

# AGAPE HOUSE APPLICATION

## ADAMS RESCUE MISSION

“The Adams Rescue Mission exists to proclaim the passion of Jesus towards the hungry, homeless, abused, and addicted; to accelerate recovery and restoration to the least, last, lonely and lost.”

(Our Mission Statement)

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### OFFICE USE ONLY

Name of Applicant \_\_\_\_\_

Staff members that Interviewed Applicant \_\_\_\_\_

Date of Interview \_\_\_\_\_

Notes:

\_\_\_\_\_

Denial Letter Sent Y or N

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Entrance Date: \_\_\_\_\_

Program Fee of **\$100.00** paid in full before entering Y or N

- Four Payments of \$25.00 will be made \_\_\_\_\_

Date \_\_\_\_\_ \$25.00 Y or N \_\_\_\_\_

Date \_\_\_\_\_ \$25.00 Y or N \_\_\_\_\_

Date \_\_\_\_\_ \$25.00 Y or N \_\_\_\_\_

Date \_\_\_\_\_ \$25.00 Y or N \_\_\_\_\_

Exit Date: \_\_\_\_\_

**REASON FOR DISMISSAL AND IF APPARTMENT WAS CLEANED**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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This is a personalized program. The guidelines below may be altered to your families' specific needs if we deem necessary.

There is a \$100.00 intake fee, if you are not able to provide it right away we will work out a payment plan.

The Agape House is a Christian, non-profit shelter. We are not a social service agency. It is supported solely by contributions, the operation of our thrift store, and the recycling program of the Adams Rescue Mission. We are concerned about your spiritual and emotional needs, as well as your physical needs. Everything provided for you is through the blessings of God. Our desire is to focus on victory in all circumstances which comes through Jesus Christ. We are here to aid you in any way we can.

The first 30 days in the Agape House is a probation period. There will be an evaluation after the first 30 days to see if the program helps meet your needs. During those 30 days, there will be specific guidelines that will need to be followed. There will be paperwork that has to be turned in weekly to show accountability, each form will be explained to you when needed.

The first 30 days is also a blackout period. This begins immediately once you are moved in. No one is allowed in the building during this time and you are not allowed to spend the night anywhere.

There are certain guidelines that are designed for the health, protection, and peace of all residents in and around the shelter. As we read through the guidelines if you have any questions or concerns, please ask. If any of the guidelines are not obeyed, you may be asked to leave the program. It is our desire to work through any problems, but you must remain honest and transparent. **Dishonesty will result in your dismissal.**

Your stay at the shelter is for your benefit, and it is an opportunity to get re-established in the community. Use your time wisely! Network and grow spiritually and emotionally.

**There are guidelines and house procedures that need to be followed while a part of the Agape House. As we read the guidelines below, initial each statement, and if you need clarity, please ask.**

- ---- I understand that I am required to meet with Connie, Jenn, or Jill weekly to discuss my progress in the program. These appointments are of great value and are a requirement, so tardiness will not be tolerated.
- \_\_\_ I understand that all controlled substances will be regulated by the Agape House staff and that they must be turned in the same day they are filled.
- \_\_\_ I understand that the amount of medication given to me will be determined by my Medical Doctor, the staff of the Agape House and myself.
- \_\_\_ I understand the apartment has to be kept clean and organized at all times and will be randomly checked.

