



EL BETHEL TRANSITIONAL LIVING CONTRACT

Applications will not be accepted more than 30 days from the date when residency is needed.

El-Bethel, PO Box 416, Terrace Park, OH 45174-0416 – Ph. # 513.473.1017

Date of application: _____ Date of acceptance into the house: _____

Last Name	First Name	MI
Preferred Nickname	Who referred you to El Bethel?	
Military ID # if applicable	Military Dates of Service	Location Served

Address: _____
Street/PO BOX City State Zip Code

Phone: _____ Email Address: _____

Date of birth: ____ / ____ / ____ Age: _____ Social Security #: ____ - ____ - ____

Marital Status: Married Civil Union Divorced Separated Widowed Never Married

Emergency Contact: _____ Phone: _____ Relationship: _____

DOCUMENTATION

Do you have your: Social Security Card Yes No Birth Certificate Yes No

TRANSPORTATION

Driver's License #: _____ Valid/Current Expired Suspended

Do you have a car? Yes No Year _____ Make _____

Model _____ Color _____ License Plate # _____ Value _____

Is your insurance current? Yes No Insurance company _____

If you do not have a car, what are your plans for transportation? _____

EDUCATION

Grade in school completed: _____

Do you have a: GED High School Diploma College Credits/Diploma

Describe any job training, certificates, or education you have completed: _____

CURRENT EMPLOYMENT

Are you currently employed Yes No Location: _____

Supervisor name: _____ Phone number: _____



PREVIOUS EMPLOYMENT

Business Name Complete Address Phone Number

Supervisor Dates Employed Reason for Leaving

Business Name Complete Address Phone Number

Supervisor Dates Employed Reason for Leaving

LEGAL INFORMATION

Have you ever been convicted of a crime (felony/misdemeanor)? Yes No

Are you on probation? Yes No Are you on parole? Yes No

Are you in any legal trouble (outstanding tickets, hot checks, court fines)? Yes No

If yes, explain: _____

How much do you owe in legal fines? _____ Are you making payments? Yes No

HEALTH INFORMATION

Do you have a mental health diagnosis? Yes No

If yes, please provide details: _____

Have you ever been abused? Emotionally Physically Sexually Spiritually

Are you currently in counseling? Yes No

PRESCRIBED MEDICATIONS	DOSAGE AMOUNT	FREQUENCY

Have you been through treatment for addiction? Yes No

If yes, where? _____

Facility Name

Address/City/State/Zip Code

Did you complete the program?

Start Date

End Date

Case Worker

If not, why? _____

Do you smoke? Yes No OR vape? Yes No

Is there a possibility you could be pregnant? Yes No

Are you currently receiving disability benefits? Yes No

Will you be applying for disability benefits in the next 12 months? Yes No

Do you have a medical or emotional issue that would prevent you from working a minimum of 35 hours per week? Yes No If yes, what is the reason? _____



FINANCIAL INFORMATION

Do you have medical insurance? Yes No Do you receive food stamps? Yes No
El Bethel requires a one-time administrative fee of \$150. A monthly program fee of \$350 is expected when gainful employment is established.

PERSONAL INFORMATION

Do you currently attend church? Yes No If so, where _____

Do you have children not in your custody? Yes No

If so, please explain the situation _____

List three (3) character references. You may only use one family member and one friend. Others would include coworkers, landlords, sponsors, mentors, ministerial staff, etc.

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number



A PLAN TO CHANGE WORKSHEET

I need to make a change and the reason are:

The following goals will help me make these changes:

Actions I can take to help me with my goals are:

Specific Action

When

People who are interested in helping me achieve my goals are:

Person:

Possible ways to help

Difficulties that may obstruct my goals and how I can manage them are:

Obstacle to change

Possible ways to help

Ways to recognize that my goals are working:



<p>El Bethel assists clients with:</p> <ul style="list-style-type: none"> ○ Integrating Faith into daily living. ○ Organizational skills to successfully re-enter independent living ○ Creating and maintaining Individual Service Plan ○ Personal Hygiene education ○ Budgeting skills ○ Job searching ○ Healthy conflict resolution ○ Access to proper medical care ○ Access to counselling services ○ Celebrate Recovery Classes ○ Relapse Prevention Class ○ Weekly Bible Study 	<p>Client and House Guidelines</p> <ul style="list-style-type: none"> ○ Residents work with their Program Manager and set goals for their stay with El Bethel. ○ Residents agree to work within the boundaries of the policies and procedures covered in orientation and house rules. ○ El Bethel has a curfew for the residents. ○ Residents have a chore list in the home. ○ No violence or threat of violence is acceptable. ○ Random UA's are performed; positive clients are dismissed. ○ Communication is necessary for healthy living in the transition home. ○ Attendance requirements are: church weekly, recovery weekly, House meeting and Bible Study weekly. ○ Personal appearance is modest for a transitional living home.
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All residents will be required to find gainful employment/education/skill training within 30 days of admittance unless approved by the Program Director due to preexisting conditions.

