



# ANGEL HOUSE, INC

*Structured Housing for Women*



LOVETHEM ENOUGH OUTREACH  
Ministry  
Nonprofit Organization

[www.lovethem enough.info](http://www.lovethem enough.info)



**If you have been involved in these charges you will not be approved for the Angel House program.**

- **Cruelty to Elderly**
- **Cruelty to children**
- **Sex offender**
- **Murder**
- **Mental Disorder**
- **Violence**

**Angel House Facility Does Not Take Clients that's on any Medication. Our Facility is not Equip for Clients That's on Medication. We want to see you healthy in your recovery.**

**In addition, Angel House does not take in clients that suffer from mental illness.**

Angel House is a SMOKE FREE facility: There will be no smoking or vaping here at the facility property or off the property. We will be conducting a smoke test once a week. If you fail the test more than 3 times, you will be dismissed from the program immediately. **NO EXCEPTIONS!!**

Probation office Name \_\_\_\_\_

Probation Phone Number \_\_\_\_\_

**Monthly Fees: \$800 due on the 1<sup>st</sup> of each month / \$200 week. A late fee of \$50 will be added if the payment is not received by the due date.**

**Admission Fee: These is no entrance fee upon admission**

**Bed Holding Fee: If we have an open bed, but you need us to hold it for only two weeks (it will be unavailable for anyone else.)**



**Angel House, Inc. Minimum Requirement for Admission:**

1. Commitment to stay at least 3 to 6 months.
2. Be able to pass a drug and alcohol test before entering Angel House. We do drug and screening 2-3 times per month. There will be **ZERO TOLERANCE** for a failed drug or alcohol screening.
3. Being willing to learn how to be independent and getting your life back together.
4. Complete willingness to follow all rules and directions.
5. Angel House is a structured living environment that provides all residents with the opportunity to live to the fullest while learning to live with structure and accountability. We will discharge anyone that does not follow the rules, for the safety and wellbeing of those who are serious about their life in recovery.
6. You must be able to maintain a full-time job, or you will be on a continual job search from 9am to 4pm, part-time community service or volunteer work, and various activities. Even if your program fees are being paid for by family or outside resources, you will be required to be productive and self-sufficient at Angel House.

We understand that Angel House is not for everyone; We are the facility for someone who is 100% serious about being successful in the life. We intake each potential and assess their willingness and character, then determine whether or not they will be a good fit for the Angel House Program.

**AA and NA Classes**

**GED Classes**

**Life Skills Classes**

**Group Bible Study**

**12 –Step Meeting**



# Client Information Form

**ATTENTION: Incomplete application and false information will DELAY processing and you will not be able to move into Angel House. There will be no Exceptions for anyone.**

Date

Place of Interview  Referral Source

Angel House will only have interviews through Zoom, so we must be able to contact you through it. The in-person meeting will be scheduled by the Angel House Director.

First Name  Last Name

DOB  SSN

Age  Weight  Sex Male  Female  Other

Address

City, State  Zip

Phone  Email

What is your preferred language? \_\_\_\_\_

What is your marital status? Single  Married  Widowed  Divorced

	Yes	No
Are you homeless?	<input type="radio"/>	<input type="radio"/>
Are you a Veteran?	<input type="radio"/>	<input type="radio"/>
Are you Pregnant?	<input type="radio"/>	<input type="radio"/>

If so, what is your due date? \_\_\_\_\_

How many children do you have that are under 18? \_\_\_\_\_

Do you have Medicaid?  Yes  No

If so, what is your Medicaid Card #? \_\_\_\_\_

Do you have health insurance?  Yes  No

If so, what is your insurance company? \_\_\_\_\_

Do you understand the fees and the financial agreement?  Yes  No

If not, please explain: \_\_\_\_\_

Yes No

Do you need to obtain a GED?  
(We can assist with this)

Total years of education: \_\_\_\_\_ Level Completed: \_\_\_\_\_

**Emergency Contact Information**

Name

Relation

Phone

Client may sign a release for this person.

**Parent/Guardian Information**

Name

Relation

Phone

Name

Relation

Phone

Client must sign a release form.



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