

Safe Haven Application

Thank you for considering this application to Safe Haven. **This is a faith based residential recovery program for women that SERIOUSLY want to change their lives!**

Most of our students have struggled with drug addiction, abusive relationships and/or incarceration. Safe Haven is a program that wants to break the chains of addiction and abuse to restore you back to a productive member of society.

Once accepted into the program:

- You learn who you are "in Christ" while developing life skills for future success.
- Attend classes on a variety of subjects ranging from domestic violence to grocery shopping on a well maintained budget.
- Comply with all legal orders such as paying fines, child support or restitution.
- Get a medical evaluation - we want to ensure you are as healthy as possible.
- Attend recovery classes and participate in volunteer hours to give back to your community.
- Subject to court stipulations - Visit with children to begin the process of healing.
- Strive to obtain a driver's license and purchase a car as well as insurance
- Develop independent living skills under strict supervision
- Complete required weekly phase work
- Obtain employment

Life at Safe Haven can become stressful at times but with proper time management, guidance and most of all God's help **YOU CAN BE SUCCESSFUL!**

By the time you graduate from Safe Haven you will be ready to move out into the real world as a **sober, confident, capable, God loving member of society.**

If you are still considering Safe Haven as the next step to assist you in your recovery process, please continue to fill out the attached application in its entirety. This application is our first contact with you, so please be as honest as you possibly can. We hope you will be very open in relaying your heart to us through the answers you fill out! Once you have filled out the entire application, please email to safehaven702@gmail.com or mail it to the address provided.

****Safe Haven is currently not set up to care for expecting mothers****



Saving Lives: One Lady At A Time

Application Form

Safe Haven is a Faith based residential discipleship program for women wanting to recover from a self destructive lifestyle.

PERSONAL INFO:

Name _____ Date _____

S.S. # _____ DOB _____ Age _____

Ethnicity _____ Institution _____

Sexual Orientation: (circle one) Heterosexual Homosexual Bisexual Transgender

Do you have the following?

Copy of birth certificate YES NO State born in _____

Copy of Social Security card YES NO

Do you have a valid driver's license YES NO Valid State ID? YES NO

Do you own a car YES NO

FAMILY INFO:

Current Marital Status: (circle one) Single Married Divorced Separated Widowed

If you are not married, are you willing to give up your relationship with your significant other while in our program? YES NO

Are you currently pregnant? YES NO

Do you have children under the age of 18? YES NO How many male _____ female _____

Do you have children over the age 18? YES NO How many male _____ female _____

Do you have any open DCS or CPS cases? YES NO

Do you have any "injury to child" convictions? YES NO

Who has legal custody of the children? _____

Who cares for the children? _____

Is reunification with your children part of your plan? YES NO

LEGAL INFO:

Attorney _____ Phone # _____

Probation/Parole Officer _____ Phone # _____

1. How many times have you been arrested? _____
2. How many times have you been incarcerated? _____
3. Have you ever been arrested for a sex offense, violent crime or arson? YES NO
4. Have you ever been arrested for causing bodily injury to anyone? YES NO

***LIST ALL CONVICTIONS AND THE YEAR THEY OCCURED:(use back if needed)**

Do you know of anyone that would want to know of your location in order to bring harm to you in any capacity? YES NO

EDUCATION INFO:

High School Grad? _____ GED? _____ College? _____ Last grade completed _____

Did you attend school while imprisoned? YES NO

Have you participated in any programs during any of your incarcerations? YES NO

If so, please list program & date

EMPLOYMENT/INCOME:

Last place of employment _____ Date _____

Have you ever received SSI and/or SSDI? YES NO When? _____

MEDICAL INFO:

What are your medical and/or psychological needs, if any?

Please list your current medications and dosage:

1. _____
2. _____
3. _____

Do you have any allergies we need to be aware of? YES NO

Do you have any CHRONIC medical conditions? YES NO

Are you physically able to participate in full time employment, chores and work duties? YES NO

Have you ever been hospitalized for mental/physical health issues? YES NO

If yes, please explain when & where _____

Have you ever been TESTED for the following? If so, please circle the results if known

Hepatitis A	YES	NO	Positive	Negative
Hepatitis B	YES	NO	Positive	Negative
Hepatitis C	YES	NO	Positive	Negative
TB	YES	NO	Positive	Negative
HIV/AIDS	YES	NO	Positive	Negative

Have you ever been TREATED for any of these? YES NO

If yes, please explain _____

Have you ever tried to commit suicide? YES NO If so, when? _____

Have you ever been DIAGNOSED with a mental illness? YES NO

If yes, what illness? _____

SUBSTANCE ABUSE INFO:

Have you ever abused alcohol or drugs? YES NO

If yes, please list them: _____

What is your drug of choice? _____

What age did you begin using this drug? _____

Have you ever completed a substance abuse program? YES NO

If yes, please list program and dates

1. _____

2. _____

3. _____

SPIRITUAL:

Do you believe in God, Jesus and the Holy Spirit? YES NO

Have you attended church? YES NO

Do you have a church preference? _____

Have you ever been involved in religious practices such as but not limited to, sorcery, witchcraft or voodoo? YES NO

If yes, please explain: _____

GOALS:

Why do you want to come to Safe Haven?

