

CHRISTIAN HOME RECOVERY LLC  
8126 VAUGHN RD LYLES TN 37098  
APPLICANT'S APPLICATION

PERSONAL HISTORY:

NAME: \_\_\_\_\_ TOMIS NUMBER: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

NEXT OF KIN NAME: \_\_\_\_\_

NEXT OF KIN ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NEXT OF KIN PHONE NUMBER: \_\_\_\_\_

MARITAL STATUS:    SINGLE            MARRIED            DIVORCED            WIDOWED            SEPARATED

IF APPLICABLE:    SPOUSE NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRISON HISTORY:

PRESENT INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EXPECTED PAROLE DATE: \_\_\_\_\_

NUMBER OF INCARCERATION: \_\_\_\_\_

SPECIFIC OFFENSES THAT LED TO YOUR INCARCERATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSTITUTIONAL CONTACT NAME: \_\_\_\_\_

PHONE NUMBER/EXTENSION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MENTOR/SPONSORS NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SELF IMPROVEMENT PROGRAMS COMPLETED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EDUCATIONAL HISTORY:

HIGHEST GRADE OF SCHOOL COMPLETED:

GRADE SCHOOL

MIDDLE SCHOOL

HIGH SCHOOL

GED

COLLEGE

MAJOR FIELD OF STUDY: \_\_\_\_\_

MILITARY HISTORY:

DID YOU SERVED IN THE MILITARY:

YES

NO

IF YES, WHAT BRANCH:

AIR FORCE

ARMY

MARINES

NAVY

TYPE OF DISCHARGE RECEIVED: \_\_\_\_\_

IF DISHONORABLE DISCHARGE, PLEASE TELL WHY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICAL HISTORY:

WHAT IS YOUR CURRENT STATE OF HEALTH:     EXCELLENT            GOOD            FAIR            POOR

DO YOU HAVE ANY HANDICAPS?    YES            NO

IF YES, WHAT TYPE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN TREATED FOR DRUG ADDICTION OR ALCOHOLISM?     YES            NO

IF YES, PLEASE TELL WHEN AND WHERE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU TAKING SUBSCRIBED ANY MEDICATION AT THIS TIME?                    YES            NO

ARE YOU TAKING ANY OVER THE COUNTER MEDICATION?                                    YES            NO

IF YES, PLEASE LIST ALL MEDICATIONS YOU ARE TAKING AND THE DOSAGES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN TREATED FOR PSYCHIATRIC PROBLEMS:                                    YES            NO

ARE YOU PRESENTLY TAKING PSYCOTROPHIC MEDICATION:                                    YES            NO

HAVE YOU EVER BEEN HOSPITALIZED DUE TO PSYCHIATRIC PROBLEMS:                                    YES            NO

DO YOU HAVE MEDICAL INSURANCE:    YES            NO

IF YES, WHAT KIND: \_\_\_\_\_  
\_\_\_\_\_

SPIRITUAL HISTORY:

RELIGIOUS PREFERENCE: \_\_\_\_\_

GENERAL QUESTIONS:

1. HOW DO YOU FEEL ABOUT PARTICIPATING IN A BIBLICALLY BASED PROGRAM FOR SELF-IMPROVEMENT? \_\_\_\_\_

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2. WHY DID YOU CHOOSE CHRISTIAN HOME RECOVERY?

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3. HAVE YOU RECEIVED ANY DISCIPLINARY WRITE-UPS WHILE IN PRISON? IF SO, BRIEFLY DISCRIBE:

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4. WHAT WILL YOU DO IF THIS APPLICATION IS TEMPORARILY DELAYED OR REJECTED?

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5. WHO IS THE CLOSEST PERSON TO YOU AND WHAT DOES THAT PERSON MEANS TO YOU?

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6. HOW DO YOU FEEL ABOUT BEING INCARCERATED FOR THE CRIME(S) YOU WERE CONVICTED OF? \_\_\_\_\_

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7. HOW DO YOU SPEND YOUR TIME DURING THE WEEK AT THE INSTITUTION?

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8. HOW DO YOU SPEND YOUR WEEKENDS AND HOLIDAYS AT THE INSTITUTION?

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9. WHAT ARE YOUR PERSONAL GOALS AND HOPE FOR THE FUTURE? \_\_\_\_\_

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10. ADDITIONAL COMMENTS: \_\_\_\_\_

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I, \_\_\_\_\_ UNDERSTAND THAT IF THIS APPLICATION IS APPROVED, AND I BECOME A RESIDENT OF CHRISTIAN HOME RECOVERY, LLC, I WILL BE EXPECTED TO:

1. OBEY ALL THE RULES AND REGULATIONS OF CHRISTIAN HOME RECOVERY, LLC.
2. ATTEND WEEKLY BIBLE STUDIES
3. SPEND ONE HOUR EACH DAY IN PERSONAL REFLECTION AND DEVOTION TO THE LORD.
4. TELL THE TRUTH AT ALL TIMES.
5. SHOW RESPECT TO OTHERS AND RESPECT FOR THEIR OPINIONS.
6. WORK SINCERELY TOWARDS MEETING THE GOALS CHRISTIAN HOMES RECOVERY ESTABLISHES TO PREPARE FOR A SUCCESSFUL RE-ENTRY INTO THE COMMUNITY.
7. FOLLOW THE DIRECTIONS AND RECOMMENDATIONS OF CHRISTIAN HOME RECOVERY LEADERS AND VOLUNTEERS.

I FURTHER UNDERSTAND THAT PARTICIPATION IN THIS MINISTRY IS STRICTLY VOLUNTARY AND IS NOT BASED ON RACE, CREED, DISABILITY, OR RELIGIOUS PREFERENCE. APPROVAL OF THIS APPLICATION IS BASED SOLELY ON MY WILLINGNESS TO ACCEPT THE ADVICE AND COUNSEL OF STAFF AND TRAINED VOLUNTEERS AFFILIATED WITH CHRISTIAN HOME RECOVERY, LLC AND MY DESIRE TO RETURN TO THE COMMUNITY AS A PRODUCTIVE CITIZEN.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

CHRISTIAN HOME RECOVERY, LLC ACCEPTS MEN OF ANY RACE, NATIONAL OR ETHNIC ORIGIN AS RESIDENTS TO THE HOME. EACH APPLICANT IS CONSIDERED ON AN INDIVIDUAL BASIS. CHRISTIAN HOME RECOVERY, LLC DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL OR ETHNIC ORIGIN.

## CHRISTIAN HOME RECOVERY LLC PARTICIPANT RULES AND REGULATIONS

### While living at the Christian Home Recovery LLC I agree to the following rules and regulations:

1. No alcohol or illegal drugs are allowed on the premises. Only medications prescribed by a medical professional are permitted. Over the counter medication may be approved on a case by case basis by the Executive Director.
2. All participants are subject to random drug screens. Failure to pass urine test will lead to immediate dismissal. Drug test fees will be charged at the rate of \$15.00 each time.
3. The use of any tobacco product is permitted only on the outside of the residence. Users of chewing tobacco or snuff must use a spit-on outside, while smokers will use ash trays.
4. No personal visitors are permitted in the bedrooms. No sexual contact is permitted in the premises.
5. You are responsible for keeping room and the house areas clean
6. Christian Homes Recovery staff may inspect rooms at any time. Beds must be made up at all times.
7. Participant must clean up immediately after using the restroom and kitchen areas.
8. Participant is responsible for keeping up with the house door key. If lost, participant must report it immediately, and a fee of \$25.00 will be charged for a new key.
9. A participant that has repeated instances of unpaid rental fees will be required to make an action plan with staff. If the plan is not followed, termination will occur.
10. If a participant is absent from the premises without permission, it will be considered abandonment.
11. Upon abandonment, whether by arrest, parole violation, or voluntary, all personal items left on the premises will be disposed of by the staff of Christian Home Recovery LLC as they see fit.
12. All my personal property is the responsibility of the participant. Christian Home Recovery LLC is not responsible for the lost or damage of such property.
13. Participant agrees to stay at Christian Home Recovery LLC for a minimum of 90 days. A minimum of seven (7) days' notice must be given before leaving.
14. No vehicles will be allowed for the first 60 days, unless prior approval is given by Executive Director. Vehicles must have a legal tag and be insured.
15. Violence or threats of violence are cause for immediate dismissal.
16. Participant is only allowed to prepare food in the kitchen or any outdoor designated area.
17. All cooking utensils and dishes must be washed immediately after each use.

