



***Anchor House***  
**Ephesians 4:28 Ministries, Inc.**  
**ENROLLMENT APPLICATION**

**Please complete the entire application.**

1. Provider Information

Provider: Ephesians 4:28 Ministries, Inc.  
Address: 824 South J Street  
City/State/ZIP: Lake Worth Beach, Florida 33460  
Telephone: 954-292-1616  
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 (primarily, but not exclusively, for those released from Sago Palm Reentry Center in Pahokee, Florida). 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 \$150.00\* 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 be able to pay for his room and board.

**\*(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 any disabilities \_\_\_\_ Yes \_\_\_\_ No

If so, what are they? \_\_\_\_\_

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 Former Inmates. Please include at least one relative.

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

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

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

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

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

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

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

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

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



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## **CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application; or, if accepted into Anchor House and this is learned after my residence there commences, immediate eviction.

PLEASE CIRCLE THE CORRECT YES/NO ANSWER BELOW AND PLACE YOUR INITIAL BESIDE YOUR ANSWER:

I understand that if I am accepted to participate in the Anchor House program, I will not be required to make a Residential Program Fee payment for my first two weeks there; however, beginning my third week there, I will be responsible to pay a total of \$150.00 per week for my Residential Program Fee payment no later than Saturday of each week: (Yes/No) \_\_\_\_\_

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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