

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? _____

Where are you currently residing and how long have you been there?

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? _____

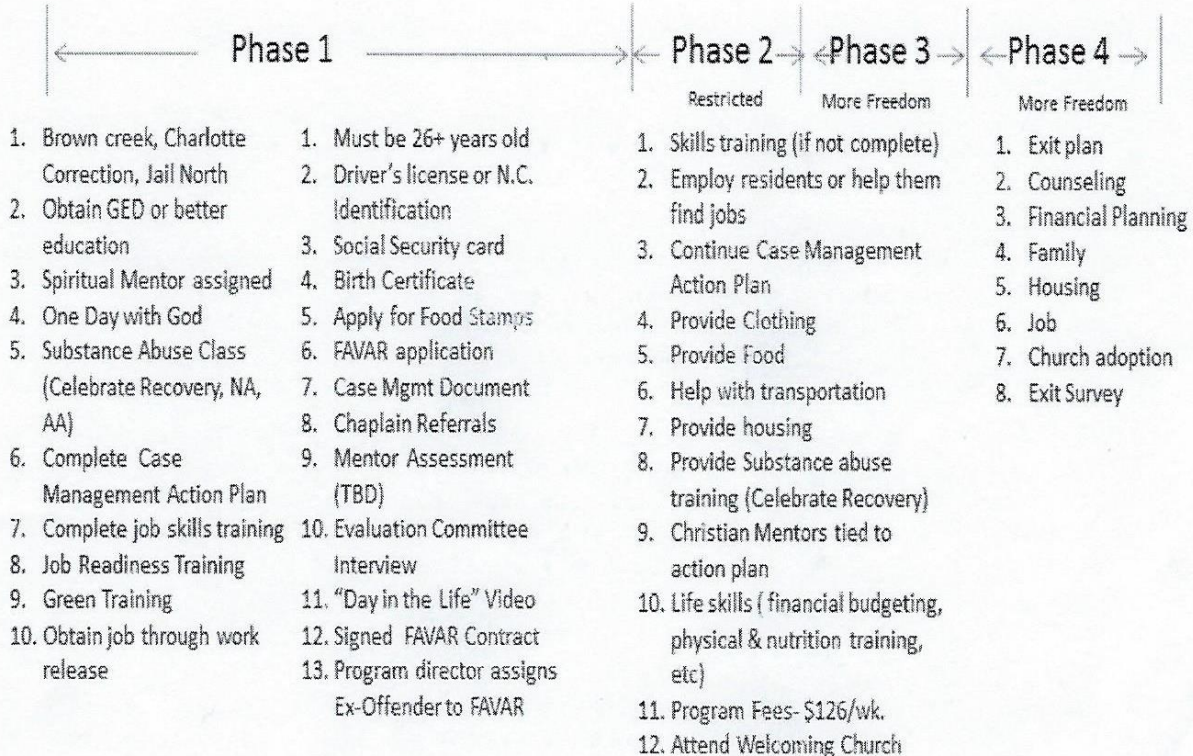
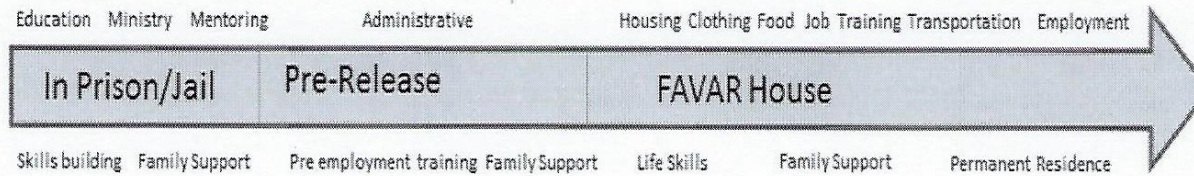
Are you required to register as a sex offender? _____

I affirm that the information I have provided in this application is true and accurate. I understand that if it has not been answered truthfully, my application will be void.

Program Covenant

_____ am client in the FAVAR Ministries program. I am aware of all rules and regulations. I have read and understand the rules of the program thoroughly. I understand to violate any one of these rules may justify my termination from the program and at the discretion of the program director and/or the staff maybe ask to leave the program immediately. I understand this is not a rental agreement, but a contractual agreement that allows me to participate in the program. If I am found in violation of any rules in this program I agree to leave without incident or recourse immediately and will bring current any outstanding balances concerning my program fees. I understand this program to be transitional and a service to assist with my reentry. The service fees are not rental fees and not associated in any way with a rental agreement, but compensation for the services I receive during my program training.

House of FAVAR Program



Phases – Program Levels at House of 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:

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Client Printed Name: _____

Signature of Applicant: _____

Date: _____