



Donnie Davis – Founder/Senior Pastor

Ron Koller – Founder/Project Manager

OPERATION SAFE HAVEN

Tiny House Community for Veterans

Transitional Housing Program for Homeless Veterans

Operation Safe Haven is a Transitional Housing Program in Southern New Jersey that provides housing to homeless veterans. After being medically evaluated at a VA Medical Center, eligible veterans must agree to a term program that focuses on psychological, social and vocational rehabilitation.

The veteran population faces an average loss of 22 Veterans every day to suicide and in New Jersey alone, it is estimated that there are 2,000 homeless veterans. Our country owes a special debt to these veterans. “No person left behind”, the motto of our country’s armed forces and mantra of Operation Safe Haven.

Operation Safe Haven is a drug and alcohol-free program and residents must abide by this zero-tolerance rule while enrolled. Random testing for both is constantly performed and violators are immediately discharged from the program.

Veterans admitted to Operation Safe Haven’s addictions free program will be housed in a 300 square foot micro-house that was built through generous donations. The staff at Operation Safe Haven is focused on three core values - Recovery, Restoration, and Reintegration.

Although each core value does not have a set time to complete, the goal for reintegration is two years. Veterans completing the program will have the training, resources and counselling services needed to return to life with the understanding that they have the staff at Operation Safe Haven behind them.

Program Site

Operation Safe Haven is located on a 277-acre campground that is being transformed in Franklinville, New Jersey. The program has built 300 square foot micro houses for veterans to live in while they receive treatment. The facility also contains walking trails and a 65-acre lake that is stocked with fish.

1664 Delsea Drive Franklinville NJ 08322
(856) 513-6114

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Veterans at Operation Safe Haven will also receive therapy treatment through K-9's, Equestrian Therapy, Peer-to-Peer Counseling, Music, Art and more. Veterans will also be working on the property to help with preparing the property for future homeless veterans.

Operation Safe Haven is solely funded by donations and a wide variety of service organizations, community agencies, veterans' groups and private citizens. Operation Safe Haven is a registered NJ Non-Profit 501(c)(3).

Staff

Operation Safe Haven staff is comprised of veteran mentors, vocational professionals, medical staff and counselors. Each staff member was chosen based on their professional background and ability to assist veterans with reintegration.

Admission Criteria

- Applicants must be a Veteran
- Applicant must be drug and alcohol free at time of admission
- Applicant must not suffer from untreated mental instabilities
- Applicant must be employable
- Applicant must satisfactorily complete the interview process and drug screening
- Applicant must sign a waiver to release personal information to Operation Safe Haven
- Applicant must sign an Operation Safe Haven program agreement

Services

Veterans admitted to our program will receive therapy treatment, counselling, medical support, job training, education assistance and assistance from various VA and civilian related treatment programs. During the initial orientation period, residents are required to be processed through a Veteran's service center. This is so the veteran can be evaluated to obtain all the required benefits through the VA.

Veterans will also be interviewed by Operation Safe Haven staff to gain a better understanding of personal and professional goals to accomplish while at Operation Safe Haven.

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During their stay, veterans will be evaluated for addictions counseling. Those with a prior history of addictions or alcoholism will be required to attend meetings as determined by the counselors. Random testing for both drugs and alcohol are routinely conducted to ensure compliance with our zero-tolerance policy. Those failing either test are immediately discharged from the program.

All veterans admitted to Operation Safe Haven are required to find and maintain full time employment within six months of enrollment if applicable. Veterans will also be assigned tasks through the week at Operation Safe Haven to assist with property maintenance.

Operation Safe Haven staff will be available for those who require the need of individual counseling. Those needing specialized counseling such as PTSD are referred to the VA clinics and counselors specializing in those areas.

A Registered Nurse is on staff and will assist the resident in the day to day needs of medication monitoring, sick call and coordination with the Philadelphia VA Medical Center for all routine as well as specialized appointments.

Residents are also required to attend a variety of groups during their stay with us. These groups are designed to assist the veterans in preparing them for reentry into the workforce as well as dealing with numerous vocational issues, anger management groups, life skills issues, career groups, resume writing, basic computer training, health issues, money management, health and hygiene, just to name a few.