- \_\_\_ I understand there is no deep frying allowed in the apartment.
- \_\_\_ I understand there are no candles, incense or anything you have to light.
- \_\_\_ You will be assigned chores that will need to be completed weekly. A staff member will check to make sure chores are done correctly. Text the life skill coach when they are completed.
- \_\_\_ I understand there will be paperwork that will need to be completed weekly.
- \_\_\_ I understand that this is a Christ Centered Program and that my family and I are required to attend church weekly, and I must also turn in a signed bulletin to prove my attendance.
- \_\_\_ If I cannot attend church at any given Sunday I must listen online and fill out a sermon sheet and return to the office.
- \_\_\_ I understand that children need to be kept in control at all times.
- \_\_\_ I understand children must attend school regularly.
- \_\_\_ I understand there's no tolerance for causing conflict with other residents.
- \_\_\_ I understand there are no pets allowed in or around the apartment building.
- \_\_\_ I understand that except for loading and unloading purposes, there is absolutely no parking on property by residents or resident's guest.
- \_\_\_ I understand there is a curfew. I must be in the building and in my personal apartment by 9:30 PM. If there is a conflict with work or another event, I must get permission to be out later.
- \_\_\_ If I smoke and can't make it through the night, I must sign out and back in to be able to smoke in the designated area in the parking lot. This is not a social time. Children must be in bed asleep in order for me to be granted this privilege.
- \_\_\_ I understand that the first 30 days (black out period), there is no staying out overnight, and there will be no guest in the building.
- \_\_\_ I understand that when I wish to stay out or have visitors overnight, I must fill out an overnight request form and hand it in. These forms are available in the office. I understand it is mandatory for me to give 24 hours' notice for the request to be considered. A staff member must approve and sign the form for it to be granted. There are no guarantees a request will be granted. Request must be turned in by Thursday for weekend visits.
- \_\_\_ I understand there cannot be any unnecessary traveling.
- \_\_\_ I understand that all guests that I have, must be pre-approved before entering the apartment building and must leave by 9:00 PM. No one except residents should be on the Agape House property after 9:00 PM.
- \_\_\_ I agree to random drug and alcohol testing at the discretion of the staff of the Adams Rescue Mission. If I fail to allow the testing at the requested time, it will be assumed that I would have tested positive and I will be asked to leave the Agape House immediately.
- \_\_\_ I understand there is NO alcohol or drugs allowed inside any part of the building or on the grounds.
- \_\_\_ I understand that I cannot drink alcohol or use drugs while in the program.
- \_\_\_ I understand there is no smoking allowed in the building and that I may smoke outside the building in the designated area by the parking lot only.

- \_\_\_ I understand there is no tolerance for weapons of any type. Fighting, threats, obscenities, pornographic literature, or initiating of any act of sexual misconduct will result in dismissal. Criminal offenses will be prosecuted.
- \_\_\_ I understand there will be periodic visits by the staff, and the staff reserves the right to examine the apartment at any time.
- \_\_\_ I understand that I am required to sign out and sign in the building every time I leave the property and for afterhours smoking.
- \_\_\_ I understand that anyone in my household who is 12 years of age or older, is also required to sign in and out of the building, every time they leave the building.
- \_\_\_ I understand if dismissed from the Agape House, I will be given three days to gather and remove all my items from the property. After that allotted time, I understand that all remaining items in the building will be considered property of the Adams Rescue Mission.
- \_\_\_ I understand that I am required to collect and turn in all receipts weekly.
- \_\_\_ I understand my savings will be held by the Director of Family Ministries and will be released to me when I leave. I can request my savings to be returned to me at any time, with the understanding that I may be asked to leave if I'm going against the advice of staff.
- \_\_\_ I understand that a personalized budget will be created by the Director of Family Ministries and myself. All money remaining after proper deductions are made will be seen as savings and required to be turned in as such.
- \_\_\_ I must not give the code to my building to anyone. This may result in dismissal from the Agape House Program.
- \_\_\_ I understand I need to fill out the Housing Application as soon as I move into the Agape House.
- \_\_\_ I understand that the walls at the Agape House are very thin and there will be noise coming from clients living above and below your apartment.
- \_\_\_ We have a 3 strike rule, if you are reprimanded and written up by the staff 3 times, you will be asked to leave the Agape House.
- \_\_\_ I understand I will be required to attend Bible Study and may be required to do Study Guides and/or devotions.

By signing, I understand and agree to follow the terms listed above during my stay at the Agape House.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Staff Signature \_\_\_\_\_

**AGAPE HOUSE**  
**PERSONAL INFORMATION FORM**

Date\_\_\_\_\_

NAME\_\_\_\_\_ (Please print) Social Security # \_\_\_\_\_

Phone # \_\_\_\_\_ (Cell) \_\_\_\_\_ (Home Phone)

Current Address\_\_\_\_\_

Previous Address\_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Age\_\_\_\_\_ Birthday\_\_\_\_\_

Do You Have a Valid Driver's License\_\_\_\_\_?

