



# Anchor House

## Ephesians 4:28 Ministries, Inc. **ENROLLMENT APPLICATION**

**Please complete the entire application.**

1. Provider Information

Provider: **Anchor House**  
Ephesians 4:28 Ministries, Inc.  
Address: 824 South J Street  
City/State/ZIP: Lake Worth Beach, Florida 33460  
Telephone: 954-292-1616  
Email: ah.resdir@gmail.com  
Website: [www.eph428.org](http://www.eph428.org)

It is the policy of **Ephesians 4:28 Ministries, Inc.** to provide equal opportunities to all applicants without regard to any legally protected status such as race, color, national origin, age, disability, or veteran status. **Ephesians 4:28 Ministries, Inc.** provides a Christian Residential Transition Program in Lake Worth Beach, Florida called Anchor 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. At the minimal Residential Program Fee payment of \$175.00\* per week plus a \$300.00 Security Deposit, 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 have the ability to pay his Security Deposit, Residential Program Fees, and all other expenses that come natural for any person in life.

**\*(This equals \$25.00 per day. If at any time Anchor House needs to raise the cost of the Residential Program Fees, it will be the resident’s responsibility to fulfill that financial obligation.)**

2. Anticipated Release Date: \_\_\_\_\_ DC# \_\_\_\_\_

3. 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): \_\_\_\_\_

4. 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: \_\_\_\_\_

5. Do you have a job lined up upon release? \_\_\_\_\_

Full or Part Time? \_\_\_\_\_

6. If so, where? \_\_\_\_\_

7. How will you get to work? \_\_\_\_\_

8. 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

9. 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: \_\_\_\_\_

10. What were your charges? Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you going to be on CRD or Probation? \_\_\_\_ Yes \_\_\_\_ No

12. Do you take any prescribed medication? \_\_\_\_ Yes \_\_\_\_ No  
If so, which one(s)? \_\_\_\_\_

13. Do you have any allergies? \_\_\_\_ Yes \_\_\_\_ No  
If so, please describe: \_\_\_\_\_

14. Are you married? \_\_\_\_ Yes \_\_\_\_ No  
If so, explain situation: \_\_\_\_\_

15. Do you have a girlfriend? \_\_\_\_ Yes \_\_\_\_ No

16. Have you read the Anchor House rules and both understand and agree that (a) Anchor House is a Christian organization that does not permit residents to have premarital sex \_\_\_\_ Yes \_\_\_\_ No , and (b) no resident will be given permission to spend the night away from the program with anyone but family \_\_\_\_ Yes \_\_\_\_ No, and (c) a resident must ALWAYS have permission to spend the night away from the program (**even if it is work related**) \_\_\_\_ Yes \_\_\_\_ No?

17. Do you have any disabilities \_\_\_\_ Yes \_\_\_\_ No  
If so, what are they? \_\_\_\_\_

18. 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 Former Inmates. Please include at least one relative.

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

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

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

19. If you have an alcoholic and/or addictive history, what is/are your drink(s) and/or drug(s) of choice? \_\_\_\_\_

\_\_\_\_\_

20. Have you ever lived at and/or otherwise participated in a sober living/recovery program?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If your answer to this question was yes, please share more about that program and your experience there.

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

21. Do you have a pornographic history/addiction? \_\_\_\_\_ Yes \_\_\_\_\_ No

If your answer to this question was yes, please share what you have done and/or can do to work on this problem? \_\_\_\_\_

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

22. Briefly, in your own words, explain why you are a good candidate for the Anchor House Program: \_\_\_\_\_

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

23. Briefly express what you are expecting to obtain if accepted in the Anchor House: \_\_\_\_\_

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



I understand that if Anchor 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 I am responsible for paying a \$300.00 Security Deposit and that I have a maximum of ten (10) weeks from the date of my admittance to Anchor House 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 Anchor House, my Security Deposit will not be returned to me: **(Yes/No)** \_\_\_\_\_

I understand that if I am accepted into Anchor House and become a disciplinary problem, this could lead to my immediate dismissal from the program and eviction from the property and the decision in this matter will be left solely to the discretion of Anchor 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 the Anchor House program 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 serving Probation or Parole Supervision while residing at Anchor 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 Probation or Parole supervisor, Anchor House is obligated to make my Probation or Parole Supervisor aware that I have moved away from Anchor House: **(Yes/No)** \_\_\_\_\_

I \_\_\_\_\_ fully accept the terms of this application and commit to all the Anchor House Rules & Regulations (which I have reviewed and signed separately from this application) and pledge my full participation in every scheduled program.

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

\_\_\_\_\_

\_\_\_\_\_

APPLICANT SIGNATURE

DATE

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