

Micah's House

Ephesians 4:28 Ministries, Inc. ENROLLMENT APPLICATION

Please complete the entire application.

Provider: Micah's House
Address: PO Box 220804
City/State/ZIP: West Palm Beach, Florida 33422
Telephone: 954-292-1616
Website: www.eph428.org

It is the policy of **Ephesian 4:28 Ministries** to provide equal opportunities to all applicants without regard to any legally protected status such as race, color, national origin, age, or veteran status. **Ephesian 4:28 Ministries** provides a Christian residential transition program called *Micah's House* that serves as a “**Christian Leadership Program**” for previously incarcerated men. The goal of this program is to encourage, equip, and assist each participant as he reintegrates into society. This year-long program provides housing with evening programs & classes designed to encourage the residents in their Christ-centered spiritual growth and personal development. **Attendance at each of the activities is required.** It is also required that each resident/participant seeks, finds, and maintains gainful employment so that he will be able to pay for his essential necessities.

1) Anticipated Release Date: _____ DC# _____

2) Applicant Information

Applicant's Full Name: _____ Date of Birth: _____

Prior Home Address Before Incarceration:

Address: _____

City/State/ZIP: _____

Number of years at this address: _____

Driver's License Number (If Known): _____

3) Emergency Contact: Who should be contacted if you are involved in an emergency?

Contact's Name: _____ Relationship to you: _____

Address: _____

City/State/ZIP: _____

Daytime phone: _____ Evening phone: _____

4) Do you have a job lined up upon release? _____ Yes _____ No

If so, where? _____

Full or Part Time? _____

How will you get to work? _____

5) Applicant's Skills

List any useful skills. Enter the number of years of experience and circle the number which corresponds to your ability for each skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

6) Applicant's Education and Training

College/University Name and Address: _____

Did you receive a degree? _____ Yes _____ No

If yes, degree(s) received: _____

High School/GED Name and Address: _____

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational): _____

Please indicate any current professional licenses or certifications that you hold: _____

Awards, Honors, Special Achievements: _____

Military Service: _____ Yes _____ No

Branch: _____

Specialized Training: _____

7) What were your charges? Please explain: _____

8) Are you going to be on CRD, Probation, or Parole Supervision? Yes No

If the answer is yes, please check the one that is applicable: CRD Probation Parole

How long will you be on supervision? _____

9) Are you gang affiliated? Yes No

If you answered "Yes" to this question, have you renounced membership in the gang? Yes No

If you answered "Yes" to gang affiliation, which gang are/were you a member of? _____

10) Do you take any prescribed medication? Yes No

If so, which one(s)? _____

11) Do you have any allergies? Yes No

If so, please describe: _____

12) Do you have any disabilities Yes No

If so, what are they? _____

13) Are you married? Yes No

If so, please explain the relationship/situation: _____

14) Do you have a girlfriend? Yes No

If so, please explain the relationship/situation: _____

15) Have you read the Micah's House Residence Rules & Regulations and both understand and agree that (a) no resident will be given permission to spend the night away from the program with anyone but family or verified employment _____ Yes _____ No, and (b) a resident must ALWAYS have permission to spend the night away from the program (**even if it is work related**) _____ Yes _____ No?

16) References

Please list individuals who are willing to provide a reference for you and whom we can contact. You can include relatives, prison volunteers, corrections officers, and/or former inmates. If possible, please include at least one relative.

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

NOTE: If you have more references you would like to provide, please provide that information on a separate piece of paper. Thank you.

17) If you have a history of addictive behavior, please explain whether alcohol and/or drugs and/or anything else was your addictive choice? Please also explain what you have been doing to free yourself from that lifestyle.

18) Briefly, in your own words, explain why you are a good candidate for Micah's House: _____

19) Briefly express what you are expecting to obtain if accepted by Micah's House: _____

20) Briefly express your testimony/how you came to Christ: _____

I understand that if Micah’s House needs to raise the cost of the weekly Residential Program Fee payment, it will be my responsibility to fulfill that financial obligation: (Yes/No) _____

I understand that Micah’s House may assist my start-up in society by loaning me the money to purchase necessary items such as cosmetics, clothes, food, tri-rail passes *et al*, and that after I have found employment, I have a maximum of ten (10) weeks to reimburse Micah’s House for this assistance: (Yes/No) _____

I understand that I am responsible for paying a \$250.00 Security Deposit, and that after I have found employment, I have a maximum of ten (10) weeks to complete this payment: (Yes/No) _____

I understand that if anything in my living area needs to be cleaned and/or repaired at the time of my departure from Micah’s House, or if I do not return the blanket, sheets, and pillowcase provided to me by Micah’s House Outreach, my Security Deposit will not be returned to me: (Yes/No) _____

I understand that if I am accepted into Micah’s House and become a disciplinary problem, this could lead to my immediate dismissal from the program and removal from the property and the decision in this matter will be left solely to the discretion of Micah’s House. I further understand that if I do not leave the premises after being instructed to do so, I will be guilty of “trespassing after warning” and the police will be called: (Yes/No) _____

I understand that if I am dismissed from Micah’s House for a disciplinary reason *or* choose to leave the program before I complete my one-year commitment to it, my Security Deposit plus any Residential Program Fee payment I have made will not be returned to me: (Yes/No) _____

I understand that if I am dismissed from the Micah’s House for a disciplinary reason *or* choose to leave the program for any reason of my own, I have a maximum of twenty-four (24) hours after my departure to return and retrieve whatever personal property I may have left behind; otherwise, Micah’s House has my permission to dispose of the property I left behind in whatever way it deems best: (Yes/No) _____

I understand that if I am serving CRD, Probation, or Parole supervision while residing at Micah’s House and am dismissed from the program for a disciplinary reason, or if I choose to move away prior to the scheduled time approved by my CRD, Probation, or Parole supervisor, Micah’s House is obligated to make my CRD, Probation, or Parole supervisor aware that I have moved away from Micah’s House: (Yes/No) _____

I _____ fully accept the terms of this application and commit to all the Micah’s House Residence Rules & Regulations (**which I have reviewed and signed separately from this application**) and pledge my full participation in every scheduled program activity.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE