



Raising the Standard Ministries



The Best In Aftercare

Raising The Standard Ministries, Inc.

P.O. Box 2245

Oklahoma City, OK 73101

(405) 228-4042

(405) 232-2767 (fax)

What are the requirements to be involved with the Ambassador House Ministry?

- 1) You must have a desire to change and be willing to stay committed to the process.
- 2) Adults must be able-bodied and working a full-time job. No evening or night shift jobs are allowed.
- 3) You must be drug and alcohol free, with a total commitment to stay that way. Random UA's are given at Ambassador House. Refusal to submit to a UA is considered to be positive.
- 4) Each resident is required and expected to follow the house rules (attached) and respect staff, fellow residents, and guests.
- 5) Each resident is expected to save money, with \$200.00 per month as a reasonable goal.
 - a. Each resident, within 72 hours of arrival, will complete an information packet
- 6) You must state at time of intake with the Director, the full extent of the amount of your court costs and/or fines and what counties you will need to appear in for payment arrangements.
- 7) If you are on probation/parole, you must report to your probation/parole officer within 72 hours of your release. If at any time you leave the Ambassador House while you are on probation/parole, we are under obligation to notify the proper authorities of your change of residency.
- 8) You will be given an intake packet to fill out upon your arrival. All intake information must be submitted to the Director at the time of your intake.

How do I apply?

Any one interested in living as part of the Ambassador House family must submit a written application. There will then be an interview set up with the Director. If accepted, you will receive an acceptance letter and your name will be placed on a waiting list. You will receive notification by letter as to whether you have been accepted or not. At the time of the interview, it is mandatory to have information regarding debts owed, sources of income (if any), and short- and long- term goals.

PLEASE FILL THE APPLICATION OUT COMPLETELY INCLUDING SUBMITTING ALL SECTIONS TO BE FILLED OUT BY YOUR CASE MANAGER, CHAPLAIN, ETC. FAILURE TO DO THIS WILL DELAY THE NEXT STEP OF THE APPLICATION PROCESS.

We welcome your application and look forward to getting to know you.

Application Process

- 1) Fill out completely and mail back the application to the Ambassador House no less than sixty (60) days prior to your anticipated release. Included in the application is a CRC information release form. Sign this form and submit it to your case manager. They will then mail the needed information to us. We must have this information before we can schedule an interview.
- 2) After we have received your application with all information completed and signed along with your CRC and case manager information, we will the schedule an interview with at your facility or by phone through your case manager.
- 3) After your interview, all of your information will be considered and a decision will be made. The result of that decision will be submitted to you and your case manager in writing. Only when you are accepted, can you use the Ambassador House as a home offer.
- 4) If there is no available space at the time you make application, we will notify you by letter. You may go on the waiting list if you choose to do so. You must notify us of your wishes in writing. From time to time, residents change their mind or leave the program and space then becomes available, so stay in touch periodically. However, we cannot become your home offer if we do not have space available.
- 5) If you are denied, we will notify you by letter and give you information on other ministries where you can apply. You may also check with your case manager.
- 6) If it is determined that you have not been honest on your application, consideration for acceptance will be denied immediately.

NOTE: **Applicants, please remember that you cannot obtain employment without a social security card and a valid Oklahoma state ID. You will need a certified copy of your birth certificate to obtain a state ID. Please try to obtain these through your reintegration officer at least 60 (sixty) days before your release.**

Before your release, it would be beneficial for you to know if you have any outstanding warrants for traffic tickets or any court matters. You may write your county office before release for arrangements. Keep any papers that they may send you regarding these matters. It is much easier to handle these matters in writing that it is to be picked up on a warrant after your release.

The Ambassador House Contract

(please initial each area)

