## **FAVAR Ministries Application**

Date Release / Court Date
Correctional Facility
OPUS / FED / PID #
Instructions: All fields must be completed to be eligible for the program.
Name:
Current Address:
Phone:
Age:
Date of Birth:
Gender:
Race:
Social Security #:
Veteran:
If yes please list branch and years served:
U.S. Citizen:
Contact in case of emergency
Name:
Phone:
Email:
How many years of education have you completed:
Do you have a high school diploma or GED:

Have you previously lived in a FAVAR Transitional Housing Residence: Y N If yes list address/ location:
List any job training you have participated in:
Do you have a special skill, trade, or certification:
Are you presently employed: If yes, where how many hours and how much and how often are you paid:

Supervisor's name and phone number:
May we call your supervisor to verify work schedules:
Do you receive Government assistance, benefits and/or food stamps?
Please list which type and how much/how often you receive:
What is your current health status?
When did you last visit a doctor?
Please list any medical diagnosis you have:
Describe any limitations or handicaps that may affect employment status:
Have you ever received treatment for alcohol and/or drug addiction?
If yes, please list where and the dates:
Have you ever used illegal drugs?
What was your drug of choice?
Have you ever been treated at a mental health clinic?
If yes, list dates and location where treatment was received:
If currently enrolled in mental health, who is your primary therapist and/or community support worker? Please list what agency they work for:
What were you treated for?

Have you ever been convicted of a crime(s)? If yes, list the crime(s):	

Have you ever been in prison or jail? if yes, when and where(prison name and county)
Are you currently on probation or parole? if yes, please list your corrections officer's name and phone number:
What are the conditions of your probation or parole? (curfew, restitution, scheduled meetings, community services, etc) and what is the length of your probation or parole?
What town/city, and state where you born in?
How long have you been in Charlotte Mecklenburg county?
What is your current marital status (married, divorced, never married)  Do you have any children? If yes, give names, ages, and location:
How would you describe your relationship with your children?
Why did you choose this ministry?
List two Character References: Name:

Phone:		
-		

Email:	
Address:	
Relation to applicant:	
Name:	
Phone:	
Email:	
Address:	
Relation to applicant:	
Do you have a State issued Drivers License or Identification card?	
Please list the ID number:	
Are you registered to vote?	
Have you ever been convicted and/or charged with a sex offense?	
Are you required to register as a sex offender?	
I affirm that the information I have provided in this application is true and accurate that if it has not been answered truthfully, my application will be void.	
Program Convenant	
am client in the FAVAR Ministies program. I an and regulations. I have read and understand the rules of the program throughly violate any one of these rules may justify my termination from the program and the program director and/or the staff maybe ask to leave the program immediath this is not a rental agreement, but a contractual agreement that allows me to perform. If I am found in violation of any rules in this program I agree to leave to recourse immediately and will bring current any outstanding balances concening understand this program to be transitional and a service to assist with my reent are not rental fees and not associated in any way with a rental agreement, but the services I receive during my program training.	y. I understand to d at the discretion of ately. I understand articipate in the without incident or ng my program fees. I try. The service fees

## House of FAVAR Program

Education Ministry Mentoring Administrative Housing Clothing Food Job Training Transportation Employment Pre-Release In Prison/Jail **FAVAR House** Skills building Family Support Pre employment training Family Support Life Skills Family Support Permanent Residence Phase 1 Phase 2 ←Phase 4 <Phase 3 Restricted More Freedom More Freedom 1. Brown creek, Charlotte 1. Must be 26+ years old 1. Skills training (if not complete) 1. Exit plan Correction, Jail North 2. Driver's license or N.C. 2. Employ residents or help them 2. Counseling 2. Obtain GED or better Identification find jobs 3. Financial Planning 3. Social Security card education 3. Continue Case Management 4. Family 3. Spiritual Mentor assigned 4. Birth Certificate Action Plan 5. Housing 4. One Day with God 5. Apply for Food Stamps 4. Provide Clothing 6. Job 5. Substance Abuse Class 6. FAVAR application 5. Provide Food 7. Church adoption (Celebrate Recovery, NA. 7. Case Mgmt Document 6. Help with transportation 8. Exit Survey AAI 8. Chaplain Referrals 7. Provide housing 6. Complete Case 9. Mentor Assessment 8. Provide Substance abuse Management Action Plan (TBD) training (Celebrate Recovery) 7. Complete job skills training 10. Evaluation Committee 9. Christian Mentors tied to 8. Job Readiness Training Interview action plan 9. Green Training 11. "Day in the Life" Video 10. Life skills (financial budgeting, 12. Signed FAVAR Contract 10. Obtain job through work physical & nutrition training, release 13. Program director assigns etc)

## Phases - Program Levels at House of FAVAR

11. Program Fees-\$126/wk. 12. Attend Welcoming Church

Ex-Offender to FAVAR

The House of FAVAR program offers supervised independent living in a program that has four sequential levels that allows the client to earn higher levels of freedom and personal responsibility over time.

Phase 1 is a period of 6 months prior to release where the inmate acquires/completes the necessary requirements to enter the House of FAVAR.

**Phase 2** is the period when a new client has completed Pre release requirements and is now ready to work a recovery program aided by a mentor.

Phase 3 is a mid-range level where the client is allowed a limited amount of freedom to move independently and required to demonstrate a higher level of personal accountability and continues to be aided by a mentor. In phase 3 the client begins engagement with a church and home groups.

Phase 4 is a higher level where the structure and supervision are significantly decreased and the expectation for personal accountability and initiative are significantly increased.

Clients in this phase have highly individualized programs.

## List name and number of three (3) personal references:

Date:			
Signature of Applicant:			
Client Printed Name:	 	 	
Phone	 	 	
Name		 	
Phone	 	 	
Name	 	 	
Phone			
Name	 	 	