Merited Favor Safe House Transitional Living

300 West 2nd Street (MEN)

1206 East End Street (Women)

Columbia, Tn.38401

Transitional House Application

GENERAL INFORMATION

Name: Last First Middle

TDOC Race Number Institution

Birth Date Birthplace

Social Security No: Drive License:

Last Residence

Street City County State

Emergency Contact:

Name: Relationship: Phone No:

Race:

One other person who will always know how to contact you:

Address: Phone No:

What is your financial obligation?

List your economic resources:

Marital Status: Number of Children

Are you in contact with your spouse or significant other? Children Family

Health

Have you ever been diagnosed with any health problems?

If so, list and give treatment received:

List any handicaps or health problems that would prevent you from working:

Alcohol/ Drug History

Have you ever had an alcohol or drug problem?

If so, what programs have you attended, or treatment received?

List all primary drugs you have used in the past:

EDUCATION

Last grade completed in school: Diploma/GED:

Place and Date:

List of college, trade school, and degree:

Years in military service: List brand and type of discharge:

EMPLOYMENT HISTORY

List name and address of the last company you worked for:

From: To: Why did you leave:

Were you employed at the time of your most recent arrest:

How many jobs have there been in the last five years before your arrest?

What are your future employment plans?

If you have a job plan, list company name and addresses:

List of your job skills:

PRISON HISTORY

Current Charges:

Current Convictions:

Current Sentence: Date Incarcerated:

Did you know the victim?

How?

Plea or Jury Trail? Expiration of sentence date?

Have you met with the Board of Paroles on these convictions? How many times?

Next parole hearing: Earliest release date?

Have you ever been on parole? Did you violate parole?

Were you charged for a new crime while on parole?

List all prison disciplines?

How long since your last discipline?

Current prison job: Prison Programs:

List prison, volunteer or other community reference:

Name Known Occupation Phone Number Years

List name of your counselor or caseworker:

Your age at first arrest: Juvenile:

Prior adult arrest and charges:

Prior adult convictions:

How many years have you spent in prison during your adult life?

Hobbies:

Personal Goals:

AGREEMENT

If accepted at Merited Favor Safe House, I will follow the rules, program and regulations as outlined in the contract that I will sign. I will reside in a Merited Favor Safe House for 6 months or more with the option of a permanent house. I give permission for Merited Favor to review any information in their files with the Tennessee Department of Correction or by any other agency. I understand that MFSH keeps this information confidential.

_____ _____

Signature Date

Merited Favor Safe House does not discriminate in selecting applicants solely based on gender race or religious conviction. Each person is to be able be mobile and able to walk and stand for a period.

Mail to:

Merited Favor Safe House 300 West 2nd Street (Men) Columbia, Tn. 38401

1206 East End Street (Women) Columbia, Tn.38401

Office: 615-587-8135

Or Email: cmarlowfoster56@gamil.com

RELEASE OF INFORMATION CONSENT FORM

I, _____ TOMIS # _____, hereby give my consent to have the following information released to Merited Favor Safe House, for determination of eligibility into their transitional living and training center in Nashville, TN.

- Disciplinary record
- Offenses for which I have been incarcerated.
- Recommendation by the Pre-release Coordinator or other staff person (If incarcerated) and Medical Summary

Client Signature Date

Merited Favor Safe House Staff Date

Note: Please sign this form and give it to your counselor or Pre- Release Coordinator (if incarcerated). Attach the requested information with your application and contract.

Merited Favor Safe House

300 west 2nd Street (Men)

1206 East End Street (Men)

Columbia, Tn.38401

Office: 615-587-8135

Email: cmarlowfoster56@gmail.com

Dear Prospective Resident:

Please sign the Release of Information Consent Form and Medical/ Mental Health Summary Form that you received in the application packet and send the Medical/ Mental Health Summary form to the Medical Record office to be completed by them. Please request that they send the complete information to us at the above-mentioned address. This form will help us to

make a knowledgeable decision about whether we can serve you with the resources that we have available to us.

We cannot approve of you of one of our facilities until we get information regarding the current medications that you are taking and any medical or psychological diagnosis for you from the prison or other facility that you are currently in.

If you have any questions, feel free to have your counselor, case manager, or other staff member call our office: 615-587-8135.

Sincerely Yours,

Cynthia Marlow-Foster

Director

Merited Favor Safe House

Medical Health Summary

(Confidential HIPPA- Protected Medical Information)

Name: _____ if incarcerated: TOMIS# _____

Current Medical/ Mental Health Diagnosis _____
_____

Past Medical/ Mental health Diagnosis _____

_____

_____

Current Medication _____

_____

Signature of Medical Staff _____

Client Signature for Release of Information _____

To be completed by medical staff and returned to Merited Favor Staff.

