phase. Permanent housing must be secured in Muscogee or Russell County for a minimum of six (6) months.

Phase IV Independent Living is the final phase of the Recovery program at the House of T.I.M.E. After a resident "Moves Forward" she is required to participate in weekly Aftercare and Applied Relapse Prevention sessions for six months. This phase of the program is designed to support the resident as she moves from supervised structure to independent decision making and is a vital element of the resident's continued successful recovery. Our weekly aftercare group meeting is designed to allow the resident the opportunity to fellowship with her peers and is facilitated by our Residential Manager. In this group, she can share feelings, joys, frustrations, successes, and failures in a safe atmosphere. Our Applied Relapse Prevention focuses on reinforcing ideas presented earlier in the program and is facilitated by our Relapse Prevention Instructor.

*****Homelessness Verification*****

Women seeking admission to the House of T.I.M.E. must be homeless

If you are referring yourself:

In addition to completing the application, you must write a letter briefly describing your situation: Why are you homeless (also write about your living situation before you became homeless)? What have you done for yourself to try to get housing? Do you have any resources to assist you in getting housing? Why not? Do you have any support system (family, friends) to help you get housing? Why not? This letter must also indicate what you plan to do if you are not accepted to the House of T.I.M.E.? **If family members or friends with whom you have stayed in the past will not allow you to return to their home, they must write a letter indicating this.** If you are being evicted or are fleeing domestic violence, please see those sections below.

For Referring Agencies Only

Please read this section carefully before submitting any application for admission to this program. **Criteria for homelessness must be met** in order to continue with the process. Homelessness is verified through letters from varying sources. Please pay close attention to the criteria outlined on page five (5) this intake packet.

Due to the strict controls under which we operate, to ensure our continued ability to provide supportive housing to homeless women in our long-term treatment program, we must conform to Federal regulations regarding verification of our participants' homelessness. This means we will be asking for specific documentation from all referring agencies.

Following are the more typical categories from which our clients come, in terms of their homeless condition. Please read each category carefully to determine if your client fits any of these criteria. Following each category are the types of documentation required to satisfy Federal requirements regarding homelessness. We require such proof to ensure that we are meeting the needs of the clients that we are funded to help, as well as to better assess the individual needs of each client regarding her independent living deficits.

After selecting the category that most accurately reflects your client's current situation, please submit the written verification documents outlined, along with all other required admission application documents.

All documentation must be written on agency letterhead and must be signed and dated by the agency representative, with contact information in case clarification or additional documentation is needed.

All referring agencies must submit information regarding the efforts made to locate housing for the client and why, without our supportive housing assistance, she would be living on the street or in an emergency shelter. If the applicant was in another program or shelter immediately prior to admission to your facility, please provide information as to why she is unable to return there.

All applicants must submit a letter describing their own efforts to secure housing, her lack of resources, and her lack of support networks in obtaining housing. This letter must also indicate what, if any, housing is available if she is not accepted into this program.

Family members or friends with whom she has stayed and who will not allow her to return to their home because of her drug use should write a paragraph stating this. This letter should also include contact information for verification, if needed.

If an applicant is coming from up to 30 consecutive days in an institution (for Agency Referral only):

Submit written verification (on agency letterhead, signed and dated) that:

- A. The applicant has been residing in that institution for 30 days or less, **and**
- B. The applicant was residing on the street, in an emergency shelter, or temporarily with a friend or family member, **prior to** the admission to that institution.

If an applicant is coming from up to 30 consecutive days in an institution (for Agency Referral only): continued

In addition, this documentation must include at least one of the following:

1. At the very least, one referring staff member prepares a short, written statement about the applicant's prior living situation; **or**
2. Letters or other documentation from organizations or outreach workers who have assisted the applicant in the recent past, which state where the applicant had been residing; **or**
3. Written verification from the staff that the applicant had been residing at that facility.

If an applicant is coming from 31 or more consecutive days in an institution (for Agency Referral only):

Submit written verification (on agency letterhead, signed and dated) that:

- A. The applicant has been residing in that institution for 31 or more days; **and**
- B. The applicant was residing on the street **prior to** the admission to that institution; **and**
- C. The applicant will be discharged from that program within seven days prior to receiving any supportive housing assistance. The referring agency can reference the fact that the reality of housing placement often takes longer than those seven days.

