



A) Basic Information

1- Name: _____ Date: _____

 Last First Middle

2- Address: _____

 Street City State Zip

3- Phone: (_____) _____ Date Available for Program: _____

4- Social Security Number: _____ Date of Birth: _____ Age: _____

5- Place of Birth: _____

6- Name of person to be contacted in case of emergency: _____

Name

Address

(_____) _____

Telephone Number

7- Marital Status: _____ Wife's name: _____

8- Family Background: (Please answer "yes" or "no" to the following)

_____ Both parents still living?

_____ Parents are on welfare?

_____ Parents are living together?

_____ Parents are divorced?

_____ Brothers &/or sisters?

_____ How many?

Father's Name: _____ Age: _____

Mother's Name: _____ Age: _____

9- Are you a Citizen of the USA? _____

10- Current situation that makes you interested in Elevated Ministries House of Hope. (please describe)

B) Education

Highest grade completed: _____ Do you have a GED? _____

Do you plan on continuing your education in the future? _____

C) Medical History

Have you been under a doctor's care for any reason in the last year? _____

If yes explain: _____

Do you have any medical conditions that require medication? _____

If yes explain: _____

Do you have any type of disability that would limit you while at House of Hope? _____

If yes explain: _____

Do you have any type of communicable illness or disease? _____

If yes explain: _____

Note: A Doctor's Exam & Blood test results for VD, TB, Hepatitis, & HIV must be sent in prior to entry.

(See Medical Examination Form)

D) Religion

What church have you attended most? _____

Do you: (State yes or no)

_____ Believe in God? _____ Believe in Jesus? _____ Believe in the Holy Spirit?

_____ Believe that there are consequences for your sin? _____ Believe God can help you?

Are you willing to attend church, pray, & read the Bible regularly while in House of Hope?

Have you had a conversion experience with Jesus Christ? (explain):

E) Personal Habits (Please circle the number of activities you are currently involved in)

Have you ever used alcohol to get drunk? _____ Age started: _____

Have you ever used tobacco products or E-cigarettes? _____ Age started: _____

Have you ever smoked marijuana? _____ Age started: _____

Have you ever used other types of drugs to get high? _____ What? _____

Have you ever been involved with homosexuality? _____ How long? _____

Have you ever been involved in witchcraft or the occult? _____

F) Legal Record

Have you ever been arrested? _____ How many times? _____

Please describe when arrested and for what crimes:

Are you currently on probation or parole? _____ If so, please list name of probation officer:

G) House of Hope Information

Do you understand that House of Hope is a Bible based, Christ centered program? _____

Do you understand that House of Hope operates in highly disciplined environment? _____

Please describe what you hope to accomplish while in the Elevated Ministries House of Hope program:

Elevated Ministries Agreement

I, _____, agree to abide by the policies of Elevated Ministries and state that I wish to enroll in the 6-12 month program and will remain in the program until it is decided by both staff and myself that I am ready to leave.

I understand that a personal check of my belongings will be made when I enter the program to check for unauthorized items. I also understand that random checks can also be made to check for unauthorized items at staff discretion.

I understand that Elevated Ministries, Inc. cannot be held responsible for personal property or injury to anyone who is in our program. Any personal property or money left at Elevated Ministries House of Hope after my departure becomes the property of Elevated Ministries. It is further understood that if I do not cooperate with the rules and regulations of I can be asked to leave.

I also understand that Elevated Ministries will allow residents into the program with "body fluid only" transmittable diseases. I will be unaware of these students and so I will practice safe hygiene and avoid contact with the body fluids of other students.

I am giving Elevated Ministries access to monitor my bank accounts for the purpose of accountability.

Residents at Elevated Ministries will set up both checking and savings accounts at First National Bank of Omaha in Olathe, Kansas. Residents will follow biblical principles of tithing 10 % to their Home church. Residents will also be expected to deposit 10 % into a savings account from each paycheck.

Signature of Resident: _____ Date: _____

Witness: _____

-----Office Use Only-----

Date application received: _____

Date blood test results received: _____

Date given to student for entry: _____

Elevated Ministries

Medical Form

I, _____, give

Applicants name & guardian's name if needed

_____, Authorization to disclose the

Agency or Doctor disclosing information

Information requested on this form. This disclosure shall be made to Elevated Ministries for the purpose of determining future residential plans & counseling objectives.