*MERITED FAVOR SAFE HOUSE WILL NEED FEES UPON YOUR PAROLE HEARING APPROVAL. WE ALSO NEED TO KNOW YOUR OUT DATE. IF YOU ARE WITHHELD ONE OR TWO MONTHS PRIOR TO BEING RELEASED. RESIDENTS WILL NEED TO SEND THEIR FEES TO BE ABLE TO RETAIN THEIR BED. **

Merited Favor Safe House

300 West 2nd Street (Men)

1206 East End Street (Men)

Columbia, Tn.38401

cmarlowfoster56@gmail.com

Cynthia Marlow-Foster (615) 587-8135

Patrick Foster (615) 200-3172

pmfoster6523@gmail.com

PROGRAM CONTRACT

I _____, agree to follow the program, rules and guidelines set forth by the Tennessee Board of Probation & Parole, if I am released on parole. I will agree to residing in Merited Favor Safe House for a minimum of 6 months.

I furthermore give permission to Merited Favor Safe House, (hereinafter referred to as MFSH,) to review any information in the files kept on me by the Tennessee Department of Correction or by any other agency. I understand that MFSH keeps this type of information confidential.

An admission fee of $200.00 must be paid upon (approval) for deposit the deposit is nonrefundable in MFSH. I agree to pay a monthly program fee of $1000.00 monthly is due upon arrival. IF resident is withheld for one or two months. Residents are to send their fee to be able to retain their bed. The admission fee will not be reimbursed to me, if I am terminated by MFSH, for breach of contract anytime during my stay. _____
Initials of Applicant

I agree to find work within 8 days due to the blackout period, after moving in and further to maintain employment throughout my stay. I understand that if I fail to find and maintain work, I am subject to immediate termination from the program and will leave the house immediately. I understand that MFSH may inform my parole officer of my breach of contract.

I understand and agree that my program rents $1000.00 monthly or weekly or bi/ weekly due on the 1st of each month with a non-refundable deposit of $200.00. Merited Favor will notify eachresident if they are late on their fee if a resident are two month behind it could require in discharged immediately.

Below are the program guidelines and expectations for people residing in the Merited Favor Safe House. I understand that violation of any of these guidelines will lead to disciplinary action

which may result in my immediate from the program and eviction from the house. These guidelines are not negotiable. By signing below, I agree with the following.

Merited Favor Safe House Guidelines

- TOTLE ABSTINECE: The possession or use of alcohol, drugs, or any other mood-altering substance on or off premises is strictly prohibited and will not be tolerated.

  Violation will result in immediate termination and eviction from the program and the house. Only medication prescribed directly to you, or over-the- counter medication is permitted. You may not have a prescription drug which contains Benzodiazepine, a narcotic, or is considered a controlled substance. All medications in possession of the resident are required to be listed on the resident's medication list.

- OFFENSIVE MATERIAL: Pornographic material (movies, books, magazines} or any other material that demeans or degrades either gender is strictly prohibited. The determination of what is, or what is not acceptable is left to the sole discretion of the Program Director.

- EMPLOYMENT: Residents agree to either gain full-time employment, attend school or an intensive outpatient treatment program within two weeks of arrival, Residents will not quit any of these activities without first consulting with the Program staff.

- PROGRAM RENT: Program rent is an important part of being a productive member of society. If the program rent is not current, a plan of action must be submitted to the office manager.

- COUNSELING SESSIONS: Each resident must attend six sessions. This is mandatory!

- ROOMS: All rooms are subject to inspection at any time. Beds must be always made up. No EATING IN YOUR ROOM!

- HOUSE KEY: I understand that I will be issued a house key. If lost, it is to be reported immediately, and a fee of $25.00 will be charged for a new key.

- VISTORS: No personal visitors are permitted without prior approval.

- RESIDENTS: is not allowed to borrow money from other residents or staff. If this rule is broken, you will be discharged immediately.

- CHORE: There will be daily chore assignments which are mandatory. This includes but is not limited to vacuuming carpet, toilets/ shower area cleaned, kitchen area cleaned, and trash disposed of in a timely manner. The outside grounds will be litter free. Also, smokers are responsible for picking up any butts.

- EMERGENCY SITUATIONS: Any situation that requires police involvement must be discussed with the house manager before the police are called. (Any police involvement without house manager notification will be grounds for discharge.)

- FOOD AND MEALS: Residents are responsible for their own food and always prepare their own meals.

- LAUNDRY: Laundry is provided. You must provide your own cleaning solutions. There is no washing every day. Machines are used on each person's schedule day.

- ENERY CONSERVATION: Residents are required to turn off all televisions, radios and appliances and lights out at 10pm to maintain affordable program fees. Additionally, turn off all lights that are not in current use. Keep heating and cooling thermostat always set between 72 and 75 degrees.

