



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

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 \$100.00 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: _____

Relationship: _____

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 I am responsible for paying a \$100.00 security deposit:

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 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: (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