In addition, this documentation must include at least one of the following:

1. At the very least, one referring staff member prepares a short, written statement about the applicant's prior living situation; **or**
2. Letters or other documentation from organizations or outreach workers who have assisted the participant in the recent past, which state where the applicant had been residing; **or**
3. Written verification from the staff that the applicant had been residing at that facility.

If an applicant is coming from an emergency shelter (for Agency Referral only):

Submit written verification (on agency letterhead, signed and dated) from an agency representative that the applicant has been residing at that emergency shelter, the date she was admitted, and that she is within seven days of reaching the maximum stay allowed.

If an applicant is being evicted from a private dwelling (for Agency Referral only):

Submit written evidence of loss of residence via:

1. Formal eviction proceedings indicating that the person was being evicted within the week prior to receiving assistance from the referring agency. Essential evidence is a judgment from the court that the person is being evicted (a 30-day notice is not generally sufficient as evidence of formal eviction); **or**
2. Notice of eviction from the applicant's family member(s) or friend(s), including a statement describing the reason for that eviction, also signed and dated, including contact information.

*In cases where there is no formal eviction process and the client is forced out of the dwelling unit under circumstances beyond her control, a signed and dated statement from the applicant is needed that describes the situation, in detail.

If an applicant is fleeing a domestic violence situation (for Agency Referral only):

Written verification (on agency letterhead) from the applicant that she is fleeing a domestic violence situation must be submitted. If the participant is unable to prepare this verification, a representative of the battered women's shelter or other safe-house situation where the applicant is residing can provide a written statement about the client's previous living situation and have her sign and date this document.

OTHER REQUIREMENTS FOR ADMISSION for Self and Agency Referrals

In addition to being homeless, female, age 18 or older, with substance abuse issues, all applicants to the House of T.I.M.E. recovery program must also meet the following:

I. Substance Abuse History:

- Applicant cannot have a history of violent behavior or aggression toward others when not under the influence of alcohol or other drugs.
- Applicant cannot have a history of self-mutilating behavior unless it has been resolved for at least two (2) years.

II. Mental Illness History:

Individuals with a **dual diagnosis** (diagnosed mental illness in addition to a substance dependence diagnosis) must be able to demonstrate functioning capacity, as evidenced by **all** of the following criteria:

- Be able to properly self-administer prescribed medications for that illness;
- Cannot have a history of attempted suicide or of homicidal behavior at any time while taking those prescribed medications **and** absolutely no suicide attempts within the last twelve (12) months of this application;
- Cannot have a history of auditory, visual, or tactile hallucinations when **not** under the influence of alcohol or other drugs;
- Cannot have a history of violent behavior or aggression toward others when **not** under the influence of alcohol or other drugs.
- Cannot have a history of being noncompliant with prescribed mental health medications when **not** under the influence of alcohol or other drugs.

III: Other Requirements:

- **Be willing to give up contact (during entire treatment stay) with significant others or anyone who is deemed hazardous to your recovery by our Treatment Team;**
- Be able and willing to seek employment and become gainfully employed;
- Be able to read and write at or above the 5th grade level;
- Be able to participate in the program and comprehend program rules and guidelines;
- Be able to learn to live independently (women who have had to rely on others to think for them or care for them will only be considered for this program if they verbalize strongly the willingness to work hard to develop independent living skills);
- Be of average intellectual functioning (**one focus of this program is allowing women the opportunity to learn or relearn those life skills needed to function independently, locate and maintain permanent housing, and maintaining sobriety; applicants whose intellectual functioning is impaired due to organic damage or who have had other compromises of intellectual function are not best served by this program**).

Our facility is recognized as a State of Georgia Division of Regulatory Services Provider and meets or exceeds all of the Division's standards, procedures, and guidelines. Our program is monitored by several agencies (Home for Good, HUD, DHR, etc.) to assure compliance with their requirements for structure, content and qualifications of our staff.

You are now ready to begin the application process!

