



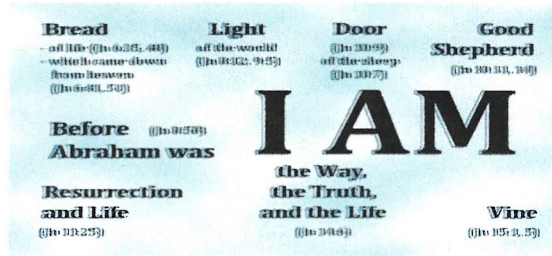
ANGEL HOUSE, INC

Structured Housing for Women



LOVETHEM ENOUGH OUTREACH
Ministry
Nonprofit Organization

www.lovetheменough.info



Angel House, Inc is a faith-based program we believe that Jesus died on the cross in God has raised from the dead. Love Them Enough Outreach Ministry is a nonprofit organization that is the founder of Angel House. All we want to do is to help you in your recovery, to share Jesus Christ with you and your recovery become the women God made you to be.

Our Mailing Address for this Application:

Angel House, Inc.

120 Forest Street Dublin, Georgia 31021

Website: lovethemenough.info

Email: lovethem777@yahoo.com

We will need your probation office name & number:

Name: _____

Number: _____

Family member or Friend:

Name: _____

Number: _____

*Thank you and
God bless you!*



If you have been involved in any of these charges you will not be approved for Angel House, Inc.

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

Angel House Inc. Do not take clients that's on any mental health medication, Angel House policy with them program, Angel House do not take clients that suffer from mental illness.

We want you to get the care you will need while you are in recovery.

Angel House is a Smoke Free Facility, there will be no smoking or vaping on the property or off the property at the Angel House. Second-hand smoke kills, and smoking is not good for your health. We will be conducting a smoke rest once a week, if you fail the test more than 3 times you will be dismissed from the program immediately. **NO EXCEPTIONS!!**

Admission Fee: \$1,200 due before you enter the Angel House, there will be **NO REFUND!!**

Monthly Fee: \$800.00 a month / will be paid by-weekly \$200.00 week

Late Fee: \$50.00 will be added if the payment is not received by the 1st of every month.

Bed Holding Fee: \$500.00 if we hold a bed for you and you decide not to come to the Angel House, for whatever reason, there will be **NO REFUND.**

CEO/Founder/ Angel House

Deborah Woodfork

Client Signature: _____ **Date:** _____



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.

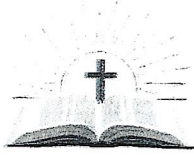
AA and NA Classes

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

Are you homeless? Yes No

Are you a Veteran? Yes No

Are you Pregnant? Yes No

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: _____

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

Yes No

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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