The information contained in this application is correct to the best of my knowledge. I understand that making false statements or being untruthful at any time will result in termination of El Bethel Transition Home services.

Signature _____

Date _____

Please return application to elbetheltransitionministry@gmail.com



Drug Screen Agreement

I _____, understand that I can be tested for Drugs and/or Alcohol at any time, for any reason, per my agreement with **El-Bethel Transition Living Program**. I am aware and have full knowledge that the person(s) administering the test(s) are my peers and not medical personnel. I am also aware that if I test positive, refuse compliance or attempt to cheat/circumvent the test in any way, I **will** be dismissed from the **El-Bethel Transition Living Program** and is required to leave the premises immediately. My signature below indicates my understanding and consent.

Signature _____ Date _____

Witness _____ Date _____



How Do We Resolve Conflict? – Matthew 18:15-17 (Principle)

- 1) Assess the situation and go to the person one on one.
 - a. Go in Love and kindness
 - b. In Humility (I could be wrong)
 - c. Offer and receive forgiveness
 - d. With 100% of the Truth

- 2) Next Step: If the situation is not resolved, then we will bring in two or three others who will be a witness to the words that are spoken who can assist in resolving the situation.

- 3) Next Step: If the situation is not resolved still, mutually agree to bring it to the Team. If no resolution takes place then separation may be necessary. It is our intent that every issue will be resolved by step one and no further action will be needed.



El Bethel Bedbug Disclosure and Resolution Agreement

Program Director's

Name: _____

Resident's Name: _____

Previous Address of Residence: _____

Program Director of the above Residence does hereby disclose to the prospective resident that neither the room that is being occupied, nor any adjacent unit, are currently infested with, or are being treated for bedbugs.

The prospective resident hereby acknowledges that she has lived at the following addresses during the last twelve (12) months and that this list reflects all places where resident has resided:

Resident hereby confirms that none of the residential units in which they have lived during the last twelve (12) months were infested with, or being treated for, bedbugs during that duration of time.

Resident here by agrees that any occurrence of infestation of bed bugs at the listed residence shall be remedied immediately and they shall bear full financial responsibility.

Should the resident wish to reside else ware during the time of the treatment they shall bare full financial responsibility for any additional housing cost assumed by them.

Program Director and any aiding personnel to this program cannot and will not be held liable for any housing expenses, damages, pain and suffering, medical expenses, personal expense, insurance expenses, legal expenses, or belongings.

Should the resident not remedy the infestation the Program Director can and will hire an exterminator to remedy the infestation at the cost of the resident. Resident shall pay the exterminator cost in full and cover all treatments to the property until the infestation is resolved completely. Resident will pay in full all legal expenses by the Program Director for pursuit of this agreement should it need be resolved in the court of Law.

Program Director _____ **Date:** _____

Resident _____ **Date:** _____



El-Bethel Transition Living Program Resident Agreement

The following terms and agreements are to be read and fully understood by the undersigned Resident of the **El-Bethel Transition Living Program**.

1. **El-Bethel Transition Living Program** is providing the undersigned resident,

_____, a place to reside in the transition living facility

located at: _____ in return for an

agreed upon contracted program fee.

2. The undersigned resident understands that they shall live in the facility under the agreed upon contractual terms and agreements as provided and explained, and may be terminated at any time for any reason if the agreement is violated.

3. **El-Bethel Transition Living Program** strives to provide a clean and peaceful living facility along with services listed on page 5. It does not restrict the undersigned from making their own healthy personal choices as long as they do not violate the program agreements as outlined in their contract for residence.

4. **El-Bethel Transition Living Program** will provide a housing facility in normal condition, and shall not be held liable by the undersigned for any injury or loss to the resident or their guest, or their belongings. The undersigned, by and through their signature, acknowledges that they are responsible for any injury or accident and will forever hold harmless **El-Bethel Transition Living Program**.

5. The undersigned understands that **El-Bethel Transition Living Program** carries insurance only to cover the dwelling and ministry assets located in the dwelling.

6. The undersigned will immediately notify **El-Bethel Transition Living Program**, in writing, of any incident resulting in injury or loss. This will include a full accounting of the incident details.

7. The undersigned consent to the use of Security cameras inside and outside the **El-Bethel Transition Living Program housed in El Bethel LLC Holdings** for her personal security and safety.

8. Social Security Number is requested and used at the discretion of the Program Director to do a background check as deemed.

Signed and dated this _____ day of _____, 20 _____.