- _____ I agree to faithfully participate in the Ambassador House family.
- _____ As members of this family, we are committed to grow in our relationship with God and develop behavioral responses and spiritual patterns that will sustain us in our future life as full participants in God's purpose for us. Our spiritual life in Jesus Christ and as participants in the Church is an integral part of our growth.
- _____ I will be faithful to the community, the staff, and residents.
- _____ I will be honest in my presentation of myself, my struggles, my needs, and my accomplishments.
- _____ I will be accountable for my words and actions, both in group meetings and in my interpersonal relationships.
- _____ I will refrain from the use of any mood-altering chemical not prescribed by my physician. I agree to turn in to the Executive Director/Director/House Manager any medications or prescriptions given to me by a physician, hospital, clinic, or other medical facility to be dispensed to me as directed by said physician or facility.
- _____ I will seek the consent of the Executive Director or Director before inviting any new persons or former residents into our home. Contact with any resident who was terminated or left the ministry before their completion is strictly prohibited.
- _____ If I plan to entertain visitors, I will use the family room. No adult guest is to be allowed upstairs in the residential bedrooms. Children are not allowed in other resident's bedroom and must have adult supervision at all times during visits.
- _____ All visitors must honor visiting hours and depart at the designated time. I will clean up any area that my guests may have used during their visit.
- _____ I understand that breaking curfew or not returning to the house without staff notification will mean termination.
- _____ I accept responsibility for my own life and accept the consequences of my choices.
- _____ I will participate in all of the activities of the Ambassador House family as agreed upon for my future growth development, and recovery.
- _____ I will accept feedback from my peers when it is offered in a caring, kind, and helpful manner.
- _____ I will accept responsibility for being accountable to the community as I learn to set healthy limits and boundaries for myself.

- _____ I will invite overnight guests only with the consent of the Executive Director or Director. I understand that no male guests over the age of 12 years of age are allowed to spend the night. I agree to take responsibility for the behavior of my guests and their abiding by the rules and the spirit of the house.
- _____ To encourage the peace and well-being of the house, I will respect the curfew of 10:00 p.m. and the week-end curfew of 11:00 p.m. to be in the house and be secured.
- _____ I will build up a savings account for myself and my future needs, as well as pay my financial obligations while at the Ambassador House.
- _____ I will take responsibility for the protection and well-being of any children who visit the Ambassador House by my actions and conduct.
- _____ I will submit to random UA's and/or other standard drug and alcohol testing when deemed appropriate or necessary by the staff.
- _____ I understand that refusal to submit to a UA is considered to be positive and I will accept the consequences of my decision.
- _____ I understand that any romantic interaction with another resident will result in immediate dismissal of both parties from the Ambassador House.
- _____ I will take responsibility for being an advocate of the Ambassador House family in consultation with the staff and the community as a whole.
- _____ I will honor and perform all cleaning and yard duties that are assigned to me by staff.
- _____ I understand that no illegal activity of any kind will ever be permitted.
- _____ I acknowledge that alcohol, drugs and firearms are prohibited. Possession of these items will result in immediate disciplinary action and possible termination.
- _____ I understand that there is to be no pornography. Possession of such will result in disciplinary action.
- _____ I understand that there will be no passes allowed for the first 45 days after arrival. Pass applications must be submitted 7-10 days before requested date. The first pass is for four hours only and a staff member must accompany me.
- _____ I understand that passes are a privilege and not a right; therefore, they are contingent upon my cooperation and progress.
- _____ I understand that no passes are allowed with the opposite sex.
- _____ Quiet hours are between 10:00 pm and 6:00 am. During these hours, I agree to keep the noise level to a minimum out of respect for my fellow house members.
- _____ Children must be attended to by a parent or legal guardian at all times. Parents or legal guardians are responsible for any damages caused by their child(ren).

- _____ Parking of guest vehicles are allowed only in designated areas; no parking in front of driveways.
- _____ Any maintenance or repair, damage or hazards must be reported at once to the house manager. No structural changes may be made on the premises, inside or out.
- _____ All passageways and common areas are to be kept free and clear of personal belongings.
- _____ Each resident is required to participate in community service which will be determined by RTSM.
- _____ All furnishings and other property belong to RTSM and must not be damaged or removed.
- _____ All areas must be kept neat and clean. Each client will be placed on a chore list and must perform the duties assigned.
- _____ Each resident must keep their rooms clean and clear of clutter. Beds are to be made, trash emptied and floor vacuumed daily.
- _____ Fighting, violence, or threats of violence of any kind will NOT be tolerated. These are grounds for immediate termination.
- _____ No pets are allowed.
- _____ There will be no phones in resident rooms; no cell phones, pagers, or laptop computers are allowed unless directly job-related. Verification of this will be required.
- _____ All clients will participate in any and all programs that are part of the RTSM criteria.
- _____ Residents will have a financial profile and will have a financial plan in place. No paychecks are to be cashed without meeting with Assistant Director first, who will go over the plan to determine what financial obligations must be met.
- _____ The basic residential program is six months with the option of renewing the lease for up to eighteen months if necessary.
- _____ There is a non-refundable deposit of \$250.00, which can be paid in installments. This deposit is to offset the expenses that accrue in the event that the client does not have funds to cover said expenses such as needed for identification purposes, hygienes, etc.
- _____ In consideration of the services by RTSM, all residents must and do promise and agree, as a condition of their participation in the program, not to file a claim, complaint or suit of any kind against the ministry,

_____ I will accept the consequences of any failure on my part to abide by the contract stated above. Consequences will be determined by staff and representatives of the community who will work with me with the goal of restoring me to full participation in patterns of healthy Christian living.