18. Upon moving out of Christian Home Recovery LLC, all items issued to the participant shall be left on top of the assigned bed.
16. During probationary period (the first 30 days)at Christian Home Recovery LLC, curfew is between the hours of 8 P.M. and 5 A.M.
17. After the probationary period, Curfew is between the hours of 10 P.M. and 5 A.M., unless employed or have permission from the Executive Director.
18. No alteration to the room or any part of the premises is allowed, unless prior permission from the Christian Home Recovery LLC staff is giving.
19. The participant is liable for any damages cause to the property of Christian Home Recovery LLC and/or property of other participants.
20. No TV's are allowed in the bedrooms. TV is provided in the living room. Only movies approved by Christian Home Recovery LLC will be allowed. No sexual implicit or extreme violent movies will be tolerated.
21. No pets of any kind shall be kept in the premises.
22. Participants must be appropriately dressed at all times-this means having on a shirt, pants and shoes.
23. No phone calls after 10:00 p.m.
24. Phone calls are limited to 15 minutes per person.
25. Weekend passes will be approved according to the participant's performance, compliance of the rules of Christian Home Recovery LLC, and prior approval from assigned Parole/Probation Officer. Two weekend passes a month may be allowed after 30 day probation period has been met.
26. Pornographic material in grounds will result in immediate discharge.
27. The developing of intimate relationship is not suggested in the first 90 days of the program. Participants are encouraged to develop community with other participants and staff.
28. Sponsorship is a requirement in the program. A temporary sponsor should be chosen within the first 14 days of arrival into Christian Home Recovery LLC and a permanent sponsor within the first 30 days of arrival.
29. Each participant's progress will be periodically evaluated on an individual bases.
30. Participant must attend 4 program meetings and one outside AA/NA meeting per week.
32. If program fees are delinquent, cell phones may be confiscated, weekend passes may be curtailed or denied, and curfew will be subject to change.
35. Personal cell phones will not be allowed for the first 30 day probation period, without prior approval of the Executive Director.
36. Christian Home Recovery LLC will not be held legally liable for any injuries incurred in the use of the "free weights" apparatus, exercise equipment used in the premise, and/or physical activities.



37. Sign in, sign out is mandatory .Must be done every time you enter and depart premises.

38. Stealing of any kind will not be tolerated and will lead to immediate dismissal.

39. No weapons will be allowed in the property. If weapons are found, legal authorities and PO will be immediately notified.

40. No harassment will be tolerated. This includes but not limit to racial slur, verbal threats, and aggressive actions. Incidents of harassment will result in immediate dismissal from Christian Home Recovery LLC .

42.Program director reserves the right to dismiss participant from Christian Home Recovery LLC for any other infraction that could jeopardize the integrity of the program .

43. A one-time \$150.00 application fee is due with application. Program fee is \$600.00 per month. If paid weekly, program fees are due each Friday in the amount of \$150.00 per week.

44. Participants must provide and prepare their own food.

45. Completion of the program constitute: Completion of all programs provided by Christian Home Recovery LLC, 90 days sobriety, and attendance to 14 outside AA/NA meeting.

These rules and regulations are subject to change at any time and without advance notice.

By signing below, I agree to all of the above terms and conditions. Any violation of them gives Christian Home Recovery LLC the right to have me vacate the premises immediately. I understand that my Parole/Probation officer will be notified of any breach of this contract.

Signed on this the \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_

Participant Signature \_\_\_\_\_

Program Director Signature \_\_\_\_\_