Our Goal

Our goal is to help recover your life, restore the parts that went missing while serving this great Country and provide an opportunity for reintegration. You will be treated like a hero and we will not waiver our commitment to you. The staff and volunteers at Operation Safe Haven will always be at your side, even after completing the program.

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Policies and Procedures

CODE OF CONDUCT

The mission for Operation Safe Haven is to provide transitional program in a peaceful and encouraging environment for those who served in the Armed Forces. Keeping this mission in mind, all residents must adhere to the following Code of Conduct:

- All residents must keep grounds and the house clean.
- Residents must be good stewards of the utilities (water, septic and electric).
- No guests are permitted without prior staff approval.
- Residents and Guests must be good stewards of all park utilities and lake facilities.
- Residents must be conscientious and respectful of neighbors on the property.
- No loud music.
- No speeding on property (5 mph always).
- No outside fires without staff approval.
- No smoking except in designated areas.
- No alcoholic beverages or drugs permitted on the grounds.
- No disorderly conduct.
- Dogs must be kept on leashes.
- No habitual/nuisance dog barking.
- Clean up all dog waste/mess.
- Residents must adhere to curfew hours.
 - Gates open at 8:00 am.
 - Gates close at 9:00 pm.
 - No walking around park area after 10:00 pm.
 - Quiet hours are observed from 10:00 pm to 8:00 am.
- Residents and Guests are not to enter restricted areas. (Church Parsonage/Property).
- Residents will volunteer and help with property upkeep and maintenance.
- Residents must supply a list of all prescribed medications.
- Prior to approval, all applicants must apply for background check.
- While residing on the property, residents will submit to random drug/alcohol testing.

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CONSEQUENCES FOR MISCONDUCT

A Resident will be removed from the property and disqualified from the program for any of the following:

- Assault/Domestic Violence
- Participation in any use or sale of drugs
- Alcohol on the property
- Misuse or destruction of any property
- Theft/Burglary
- Disorderly Conduct
- Entering restricted areas
- Possession of any Controlled Dangerous Substances (CDS)

Operation Safe Haven has the right to immediately remove any resident or guest from the property who fails to support the vision and mission of Operation Safe Haven, who has violated any local/federal laws, or the Code of Conduct and Policies and Procedures stated within this application.

APPLICANT CERTIFICATION

By signing below, I certify that the information provided above is correct and I understand the Rules of Conduct and agree to the Policies and Procedures listed above. Furthermore, I grant Operation Safe Haven permission to conduct a background check as part of my application for residency.

(Applicant's Name)

(Date)

(Applicant's Signature)



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Contact Information:

Address: 1664 Delsea Drive, Franklinville, New Jersey 08322, Phone (856) 513-6114

In case of an emergency, call “911” for immediate assistance.

Operation Safe Haven Staff:

- Ron Koller, Project Manager- (856)725-5075
- Diane Mikel, Head Nurse- (856) 238-8509

Veterans Hotlines

- Benefit Hotline: 1-888-8NJ-VETS
- National Suicide Prevention Hotline: 1-800-273-TALK
- Vets4Warriors: 1-855-VET-TALK
- NJ Vet2Vet: 1-866-VETS-NJ4
- Vet Center Combat Call Center: 1-877-WAR-VETS

Veteran Services

- Philadelphia VA 3900 Woodland Ave, Philadelphia, PA 19104, (215) 823-5800
- Veterans Multi-Services Center, 415 High St N, Millville, NJ 08332, (856) 293-7321

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Application for Admission

Name:		
DOB:		SSN:
Address:		
Branch and Dates of Military Service		
Are you receiving VA benefits?	Yes	No
Type of Discharge:		
What type counselling have you receive treatment for in the past 7 years?		
Are you presently receiving treatment or counselling? Yes or No		
By Whom? Name:		Phone:
Current Employer:		
Address:		
Phone:		

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I certify that the above information for application is true and understand that if any information is found to be untruthful, this would disqualify me for the Operation Safe Haven Program.

Signature: _____ Date: _____



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Medical Questionnaire

Your answers to the following questions will help us to understand your medical history and the concerns you'd like to discuss with your doctor. Please fill out as much of this questionnaire as possible. If you cannot answer some of the questions or feel uncomfortable answering them, leave them blank.