I request consideration for residency with Raising The Standard Ministries, Inc. I have read, signed and agree to all of these conditions. I have read the rules and agree to full cooperation and participation in this program. I authorize the release and exchange of any personal information or files to RTSM from any agency including, but not limited to, the Department of Corrections, Pardon & Parole Board, Justice System and/or any law enforcement agency.

Name (print)

Signature

Date

DOC#

AUTHORIZATION TO RELEASE INFORMATION

Inmate Name _____ DOC# _____

Facility _____ Address _____

Social Security # _____ Date of Birth _____ Age _____

This will authorize _____ to release information from my clinical record in accordance with Oklahoma state law Title 43-A, Section 1-109. I understand that my records have privileged and confidential status. I am waiving that status for the purpose contained within this authorization.

The release of any information concerning AIDS, HIV, AIDS-related Complex and the performance of any tests, counseling, and the results and treatment thereof are also authorized.

Specific information to be released: CRC and psychiatric or any medical records. Any medication taken. Substance Abuse evaluation and Treatment Plan.

For the specific purpose of: Assessing admission criteria and program development.

Information is to be released to: An Ambassador House Authorized Agent.

I understand that I have the right to refuse this authorization. I further understand that I am authorizing the release of information for the records whose confidentiality and status are protected by Federal Regulation (42 CFR, Section 2.13) and Oklahoma law: and that redisclosure of this information by the receiving agency is prohibited.

This authorization is for a single disclosure _____ or continuing disclosure valid for one hundred, eighty (180) days after the date of my signature as it appears below.

This authorization may be revoked at any time upon written notification.

Signature of Client: _____ Date _____

Signature of Witness: _____ Date: _____

**Ambassador House Reference Form
To be completed by your Chaplain**

Applicant' Name: _____ DOC # _____
(please print)

To the applicant: Give this form to your Chaplain. Ask your Chaplain to please complete and return this form to you so you may send it with your completed application.

Sign on the line below to waive your right to access the complete recommendation as well as any accompanying letter or comments.

"I waive any and all rights to access this recommendation including any accompanying comments or letter as completed.

Signature

Date

To the Chaplain: Please respond to the following questions. If possible, please type or print. After completing this form, you may mail it to us or return to the inmate allowing them to return it to us with their completed application. This recommendation is required and is an important part of the application; therefore, a prompt return is important.

Ambassador House places a great deal of importance on comments from references. We realize this requires time and effort on your part and we appreciate your assistance. Thank you in advance.

How long have you known the applicant and in what capacity?

How long have you been involved with the Criminal Justice System and in what capacity?

Comments on the applicant's interpersonal skills:

Comments on your perception of the applicant's attitude and desire to make positive changes in her life.

(please see reverse side)

	Excellent	Average	Unable to Rate
Leadership Potential			
Maturity			
Motivation			
Ability to work with others			
Planning Skills			
Personal Skills			
Personal Integrity			
Self-confidence			
Goal directed			
Attitude			
Willingness to follow guidelines/rules			
Takes responsibility for own actions			
Desires positive changes			

Recommend with confidence: _____

Recommend: _____

Recommend with reservation: _____

Not Recommend: _____

Additional comments on recommendation:

Signature _____ Date _____

Name _____ Facility _____

Address _____

Please return to:

Ambassador House I
P.O. Box 2245
Oklahoma City, OK 73101

If you have additional comments, you may attach additional pages or call:

(405) 228-4042

Ambassador House Reference Form
To be completed by your Case Manager

Applicant' Name: _____ DOC # _____
(please print)

To the applicant: Give this form to your Case Manager. Ask your Case Manager to please complete and return this form to you so you may send it with your completed application.