DO NOT RETURN PAGES 1 – 6 WITH YOUR APPLICATION

Applicant Name: _____

Verification and Certification of Homelessness

This DOES NOT replace the homeless letter

Part I: Certification of Participant

I, _____ certify that I am homeless for the following reason (s): _____

I also certify that I have exhausted all other efforts to secure housing.

Applicant Signature

Date

Part II and Part III FOR REFERRING AGENCIES ONLY

Part II: Homelessness Documentation (must be provided by 3rd party or by a Homeless Service Agency)

This participant is found to be homeless for the following reason (circle one or more reasons and attach documentation):

- A. **Participant is sleeping in place(s) not meant for human habitation, or person is leaving short-stay facility (30 days or less), and without assistance would have to sleep in a shelter or in a place not meant for human habitation.** Documentation, on letterhead, may include letters or memos from police and/or sheriff, DFACS, homeless outreach agencies, Traveler’s Aid, churches, the address used for public assistance checks, etc. Absent any of this information, obtain signed statement by the homeless person detailing the reasons for her homelessness.
- B. **Participant is homeless and living in a shelter, as defined by H.U.D.** Documentation, on letterhead, must include verification via letter or memo, on letterhead, by the sheltering agency.
- C. **Participant is homeless and living in transitional housing or has been in an institution for less than 30 days (crisis center) and is being referred by homeless service agency (homeless service agency may include mental health provider(s)).** Documentation, on letterhead, must include evidence via letter or memo from the homeless service agency accompanied by the original 3rd party documentation, as per Part II, Items A or B, above.
- D. **Participant is within one week of eviction.** Documentation, on letterhead, must include evidence via letter or memo that that participant is being evicted within seven (7) days from dwelling unit; no subsequent residence has been identified; AND participant lacks the resources and support networks needed to access housing (documentation should include an appropriate eviction notice).
- E. **Participant is being discharged within the week from an institution and has been a resident there for more than 30 consecutive days, no subsequent residences have been identified, and without assistance participant would have to sleep in a shelter or in a place not meant for human habitation.** Documentation, on letterhead, must include evidence from the institution or a homeless service provider (may be a community mental health agency) that the institution has discharged OR will discharge the participant within 7 days; that no subsequent residence has been identified; AND that the participant lacks the resources and support network needed to obtain housing without assistance.

Part III: Certification by Homeless Service Agency

Based on representation made to me by the participant, I find her to be homeless and eligible for assistance.

Signature of Certifying Agency Representative or Sponsor

Date

Complete and return this page with other application documents.

Applicant Name: _____

Applicant Financial Assessment

Source of Income

Amount

Supplemental Nutritional Assistance Program	_____
MEDICAID Health Insurance	_____
MEDICARE Health Insurance	_____
State Children's Health Insurance	_____
WIC	_____
VA Medical Services	_____
TANF Child Care Services	_____
TANF Transportation Services	_____
Other TANF-Funded Services	_____
Temporary Rental Assistance	_____
Section 8, Public Housing, Rental Assistance	_____
Earned Income	_____
Unemployment Insurance	_____
SSI	_____
SSDI	_____
Veteran's Disability	_____
Private Disability Insurance	_____
Worker's Compensation	_____
TANF or Equivalent	_____
General Assistance	_____
Retirement (Social Security)	_____
Veteran's Pension	_____
Pension from Former Job	_____
Child Support	_____
Alimony (Spousal Support)	_____
Other: _____	_____

(Note: Please fill in amount(s) or -0- on each line – **do not leave blank.**)

I certify that the above information is true and correct to the best of my knowledge. I certify that I have no assets, such as a home, etc., and further understand that if I am accepted into the program and this information is verified and not true, I will no longer qualify to remain in the program.

Applicant Signature

Date

Witness Signature

Date

Complete and return this page with other application documents.

Applicant Name: _____

What You MAY Bring With You

NOTE: **You are not required to bring anything** but the clothes you are wearing when you arrive. We will provide all necessities, such as clothing, underwear, shoes, toiletries, sanitary products, towels, pillows, linens, laundry soap (there is a washer and dryer in each residence), etc.