RESIDENT:

(Signature)

Print Name

El-Bethel Transition Living Program: _____
Usha Sklena, Program Director/ and or Residential Manager



General House Agreements

You are in a Transition Living Program. Your success and continuance in this program is dependent upon your consistent good behavior, healthy choices you make, accountability and cooperation. Disruptive and/or Discourteous behavior will not be tolerated. Any contact with Illegal Drugs and Alcohol, and violation of any of the following Agreements will result in dismissal from the program. Your initials and signature indicate your understanding and agreement. When in doubt, ASK!

___ Consumption or possession of beverage alcohol in any form is strictly prohibited and will result in immediate dismissal.

___ Use or possession of illegal drugs in any form is strictly prohibited and will result in immediate dismissal from the program.

___ If you're dismissed from the Transition Program, you agree to leave the premises immediately and not return to the premises for any reason whatsoever.

___ Lying, Cheating & Stealing are strictly prohibited. If caught, there will be significant consequences and you will be dismissed.

___ Residents are required to submit to a Drug and Alcohol Screen/Test at any time (24/7) it is requested. A refusal and/or failure to provide an adequate sample will be treated the same as a positive test result. Any attempt to Cheat/Circumvent test will result in immediate dismissal.

___ Residents are required to participate in Bible Study and attend Church on Sundays.

___ Residents are required to maintain a working relationship with a Sponsor/Mentor or be in a discipling relationship with a sober and spiritually mature woman of her choice.

___ Residents are required to maintain employment. If at any time a resident becomes unemployed and is capable of working (not injured or sick), she must actively seek employment from 8:00 am - 5:00 pm, Monday through Friday, and is not permitted at the house during this time, unless permission is granted by the Residential Manager and or the Program Director.

___ Smoking inside **the El-Bethel Transitional Home** is strictly prohibited.

___ **El-Bethel Transitional Living** is NOT (at any time) responsible for a resident's personal items/belonging(s). Residents are responsible for the security and safekeeping of their own personal items/belongings and are to pack and carry their item's/belongings when they depart. If for any reason this does not occur, the Resident may contact the Residential Manager or the Program Director. **El-Bethel Transitional Living Program** will not store personal belongings for the departing residents.

___ Guest(s) of the opposite sex are strictly prohibited from entering the **El-Bethel Transitional Home**.

___ Overnight guest(s) are strictly prohibited.

___ Guests are not permitted at the house beyond curfew and are only permitted in the common areas with prior permission from the Residential Manager and or the Program Director.

___ Guests cannot be under the influence or in possession of drugs and/or alcohol.

___ All residents must be in by 10:00 pm Sunday through Thursday and 11:00 pm Friday and Saturday. Residents must adhere to more strict curfews when required (i.e., Parole, Probation, etc.). Failure to return to the house on time can/will result in dismissal.

___ House quiet time is 10:00pm to 5:00am. Any activity (i.e., Lights, TV, Telephone conversations, etc.) that disturbs another resident's ability to sleep/rest is prohibited.



_____ House Meetings are held weekly at date/time determined by **El-Bethel Transition Living Program** and are mandatory for every resident. An unexcused absence from any House meeting can/will result in privileges taken away and ultimately in dismissal.

_____ Residents are not permitted in any bedroom other than their own without permission from the resident(s) residing in that room; they must also be accompanied by the permitting resident.

_____ Thermostat is to be adjusted by the Residential Manager only.

_____ Washer & Dryer -- Be courteous. Clean dryer lint screen before and after every use and do not leave clothes unattended in the washer/dryer. Failure to do so will result in non-use of the washer/dryer privilege.

_____ Chores are required to be completed daily. The Residential Manager is responsible for chore assignment and completion. Failure to complete assigned chores will result in privileges taken away.

_____ A good General Clean-up of all areas inside & outside the home is required at all times.

_____ Beds are required to be made upon awakening. Respective areas are to be kept neat, clean and picked up at all times.

_____ Turn off the lights, TVs, Fans, etc., when not in use. Exterior doors are required to be locked when entering/exiting the residence; no exceptions!

_____ Residents are required at all times to wear appropriate clothing in common areas.

_____ Sleeping and or eating in common areas is strictly prohibited. Eating is only to be done in the dining area and never admissible in the bedrooms or living room.

_____ Kitchen Appliances, Counter-tops, Utensils, Dishes, Pots, Pans, etc. will be cleaned and returned to their respective place (immediately) after each use.

_____ Refrigerator: Mark food/leftovers with Name/Date when initially placed in the refrigerator.

_____ Be Accountable/Responsible and Communicate! Accountability and Communication eliminates need for excuses with Residential Manager.

_____ If any belonging(s) to the **El-Bethel Transition Living** is broken or lost, it needs to be replaced or compensated appropriately as decided by the Residential Manager and or the Director.

_____ No prescription drugs or over the counter medication that would cause you to fail a drug test are permitted.

_____ A violation of any one of the aforementioned **General House Agreements** **will** result in privileges taken away or dismissal.

Signature: _____ Date: _____

Witness: _____ Date: _____