Sign on the line below to waive your right to access the complete recommendation as well as any accompanying letter or comments.

“I waive any and all rights to access this recommendation including any accompanying comments or letter as completed.”

Signature

Date

To the Case Manager: Please respond to the following questions. If possible, please type or print. After completing this form, you may mail it to us or return to the inmate allowing them to return it to us with their completed application. This recommendation is required and is an important part of the application; therefore, a prompt return is important.

Ambassador House places a great deal of importance on comments from references. We realize this requires time and effort on your part and we appreciate your assistance. Thank you in advance.

How long have you known the applicant and in what capacity?

How long have you been involved with the Criminal Justice System and in what capacity?

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Comments on your perception of the applicant's attitude and desire to make positive changes in her life.

(please see reverse side)

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Motivation			
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Planning Skills			
Personal Skills			
Personal Integrity			
Self-confidence			
Goal directed			
Attitude			
Willingness to follow guidelines/rules			
Takes responsibility for own actions			
Desires positive changes			

Recommend with confidence: _____

Recommend: _____

Recommend with reservation: _____

Not Recommend: _____

Additional comments on recommendation:

Signature _____ Date _____

Name _____ Facility _____

Address _____

Please return to:

Ambassador House I
P.O. Box 2245
Oklahoma City, OK 73101

If you have additional comments, you may attach additional pages or call:

(405) 228-4042

Ambassador House Reference Form
To be completed by your pastoral Care Minister

Applicant' Name: _____ DOC # _____
(please print)

To the applicant: Give this form to your Pastoral Care Minister. Ask your Pastoral Care Minister to please complete and return this form to you so you may send it with your completed application.

Sign on the line below to waive your right to access the complete recommendation as well as any accompanying letter or comments.

"I waive any and all rights to access this recommendation including any accompanying comments or letter as completed.

Signature

Date

To the Pastoral Care Minister: Please respond to the following questions. If possible, please type or print. After completing this form, you may mail it to us or return to the inmate allowing them to return it to us with their completed application. This recommendation is required and is an important part of the application; therefore, a prompt return is important.

Ambassador House places a great deal of importance on comments from references. We realize this requires time and effort on your part and we appreciate your assistance. Thank you in advance.

How long have you known the applicant and in what capacity?

How long have you been involved with the Criminal Justice System and in what capacity?

Comments on the applicant's interpersonal skills:

Comments on your perception of the applicant's attitude and desire to make positive changes in her life.

(please see reverse side)

	Excellent	Average	Unable to Rate
Leadership Potential			
Maturity			
Motivation			
Ability to work with others			
Planning Skills			
Personal Skills			
Personal Integrity			
Self-confidence			
Goal directed			
Attitude			
Willingness to follow guidelines/rules			
Takes responsibility for own actions			
Desires positive changes			

Recommend with confidence: _____

Recommend: _____

Recommend with reservation: _____

Not Recommend: _____

Additional comments on recommendation:

Signature _____ Date _____

Name _____ Facility _____

Address _____

Please return to:

Ambassador House I
P.O. Box 2245
Oklahoma City, OK 73101

If you have additional comments, you may attach additional pages or call:

(405) 228-4042

AMBASSADOR HOUSE APPLICATION

Send or bring completed application to:

Ambassador House I
P.O. Box 2245
Oklahoma City, OK 73101

OR

1336 N.E. 9th Street
Oklahoma City, OK 73117

Instructions:

- 1) BE HONEST! Fill out the entire application. Use N/A (not applicable) rather than leave a blank. Incomplete applications may be returned for completion, which will delay the process. A CRC and all reference forms must accompany your application.
 - 2) Sign and date your application. Mail all completed applications to the address listed above.
-
-

Name (first, last)

Date

Social Security #

Date of Birth

Age

DOC#

Facility

Parole/Release Date

Offense

Case Manager

Phone

Emergency Contact

Relationship

Address

Phone

PERSONAL INFORMATION QUESTIONNAIRE
CONFIDENTIAL

This Form is only to aid us to understand you better, so we can help you. If you can't remember certain answers very well, guess as well as you can. **ANSWER EVERY QUESTION.** (Please Print)

In your own words, why do you want to be a resident at Ambassador House?