NAME: _____

DATE OF BIRTH: _____ TODAY'S DATE: _____

Please list any medication allergies or reactions:

Please check to indicate if you have ever had the following conditions:

___ Diabetes ___ High blood pressure ___ Asthma ___ Heart attack ___ Kidney disease

___ Hepatitis ___ Thyroid disease ___ Stroke ___ Depression ___ Emphysema

___ Seizures ___ Tuberculosis ___ Coronary Artery Disease ___ Congestive Heart Failure

___ Arrhythmia ___ Sexually transmitted disease – type: _____

___ Eye problems – type: _____

___ Cancer – type: _____

___ Other, please explain:

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Please list any surgeries or hospital stays you have had and their approximate date/year:

Type of surgery / reason for hospitalization / location Date

If you have any other medical problems or serious injuries that are not listed above, please describe them here:

When was your last physical?

Please list all medications, including vitamins, herbal or natural supplements and prescription medications, which you are currently taking. Please note the dosage if possible.

Medication Name and Dosage

What pharmacy do you use for prescription medications?



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Are you currently receiving care from any other doctors, chiropractors, or other health care?

Provider's name and condition, they are treating you for

Please note dates of your most recent immunizations:

Approximate Date

Tetanus _____ Influenza _____

Pneumonia _____ Hepatitis B _____

Other: _____ Other: _____

If you have had any of the following tests done, please note when the tests were done and what the results were, if known:

Test Approximate Date Result

Cholesterol _____

Pap smear/pelvic _____

Mammogram _____

Blood in stool _____

HIV _____

Colonoscopy _____

Hepatitis C _____



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Operation Safe Haven Application Agreement

This Agreement dated _____ day of _____, 2018

BETWEEN:

Amazing Grace Community Church/ Operation Safe Haven
(the “Proprietor”)

-AND-

(the “Applicant”)

In consideration of the Proprietor permitting certain premises to the Applicant and other valuable consideration, the receipt and sufficiency of which consideration is hereby acknowledged, the Parties agree as follows:

PROGRAM

1. The Proprietor agrees to allow the Applicant to reside in the mobile home, municipally described at **Unit 1**, 1664 Delsea Drive, Franklinville, New Jersey 08322 (the “Property”), for use as transitional residential premises only while admitted to Amazing Grace Community Church/ Operation Safe Haven program.
2. Subject to the provisions of this agreement, apart from the Applicant, no other persons will live or stay in the Property without the prior written permission of the Proprietor.
3. No guests of the Applicant may occupy the Property without the prior written permission of the Proprietor.
4. No animals can be kept in or about the property without revocable written permission of the Proprietor.
5. Subject to the provisions of this agreement, the Applicant is entitled to the use of parking on or about the property in designated parking areas.

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6. The Applicant and guests will not smoke anywhere in the Property except in designated areas.

TERM

7. The term of the agreement/program commences at 12:00 noon on _____ and ends at 12:00 noon on _____, equaling two years (if applicable).

INSPECTIONS

8. At all reasonable times during the term of this agreement/program and any renewal of this agreement/program, the Proprietor and/or it's agents may enter the Property to make inspections or repairs, or to show the Property to prospective residents in compliance with the Act.

IMPROVEMENTS

9. The Tenant will obtain written permission from the Proprietor before doing any of the following:
 - a. Applying adhesive materials, or inserting nails or hooks in the walls or ceilings other than two small picture hooks per wall;
 - b. Painting, wallpapering, redecorating or in any way significantly altering the appearance the Property;
 - c. Removing or adding walls, or performing structural alternations;
 - d. Changing the amount of heat or power normally used on the Property as well as installing additional electrical wiring or heating units;
 - e. Placing or exposing or allowing to be placed or exposed anywhere inside or outside the Property any placard, notice or sign for advertising or any other purpose;
 - f. Affixing to or erecting upon or near the Property and radio or TV antenna or tower.
 - g. Affixing or erecting upon or near the Property any outside structure, garage, car port or shed.

