



# Christ City of Refuge

## General Rules

### Office Copy

#### Daily

- Keep cottage clean, organized, beds made, trash cans empty. If it doesn't fit in your closet, you shouldn't have it. Rooms will be randomly inspected by the Program Manager.
- Chores will be assigned by the Program Manager. Clean the community shared areas such as Christ Center, bathrooms, blowing off sidewalks, etc.

#### Weekly

- Attend **our** Sunday morning church service (10am).
- Wash the bedding.

#### General

- You must be on the property before 9:00 pm, if you are working or you're going to be late, call the Program Manager.
- The Christ Center is closed after 9:00.
- Visitors are only allowed in Christ Center; all visitors must be preapproved beforehand.
- No food or drinks in the cottages. Water is an exception.
- No games systems are allowed on the property.
- No profanity or obscene language on or off property while you are a resident here. (you represent us)
- Residents must dress modestly on and off the property.
- No drugs or alcohol on or off the property while you are a resident (we also consider marijuana a drug). **Drug Test are random and even a blood test is required if deemed necessary. You will have to leave immediately.**
- No pets or smoking in any buildings. There is only one smoking area.
- You and your clothes are to be washed and kept fresh.
- No one is to be in your cottage except you. **This will result in immediate removal of both parties and dismissal from the program.**
- Romantic relationships between residents are prohibited. Please refrain from discussion that may make other residents uncomfortable, including, but not limited to flirting, amorous behavior, or inappropriate discussion.
- It is required for the residents to be employed and work a minimum of 30 hours.
- Your stay here is on the condition of you saving \$200 weekly through the Program Director. If you miss it more than 2 times you will no longer be able to stay. However, you will get this money back if you take care of the property.
- The borrowing/loaning of money between residents is strictly prohibited.
- The bath house and laundry room are shared facilities. Do not leave personal items such as toothbrushes, soap and used towels in the bath or leave clothes in the laundry room, washer, or dryer.
- All dishes are to be washed and put away after use. Do not leave dishes in sinks.
- Please drive slowly in our driveway and down the residential road. We don't want complaints from neighbors.
- No loud music in cottages or vehicles at any time.

**Failure to comply with these rules will result in dismissal from the Program and property. You don't have any claim of ownership or right to occupy this property or the premises. The Program Manager has a say in your being here or dismissal. You must respect and obey that position. If you have any quarrels, you can bring it to the Program Director and a meeting with you, the Program Manager and the Program Director will be called.**

I have read and agree to these rules: \_\_\_\_\_ Date: \_\_\_\_\_



# Christ City of Refuge

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# Christ City of Refuge

## RESIDENT ADMISSION FORM

Name \_\_\_\_\_ S.S.# \_\_\_\_\_ DL# \_\_\_\_\_  
Last Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Marital Status \_\_\_\_\_ Counties lived: \_\_\_\_\_

Spouse Name and Address: \_\_\_\_\_

### HOUSING:

Briefly explain why you are homeless:

\_\_\_\_\_  
\_\_\_\_\_

Children(s) Names & DOB's (if applicable): \_\_\_\_\_

### SPIRITUAL

How would you best describe your relationship with God? \_\_\_\_\_

Are you saved? [ ] Yes [ ] No

Religion: \_\_\_\_\_ Denomination: \_\_\_\_\_

### TRANSPORTATION:

Do you have a car? \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_

Amount owed? \$ \_\_\_\_\_ Financed by: \_\_\_\_\_

Insured by: \_\_\_\_\_

### EDUCATION:

What was the last grade you completed in school? \_\_\_\_\_ Year? \_\_\_\_\_

Name of School \_\_\_\_\_

### EMPLOYMENT:

Do you have a job? \_\_\_\_\_ If yes, where? \_\_\_\_\_

How long? \_\_\_\_\_ How many hours do you work? \_\_\_\_\_ Amount earned? \_\_\_\_\_

If unemployed, how long? \_\_\_\_\_ When did you last work? \_\_\_\_\_

Where did you last work? \_\_\_\_\_ How long? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Are you receiving unemployment benefits? \_\_\_\_\_ If yes, how much \_\_\_\_\_

Are you willing to actively look for a job? \_\_\_\_\_ Do you need transportation? \_\_\_\_\_

What kind of job would you like? \_\_\_\_\_

### HEALTH: MENTAL/PHYSICAL

Do you have health problems? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you been tested for contagious diseases? Where? \_\_\_\_\_ When? \_\_\_\_\_

What were the results? \_\_\_\_\_ (A copy of the results must be presented)

Do you have (had) a(n) alcohol or drug problem? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When was the last time you used/drank? \_\_\_\_\_ What did you use/drink? \_\_\_\_\_

Are you taking any prescription medications? \*\* \_\_\_\_\_

If yes, what? \_\_\_\_\_

**\*\*IF YES, It will be randomly counted and evaluated by staff. \*\***

Do you have handicaps? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you applied for disability? \_\_\_\_\_

Status \_\_\_\_\_

Do you receive Medicaid or Medicare? \_\_\_\_\_

Have you ever had counseling? \_\_\_\_\_ If yes, when and where? \_\_\_\_\_

\_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Have you been hospitalized? \_\_\_\_\_ If yes, when and where? \_\_\_\_\_

\_\_\_\_\_ Diagnosis: \_\_\_\_\_

What medications were prescribed? \_\_\_\_\_

**FINANCIAL:**

Are you currently receiving any of the following?