Signature of Applicant: _____ Date: _____

Signature of Guardian: _____ Date: _____

This statement of consent is subject to revocation by the applicant at any time to the extent the agency or doctor who is to make the disclosure hasn't already acted in reliance on it. This consent expires: _____

Upon examination of _____, I have

Applicants name

found him, in my opinion to be in _____ health.

Good, fair, poor

I have also included the following test results:

VDRL _____ TB _____ Hepatitis _____ HIV _____

In my opinion, this person will be able to participate in a long-term group program involving teaching, chores, manual labor, & strict discipline to help produce a disciplined life.

Doctor's signature: _____ Date: _____

Doctor's Telephone number: (_____) _____

(A signed Doctor's release from a Teen Challenge program would be sufficient)

The undersigned parties enter into this Agreement as an essential condition of Involvement in the Elevated Ministries program.

The undersigned parties accept the Bible as the inspired Word of God. They believe that God desires that they resolve their dispute with one another within the Church and that they be reconciled in their relationships in accordance with the principles stated in

1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20.

Accordingly, the undersigned parties hereby agree that, if any dispute or controversy that arises out of or is related to this agreement is not resolved in private meetings between the parties pursuant to Matthew 5:23-24 and 18:15, then the dispute or controversy will be settled by biblically based mediation. The undersigned parties agree that these methods shall be the sole remedy for any dispute or controversy between them and, to the full extent permitted by applicable law, expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision, or to enforce this dispute resolution agreement. Any mediated settlement agreement, or arbitrated decision here under shall be final and binding, and fully enforceable according to its terms in any court of competent jurisdiction.

Resident's Signature: _____

Date: _____

Executive Director Signature: _____

Date: _____

Premature Departure Information

Due to the fact that some residents may not complete the program due to dismissal or a personal decision to quit, this is the Elevated Ministries Policy regarding premature departure. This page must be read, signed & dated prior to admittance.

The following will occur at the point of premature departure:

1- Resident will be only allowed to pack his belongings under staff supervision. (Due to potential theft of others resident's property)

2- Anything left behind, for any reason, will become the property of Elevated Ministries.

3- Resident will be transported off the property ASAP.

4- Resident's family, probation officer, etc. will be notified of resident's departure. If possible, notification will be made prior to transporting off property.

5- Resident forfeits any positive references from Elevated Ministries. This would include any community service hours generated.

6- If a resident wishes to return to House of Hope there will be a waiting period at staff discretion prior to student re-applying.

8- Departing resident is not to contact anyone encountered while at House of Hope for 90 days. This would include church members of Churches House of Hope has attended.

I have read the above premature departure information. If I for any reason leave House of Hope prematurely, I agree to submit to these policies

Signature of Applicant: _____ Date: _____

IMPORTANT INFORMATION! PLEASE READ BEFORE SENDING APPLICATION.

Elevated Ministries House of Hope

Cost of program:

Elevated Ministries is a non-profit program ministering to the needs of people needing a gradual step back into society. Elevated Ministries House of Hope is not underwritten by a specific church, Organization, or corporation. Finances for the program are generated by support of concerned people, Churches, corporations and by the residents living in the house.

After the first month, or when resident finds employment, whichever comes first, resident is required to pay \$100.00 weekly payments. The payment is due on Fridays by 5pm. This payment covers rent, all utilities, and food.

To be eligible for visits and a weekend pass all rent must be up to date.

I have read the Financial requirement and agree to meet these requirements

Signature of Resident: _____ **Date:** _____

Why does Elevated Ministries House of Hope Exist:

To disciple people who have life controlling issues and initiate the discipleship process to the point where the resident can function as a Christian in society, applying spiritually motivated Biblical principles to relationships in the family, local church, chosen vocation, and the community.

Goal of Elevated Ministries

House of Hope

That upon completion of the program graduates will be able to function as a Christian in society. That Biblical principles relating to family relationships, Church relationship, Community, & Employment will be learned through the teachings and lifestyle of the staff at House of Hope.

Elevated Ministries House of Hope Rules & Guidelines

Elevated Ministries House of Hope is a group home program that is based on the teachings of Jesus Christ. Residents need to cooperate with the staff in following the rules of the program. Each person is responsible for chores and participating in scheduled daily activities.

Elevated Ministries will only take men who are at least 18 years of age.