- Appropriate clothing and shoes, and winter outer wear (if needed)
- Panties, bras, slips, hose (limit panties to eight and limit bras to four)
- Pajamas or other sleep clothes and robe (limit to four sets of sleep clothes and one robe)
- Small clock radio or alarm clock
- Toiletries (soap, toothpaste and brush, deodorant, lotion, etc.).
- Non-fiction books (bible, recovery books, etc.)
- Cigarettes (NOT loose tobacco), lighters
- Make-up; cologne; costume jewelry; watch; sunglasses; hair ties, clips and combs; scarves; belts; photos; one stuffed animal; umbrella; nail care items; tweezers; stamps, etc.
- Laundry basket or bag.

Clothes: **You may have only 10 outfits. No exceptions.**

One outfit is one (1) top and one (1) bottom (a dress counts as one top and one bottom). You may have 1 outfit on your body and 9 outfits packed. If you have two tops that you always wear together, this still counts as two (2) tops. A suit-type jacket counts as one top.

Shoes: **You may only have 5 pairs of shoes. No exceptions.**

All shoes count – tennis shoes, boots, flip-flops, bedroom shoes, slippers, etc. You may have one (1) pair of shoes on your feet and four (4) pairs of shoes packed. Limit socks to eight pair.

What You MAY NOT Bring With You

- Cigars, E-cigarettes, Vapors, Rolling papers for cigarettes
- Cash, Credit or ATM cards; check books; grocery store cards; food stamp cards.
- CD's or tapes and players/recorders; headphones; cell phones.
- Mouthwash (or other liquids) with alcohol as an ingredient.
- Food or drinks, including gum, mints, hard candies, etc.
- Fiction books, magazines, puzzle books; playing cards; games, etc.
- Over-the-counter medications, all types.
- Hair pieces, wigs, extensions; hair coloring or perm kits.
- Weapons.
- Tight fitting pants, including leggings, tights, etc.
- You cannot request any items from family or friends once you arrive at the House of T.I.M.E.

Your signature below indicates that you have read, understand, and agree to abide by these limits:

I understand that I may bring ten (10) outfits, five (5) pairs of shoes and other items that are allowed. Any additional or forbidden items **will be donated to charity and will not be stored for or returned to me.**

Applicant Signature

Date

Complete and return this page with other application documents.

Applicant Name: _____

LEGAL AND DEPENDENT INFORMATION

I. Do you (the applicant) have any pending legal problems or court dates? [] Yes [] No

If yes, what are the charges? _____

Note: All court dates **should be postponed** for at least six months after admission to our program.

Probation/Parole Officer: _____

Name

Telephone Number

FAX Number

II. Do you (the applicant) have dependent children? [] Yes [] No How many? _____

Is DFACS (Department of Family and Children Services) involved? [] Yes [] No

If yes, _____
DFACS Counselor Telephone Number

Note: Applicant must have dependent care in place for her children prior to admission.

TESTING REQUIRED FOR ALL APPLICANTS

I. All applicants **must provide evidence of medical and physical stability, in the form of a written physician's statement.** Because of the physical activities required by the program's goals and activities, women with ambulatory problems or other significant medical issues which could interfere with treatment participation will be deferred from admission until those ambulatory/medical problems are resolved or referred to a more suitable facility.

II. All medical tests and physician's exam must be performed and be no more than six months (6) old. **If test results are not submitted with this application and need to be administered after arrival, you (the applicant) will be considered a "Conditional Admit" until test results are received.**

Required: (1) Physical examination and report, with history, by Physician (or PA, NP, RN)
(2) VDRL/RPR (Venereal Disease)
(3) TB Tine (Tuberculosis) or chest x-ray if client had previous positive testing

If available: (5) PSA (Psycho-Social Assessment)
(6) DSM Diagnosis (Diagnostic System Manual)
(7) HIV test

III. All applicants will provide a urine drug screen and pregnancy test upon arrival and before final admission. If you are in active addiction, you will be referred to a detox center. If you are pregnant, you will be referred to a more appropriate facility to assist you.

Complete and return this page with other application documents.

RETURN PAGES 7 – 11 OF THE APPLICATION ALONG WITH OTHER SUPPORTING DOCUMENTS