\$ \_\_\_\_\_ Alimony                      \$ \_\_\_\_\_ AFDC                      \$ \_\_\_\_\_ Unemployment

\$ \_\_\_\_\_ HUD                              \$ \_\_\_\_\_ EBT

\$ \_\_\_\_\_ Social Security              \$ \_\_\_\_\_ Workers Comp

\$ \_\_\_\_\_ Other: \_\_\_\_\_

Caseworker's Name: \_\_\_\_\_

**LEGAL:**

Have you been arrested? \_\_\_\_\_ If yes, charge? \_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever been in jail/prison? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you currently on probation or parole? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Probation/Parole Officer's Name? \_\_\_\_\_ Phone # \_\_\_\_\_

Are you currently paying restitution? \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Are you currently paying child support? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Are you behind any payments? \_\_\_\_\_ How many? \_\_\_\_\_

Which of the following has been a part of your life recently?

\_\_\_\_ Family break-up              \_\_\_\_ Physical disability              \_\_\_\_ Emotional breakdown

\_\_\_\_ Family violence              \_\_\_\_ Drug abuse                      \_\_\_\_ Death of a loved one

\_\_\_\_ Eviction                          \_\_\_\_ Alcohol abuse                  \_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Jail                                  \_\_\_\_ Loss of a job

**EMERGENCY CONTACT: 1**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to you? \_\_\_\_\_

**EMERGENCY CONTACT: 2**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to you? \_\_\_\_\_



## Christ City of Refuge

### RESIDENT ACKNOWLEDGEMENT

By my signature, I acknowledge that I have been informed of program practices, policies and procedures as listed below:

- I understand that Christ City of Refuge staff and any volunteer or representative will **not** be liable for any accidents, thefts, medical bills, loss of personal items or council on and off the premises.
- I understand random drug and alcohol testing may be performed at the Director's discretion at my own expense.
- I understand that the staff reserves the right to inspect all my personal belongings at any time. This includes closets, dressers, nightstands, sleeping area, and any other area deemed necessary. The staff, upon inspection, has the right to remove any item that is not in agreement with the clothing inventory and/or any items that are considered contraband.
- I understand that I can be asked to leave at any time, and I agree to leave immediately.

I have been informed of the rules. If I have any questions about the guidelines and expectations, I will inquire about them with a staff member.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Christ City of Refuge**

### **LIABILITY RELEASE**

I, \_\_\_\_\_, hereby release Christ City of Refuge employees, representative and any volunteer of any responsibilities in the event of accidents, injuries, or loss to me or my property.

I also bind my heirs and estate to this agreement.

I waive any claims that I may have against Christ City of Refuge. I hereby assume all risks and responsibilities that the above-mentioned may incur while under the supervision of the Christ City of Refuge.

I take full responsibility for my safety and welfare and the safety and welfare of my children if I have children living at Christ City of Refuge for which I am responsible.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Christ City of Refuge**

### **ABANDONED PERSONAL PROPERTY**

All vehicles abandoned by former residents will be removed from Christ City of Refuge's property two weeks after departure. All clothing and personal items of former residents will be bagged and held for 24 hours. An additional 72 hours will be granted if a written request is submitted. Christ City of Refuge is not responsible for clothing, personal items, jewelry or any property belonging to a resident.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Christ City of Refuge**

### **PROBATION/PAROLE IDENTIFICATION**

I currently AM / AM NOT being monitored by a probation/parole officer.

I agree to allow Christ City of Refuge representative and/or employees to communicate with my probation/parole officer at any time as needed.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Please provide PO name and contact information below:

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A brief explanation of our program:

Our desire is to see every individual become successful. We are not here to pamper or coddle you, but to give you an opportunity to get yourself together. We want you to feel welcome, but also understand that we do not want you in this program. For us to want you in this program means that we want you to be in a depressed state. Since we do not want this, we are giving you an opportunity to get your life in order.

While you are here, we expect you to keep your room neat and organized. You are not here to accumulate belongings or furnishings for your new home. However, you should save up your money so that when you leave here, you will be able to purchase the basic things you need.

We expect you to work a full-time job. You will be required to deposit \$200 per week. Every week you miss your payment, it will be shortening your time here. Also, we will evaluate your progress, cleanliness, and attitude each month, to determine if you can continue in this program.