HOLD HARMLESS

10. The Resident must agree to the Hold Harmless Clause below –

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IN CONSIDERATION OF the right to participate in Transitional Living (“Activity”) operated by Operation Safe Haven, the parties agree as follows:

1. Assumption of Risk. The Applicant acknowledges the Activity may expose Proprietor to certain risks and that injuries, death, property damage, or other harm could occur to the Applicant or others. The Applicant is voluntarily participating in the Activity with knowledge of the risks, hazards, and other dangers involved. The Applicant hereby accepts all risks of injury (including death) and releases the Proprietor, Operation Safe Haven, Amazing Grace Community Church, it’s Officers and Staff from any injury arising out of or in any way connected with the Activity.
2. The Applicant hereby waives, releases, and forever discharges all claims for damages for personal injury, death, or property damage which Applicant and/or Applicant’s children, heirs, executors, assigns, parents, personal representatives, or estate may have, or which may hereafter accrue because of participation in the Activity.]
3. Indemnification. The Applicant, to the fullest extent permitted by law, shall indemnify, hold harmless, protect and defend Operation Safe Haven, Amazing Grace Community Church, it’s Officers, Staff and Volunteers from and against any and all liabilities, claims, damages, losses, demands, lawsuits, costs, and expenses, including (but not limited to) attorney fees, arising out of or resulting from the negligence or misconduct of Releasor in connection with participation in the Activity. Should any such claim, demand, or lawsuit arise or be asserted in any way whatsoever related thereto, whether arising under the laws of the United States, any state, or under any theory of law or equity, Releasor will indemnify, hold harmless and defend Operation Safe Haven, Amazing Grace Community Church, it’s Officers, Staff and Volunteers from any and all costs, expenses, or liability including but not limited to the cost of any settlement or judgment made or rendered against Operation Safe Haven.
4. Financial Responsibility. In the event the Applicant should require medical care or treatment for illness or injury sustained because of participation in the Activity, the Applicant agrees to be financially responsible for any costs incurred because of such treatment. The Applicant represents that adequate health insurance is in effect to cover any injury or illness suffered or damage caused while participating in the Activity.

ATTORNEY FEES

11. If any action is filed in relation to this Agreement, the unsuccessful Party in the action will pay to the successful Party, in addition to all the sums that either

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12. Party may be called in to pay, a reasonable sum for the successful Party's attorney fees.

SEVERABILITY

13. If there is a conflict between any provisions of this Application, Code of Conduct, Policies or Procedures, or at any time deemed necessary, the Proprietor may terminate this application and the Applicant will be removed from the property immediately and without warning. The Proprietor and its entities have the right to sever this agreement at any time.

AMENDMENT of AGREEMENT

14. This Agreement may only be amended or modified by a written document executed by Operation Safe Haven.

DAMAGE to PROPERTY

15. If the Property should be damaged other than by the Applicant's negligence willful act or that the Applicant's employee, family, agent, or visitor and the Proprietor decides not to rebuild or repair the Property, the Proprietor may end this agreement.

CARE and USE of PROPERTY

16. The Applicant will promptly notify the Proprietor of any damage, or of any situation that may significantly interfere with the normal use of the Property or to any furnishings supplied by the Proprietor.
17. The Applicant will not engage in any illegal trade or activity on or about the Property.
18. The Parties will comply with standards of health, sanitation, fire, housing and safety as required by law.
19. The Parties will use reasonable efforts to maintain the Property in such a condition as to prevent the accumulation of moisture and the growth of mold. The Applicant will promptly notify the Proprietor in writing of any moisture

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accumulation that occurs or of any visible evidence of mold discovered by the Applicant.

20. If the Applicant is absent from the Property and the Property is unoccupied for a period of 4 consecutive days or longer, the Proprietor will conduct a regular inspection in the Property.
21. At the expiration of the term of this Agreement, the Applicant will quit and surrender the Property in as good a state and condition s they were at the commencement of this Agreement, reasonable use and wear and tear expected.

RULES and REGULATIONS

22. The Applicant will obey all rules and regulations of the Proprietor regarding the Property and Rules/Code of Conduct.

ADDRESS for NOTICE

23. For any matter relating to this residency, the Resident may be contacted at the Property or through the phone number below:
 - a. Name: Office
 - b. Phone: (856) 513-6114



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IN WITNESS WHEREOF _____ and Amazing Grace Community Church

/ Operation Safe Haven have duly affixed their signatures on this _____ day of

_____, 20_____.

Amazing Grace Community Church/ Operation Safe Haven

The Resident acknowledges receiving a duplicate copy of this Agreement signed by the Resident

and the Landlord on the _____ day of _____, 20_____.

_____.

Applicant/Resident's Signature