Shared Living Space Rules:

- All belongings will be searched by staff at intake.
- Drug test will be given at intake at the cost of Elevated Ministries.
- Random drug tests will be given at the cost of the resident, \$10.00 per test.
- Residents must shower regularly and a shower will be required at intake.
- No narcotic medication. Residents are responsible for their own belongings. Lost, stolen or damaged items are not the responsibility of Elevated Ministries.
- If a resident breaks or damages property of House of Hope, other residents, or staff, they will be required to replace it.
- Sharing your belongings is done so at your own risk.
- Appropriate attire is required for all outings, especially church. No clothing will be allowed that the staff believes is indecent or inappropriate.
- No student is permitted to enter any other bedroom besides his own. Other rooms are available for fellowship.
- Secular music is not permitted.
- Residents may not do, have or boast about: A) illegal drugs & alcohol; B) tobacco products; C) weapons; D) criminal offenses; E) cursing, foul language or name calling. F) Sex; G) gangs; (no gang writing or finger signing is permitted).
- Visits must be pre-arranged with staff at least one week in advance. (Limit: 2 visits per Month)
- Residents are required to eat at least (2) meals per day. If a resident will not be eating a meal he must give prior notice to cook.
- Complaining about the program, staff, facilities, etc. will not be tolerated.
- No dyeing of hair will be allowed except for natural hair color. Styles that are considered extreme by the Director will not be allowed. No facial jewelry is permitted. Earrings are acceptable.
- Respect is to be shown to staff & fellow residents. If a disagreement arises it must be dealt with in an agreeable manner.
- Residents will be required to perform their chores to the satisfaction of staff. Work is to be done without complaint.
- Residents are required to keep their living quarters in order at all times. Random tours of the facility will be given for perspective and current donors.
- Residents are required to go to church of your choice once a week
- Residents are required to attend Stepping Into Freedom, A living Free series, until it is completed.
- Residents will serve community often to give back to Elevated Ministries.
- Laundry is to be done once a week, clothes and bedding.

Discipline

Tv and visit privileges can be taken from resident.

Level #1 Recreational Restriction. This includes no recreational activities of any kind. It also eliminates TV and movies.

Level #2 Full Restriction. This includes Recreational Restrictions and sometimes a written assignment from the Bible will be required.

Dismissal:

A student who demonstrates a non-cooperative attitude or is involved in any major infraction is subject to immediate dismissal from the House of Hope Program. Elevated Ministries has the right to dismiss at our discretion. Drugs and alcohol are grounds for immediate dismissal.

Belongings List

Due to a lack of storage space we ask that belongings be limited as to what can fit into (2) suitcases. All belongings should be labeled with the name of the resident with a permanent marker. We do require certain items and forbid others. This list is to be a guide for you as you pack.

Forbidden items:

- T-shirts with inappropriate messages.
- Tobacco products, alcohol, or drugs.
- Psychiatric medication.
- Knives.
- Pornography.
- Matches or lighter.

Medication:

We will not accept any student into the program who is taking prescribed psychotropic medications. If you do have (non-psychotropic) medication please bring a doctor's authorization for its use. All medication will be locked up in a medicine closet. All medications must be labeled. Vitamins can be taken only according to dosage directions.

Dress Standards

Hair:

- Natural hair dying only.
- Hairstyles should be modest as to not draw undue attention to you.
- Must be kept clean and appropriately groomed.

Body:

- No carving, piercing, or writing on parts of your body.

Shoes & socks:

- Socks must be worn at all times unless staff permission is granted.

Pants:

- Must be worn at waist level.
- Must not be torn or full of holes.

Shorts:

- Must be worn at waist level.
- Spandex shorts are not permitted.

Shirts:

- Shirts must not have alcohol or cigarette advertising or indecent messages on them.

Hats:

- Not to be worn indoors at any time.
- Logos must be appropriate.

Jewelry:

- No occult symbols.
- Expensive Jewelry is unwise to bring into the program.
- This is a general guide as to our dress standards. There may be further modifications depending on outings, meetings, etc. At all times attire is to be modest and appropriate for weather conditions. If any clothing is brought in that is inappropriate it will be sent home at time of intake.

*We reserve the right to change things in this document at any time.

I have read the above statements and agree to the terms of Elevated Ministries to be a resident.

_____ signature

_____ date

_____ witness

_____ date