- COMMON AREAS: The common area is available for use by all residents without expectation. Sleeping is not allowed in common areas. Also, there are no propping feet on the furniture. Residents will sleep in their assigned beds only.

- SEXUAL RELATIONS: Sexual relations are strictly prohibited on the premises.

- PERSONAL HYGEINE: Each resident is responsible for maintaining good personal hygiene. Daily bathing or showering is a must! Foul body odor will not be tolerated. Any resident that fails consistently to maintain good hygiene and overall neatness and cleanliness will be asked to vacate the house within 24 hours.

- SMOKING: Smoking is not allowed in the house as while as Vaping. The use of any tobacco product is permitted only outside of the residence. Using chewing tobacco or snuff must a spittoon outside, while smokers will use an ashtray.

- HOUSE SHUT DOWN: This will occur if chores are not done, the grounds and building are not cared for, rooms are not kept clean, or general attitudes are not in line with house etiquette. This will be done at the discretion of the house manager.

- EMERGENCY: If there is an emergency, call 911, and then notify the house manager immediately.

- VEHICLES/ BIKES: Residents are allowed to have vehicles after 2 months of being in the program if fees are current. All vehicles will have current tags and insurance. This information will be verified. Absolutely no storage of vehicles and no working on vehicles on the premises. Bikes and other modes of transportation must be stored in the appropriate locations, MFSH is not responsible for any of these items and is to be secured at your own cost.

- COMMUNITY MEETINGS: Community meetings are held once a week at a time established by the community. Everyone is expected to be present. These meetings are for sharing information and addressing any problems that arise in the house. Because we are a consensus model for resolving problems, we depend on active participation of all residents.

- CURFEWS/LIGHTS OUT: Residents must observe curfew and lights out policy. First 30 days; after that CURFEW AND LIGHTS OFF program director discretion. Sunday-Thursday; 10:00 p.m. and Friday- Saturday 11p.m

PASSES: Passes are granted contingent on behavior, rule compliance, and progress etc. No passes are allowed within the first 30 days of the program. Passes will be granted at the discretion of staff. If fees are not paid you will not be able to go on a pass.

- EMERGNCY SITUATIONS: Any situation that requires police involvement must be discussed with the house manager before the police are called (Any police involvement without house manager notification will be grounds for discharge.)

- COMMUNITY HOURS: Each is required to complete 40 hours of community service.

- SERVICES: Resident are required to attend a spiritual service on Sunday or Saturday'

- RECOVERY MEETING: Residents are required to attend Tuesday night meeting sponsored by Merited Favor Safe House. Additionally, residents agree to attend (5) meetings a week related to NA/AA. Attendance will be documented on the staff sheet.

- TELEPHONE: For the first 14 days each resident will not have a cell phone they will be able to use the house phone. If you catch a cell phone or use anyone else's phone will be consequence are discharged from the house.
- Residents will be on a 30-day blackout as well as buddy system when coming into Merited Favor Safe House by staff.

- PERSONAL BELONGING: MERTIED FAVOR SAFE HOUSE its owners, management or staff are in No way responsible for the loss, damage or theft of any personal property of any resident at any time. All participants will take all personal belongings with them when they are discharged (safe house completion or if asked to leave) the safe house and the property. If any items are left behind, arrangements must be made with staff members to pick them up within 24 hours, or the belongings will be disposed of. _____

- If anyone is non-compliant it will be consequence or sat down with PO and resident to find another program.

As indicated in the Application for Residence, and as agreed upon in the Housing Contract, certain rules and regulations will be enforced to establish the safe recovery environment we all want. Residents will be required to leave the house immediately upon the occurrence of any violations.

GROUNDS FOR IMMEDIATE DISCHARGE

- Being under the influence of unprescribed drugs; or refusing a drug test
- Possessing unprescribed drug and alcohol
- Physical violence, acts of self-harm, or deliberate property self- destruction.
- Dishonesty or stealing
- Borrowing money from staff and residents
- Refusing to participate in a scheduled Twelve Step Program Meeting
- Bring unauthorized guests to the premises.
- Refusing to participate in cleaning and cooking chores.
- Failure to live cooperatively and comply with the directions of staff.
- Failure to pay rent. NO PASSES
- Non-compliant or power struggle will be ground for discharge.
- Catching a cell phone within 14 days or using anyone else cell phone will be ground for discharge or consequence.

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

By signing below, I agree to all the above terms and conditions, any violation gives Merited Favor Safe House the right to have me vacate the premises immediately. Any breach of this contract or noncompliance of these rules and regulations could result in the notification to my parole/ probation office, if I am on parole or probation.

Signed on this date _____-

Signature _____Staff
Signature_____