Driver's License#\_\_\_\_\_

Do You Have a Vehicle\_\_\_\_\_? Model \_\_\_\_\_ Color \_\_\_\_\_

Marital Status \_\_\_\_\_ Married \_\_\_\_\_ Single

Date Married\_\_\_\_\_ Number of Family Members\_\_\_\_\_

Spouse Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse Age\_\_\_\_\_ Spouse Birthday\_\_\_\_\_

If Divorced - Date Divorced \_\_\_\_\_

Do You Have a High School Diploma\_\_\_\_\_ GED\_\_\_\_\_.

**FULL NAME OF CHILDREN (Print)      AGE      GRADE      BIRTHDATE      M OR F**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

**Religious Preference** \_\_\_\_\_

**Name of Church You're Attending** \_\_\_\_\_

**In Case of Emergency Notify** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Nearest Relative** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**REFERENCES**

**Names, addresses, and phone numbers of three references. (Please Print)**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**AGAPE HOUSE**

Name \_\_\_\_\_ Date \_\_\_\_\_

**BRIEFLY EXPLAIN HOW YOU BECAME HOMELESS**

**CRIMINAL HISTORY INFORMATION:**

**Please include details, dates, and any other important information.**

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**MISDEMEANORS** \_\_\_\_\_

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**FELONY** \_\_\_\_\_

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**AGAPE HOUSE**  
**PERSONAL GOALS**

Name \_\_\_\_\_ (Please Print) Date \_\_\_\_\_

**GOALS**

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
\_\_\_\_\_

Do you have a plan to implement your goals? \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your estimated time frame for reaching your goals \_\_\_\_\_?

**AGAPE HOUSE EMPLOYMENT INFORMATION**  
**INCOME AND EXPENSE**

Presently employed by \_\_\_\_\_ (Company Name)

How long have you worked there? \_\_\_\_\_

Last employer \_\_\_\_\_ (Company Name)

How long did you work there? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**INCOME:**

**Expenses:**

**Amount:**

Employment \_\_\_\_\_  
Weekly or Bi-weekly

Child Support \_\_\_\_\_

Access Card \_\_\_\_ Yes \_\_\_\_ No

Cash Assistance Amount \_\_\_\_\_

Medical Card \_\_\_\_ Yes \_\_\_\_ No

Food Stamp Amount \_\_\_\_\_

Social Security Amount \_\_\_\_\_

Disability Amount \_\_\_\_\_

Other Income \_\_\_\_\_

Car Payment \_\_\_\_\_

Car Insurance \_\_\_\_\_

Cigarettes (weekly) \_\_\_\_\_

Daycare (weekly) \_\_\_\_\_

Gas \_\_\_\_\_

Cell phone \_\_\_\_\_

Toiletries \_\_\_\_\_

Prescriptions \_\_\_\_\_

Storage unit \_\_\_\_\_

Fines \_\_\_\_\_

Other Expenses:

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

Savings Account \_\_\_\_\_

**AGAPE HOUSE**  
**MEDICAL INFORMATION FORM**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**General Health** \_\_\_\_\_ **Explain** \_\_\_\_\_

\_\_\_\_\_ **Excellent** \_\_\_\_\_  
\_\_\_\_\_ **Good** \_\_\_\_\_  
\_\_\_\_\_ **Fair** \_\_\_\_\_  
\_\_\_\_\_ **Poor** \_\_\_\_\_

Who is your current physician? \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Are you having any current treatments? \_\_\_\_\_

Explain \_\_\_\_\_

Please list any Allergies (Food, medicine, etc.) \_\_\_\_\_

Have you been diagnosed or treated for HIV and/or AIDS? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_

Have you been diagnosed with Hep C? \_\_\_\_ Yes \_\_\_\_ No

Have you been diagnosed or treated for an infectious disease? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_

Are you taking any controlled substances? \_\_\_\_ Yes \_\_\_\_ No