List your short term goals (6 months to 1 year after your release)

1. _____

2. _____

3. _____

What are your strengths?

1. _____

2. _____

What areas do you need to work on?

1. _____

2. _____

What do you like most about yourself?

What would you like to change or improve?

How do you motivate yourself?

SAFE HAVEN INTAKE SUMMARY LETTER

Use the space below to tell us anything you feel we should know about you that hasn't already been addressed as well as WHY YOU THINK YOU WOULD BENEFIT FROM OUR PROGRAM. Tell us about your life that brought you to where you are today

THIS LETTER IS MANDATORY!

Blank manuscript paper with horizontal lines.

Finding your ACE score

Please complete the following:

1. Did a parent or other adult in the household **often or very often**....
Swear at you, insult you, put you down, or humiliate you? **OR**
Act in a way that made you afraid that you might be physically hurt?
YES NO If yes enter 1 _____
2. Did a parent or other adult in the household **often or very often**....
Push, grab, slap or throw something at you? **OR**
Ever hit you so hard that you had marks or were injured?
YES NO If yes enter 1 _____
3. Did an adult/person at least 5 years older than you **EVER**
Touch or fondle you or have you touch their body in a sexual way? **OR**
Attempt or actually have oral, anal or vaginal intercourse with you?
YES NO If yes enter 1 _____
4. Did you **often or very often** feel that....
No one in your family loved you or thought you were important or special? **OR**
Your family didn't look out for each other, feel close, or support each other?
YES NO If yes enter 1 _____
5. Did you **often or very often** feel that.... You didn't have enough to eat, wore dirty clothes and have no one to protect you?
OR your parents were too drunk or high to take care of you or take you to the doctor if needed?
YES NO If yes enter 1 _____
6. Were your parents ever separated or divorced?
YES NO If yes enter 1 _____
7. Was your mother or stepmother....**often or very often** pushed, grabbed, slapped or had something thrown at her? **OR**
sometimes, often or very often kicked, bitten, hit with a fist or hit with something hard? **OR** ever repeatedly hit a few times
or threatened with a gun?
YES NO If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or used street drugs?
YES NO If yes enter 1 _____
9. Was a household member depressed, mentally ill or attempt suicide?
YES NO If yes enter 1 _____
10. Did a household member go to prison?
YES NO If yes enter 1 _____

ADD UP YOUR "YES" ANSWERS:_____ This is your ACE score

STATEMENT OF RELEASE

I certify that all information here is accurate and true to the best of my knowledge. I understand that any false or incomplete information may result in the disqualification of any application for entrance. I also hereby give permission to Safe Haven staff to use any means necessary to verify this application, including talking to my friends, family and any employer past or present as well as searching social network sites.

Applicant

If forms were physically completed by anyone other than applicant, fill in below

Person _____
Relationship to applicant _____
Reason _____

Safe Haven does not discriminate against those who are HIV positive in its admission procedures. Because a large number of IV drug users have been infected by the HIV virus, at any given time there may be one or more residents in the program that are HIV positive. This center does not require students that are HIV positive to notify others in the program of their HIV status.

Safe Haven complies with the title IV of the civil rights act of 1964 and does not discriminate based on race, creed, gender or religion.

Safe Haven
P.O. Box 355
Gainesboro, TN 38562
931-268-3144

If Accepted to Safe Haven;

Be sure to bring the following to be presented for inspection:

Your Bible (If you have one, Stamps and Envelopes, Pens and Highlighters, Your Cell Phone
List of Emergency Contacts and Numbers, Business Cards for Lawyer(s), DCS Caseworker,
Probation Officer, Birth Certificate, Driver's License / I.D., Social Security Card
Tn Care Card / Medical Insurance Card, EBT Card, Copies of any DCS paperwork
Copies of any Court Orders, Copies of any on going Criminal / Civil Cases,
Copies of Latest Health Records, Clothing- About two weeks supply, including shoes, coat
and shower shoes.

**** If you do not have any of the items listed above, Safe Haven will help you acquire the items. ****

YOU MAY ALSO BRING:

Photos of your family, especially your children, Personal Pillow, Blanket/Quilt (no linens)
Toiletries, including blow dryer, curling iron, straightener, Towel and washcloth
Laundry Basket and laundry detergent

YOU MAY NOT BRING:

Books, DVD's, CD's, Music, etc. that are of inappropriate nature, Electronic items
Furniture items, Linens, Cleaning Supplies, Your Vehicle (Unless prior approval is given)
Any medication including vitamins and prescription medication UNLESS PRIOR APPROVAL
has been made.

If you have any questions concerning items to bring/not to bring, please call Safe Haven Staff at 931-265-3768