Cultural Background:

1. Where were you born? _____ Nationality _____
2. How old were you when you left your parent's home for good? _____
3. What clubs, teams, or organizations do you belong to? _____
4. What kind of social events do you like to attend? _____
5. How were drinking and drugs a part of your social life? _____

Chemical Usage:

1. When did you begin using alcohol and/or drugs? _____
2. What was happening in your life at that time? _____
3. What kinds of alcohol and/or drugs have you used? _____
4. How much did/do you use and how often during an average week? _____
5. What is your behavior like when you drink or do drugs? _____
6. What kind of trouble has your alcohol/drug use gotten you into? _____
7. If in recovery, what is your clean date? _____

Previous Treatment

1. Have you been in treatment for psychiatric, emotional or family problems before? _____
2. Have you ever been in treatment for alcohol or drug usage before? _____
3. If yes, where and when? _____
4. What were your experiences in previous treatment? _____
5. What are your experiences with AA/NA? _____

PERSONAL INFORMATION QUESTIONNAIRE
CONFIDENTIAL

Continued

Legal:

Describe your legal record history by filling out the appropriate blanks.

Date	City & State	Offense	Outcome

1. How many DWI/DUI's have you had in the past? _____ When? _____
2. What charges (if any) are pending at the present time? _____
3. Do you have a court appearance? _____ When? _____ Where? _____
4. Will you be on probation or parole? _____ How long? _____

Educational Background:

1. Highest grade completed? _____
2. Average grades in school? _____
3. Did you graduate? _____ When? _____
4. Best subjects in school _____
5. Were you ever suspended or expelled? _____ Why? _____
6. GED accomplished? _____ When? _____

Vocational:

1. Occupation at present? _____
2. Occupation before your incarceration? _____
3. How long? _____
4. Place of Employment _____
5. What sort of work would you like to do? _____
6. What is your career plans for the future? _____

PERSONAL INFORMATION QUESTIONNAIRE
CONFIDENTIAL

Continued

Military:

1. Have you ever been in the Armed Forces? _____ If yes, please continue:
Branch _____ Rank _____ From _____ to _____
2. Type of discharge _____ Disabled? _____ What kind? _____

Financial:

1. How much in fines and court costs do you owe once released? (Try to give an approximate amount if you don't remember) _____ What counties? _____
2. Do you have difficulties in handling money? _____ If yes, what kind? _____
3. What are your priorities when you handle money? _____
4. Are you having any financial difficulties at this time? _____
If yes, what kind? _____
5. Do you support anyone else other than yourself? _____
If yes, who? _____

Family of Origin

List the names of your father, mother, brothers, sisters, etc. and the following information.

Family Member's Name	Age	Relationship	Date of Death	Education

1. Marital status? (circle one) Single Married Divorced Widowed
2. If married, what is your relationship with your present spouse? _____
3. What effect has your chemical usage had on your relationships? _____
4. How does your family feel about you living at the Ambassador House? _____

PERSONAL INFORMATION QUESTIONNAIRE
CONFIDENTIAL

Continued

Name of Child	Age	Education	Marital Status	Living with whom?

1. Are your children in DHS custody? _____ What county? _____
2. Do you have a DHS reunification plan? _____
3. If they are with family members, please provide the information below:

NAME	ADDRESS	PHONE

4. How is your relationship with your children? _____

Spiritual:

1. What religion do you follow? _____
2. How active are you in your religion? _____
3. What does "higher power" mean to you? _____

4. How often do you attend religious services and with whom? _____
5. What are your religious views about alcohol and drugs? _____

PERSONAL INFORMATION QUESTIONNAIRE
CONFIDENTIAL

Continued

Leisure:

1. What do you do for fun? _____
2. What kind of sports are presently involved with? _____
3. What are your hobbies? _____
4. When was the last time you participated in your hobbies? _____
5. How would you spend a few free hours? _____
6. How would you spend a few free days? _____
7. Who would you spend your free time with? _____
8. What new interests would you desire? _____
9. What would you like to learn that is new to you? _____

Health:

1. How is your health at this time? _____
2. Are you taking any medication from a doctor at this time? _____ If yes, what kind and for what? _____
3. Do you or anyone in your family suffer from any of the following?
(Please circle and indicate who)

Nervous breakdown _____
Migraine headaches _____
Visions _____
Alcoholism _____
Bizarre behavior _____
Nervousness _____
Sleeping problems _____

Fits or convulsions _____
Chronic physical pain _____
Memory lapses _____
Drug addiction _____
Psychiatric problems _____
High stress _____
Excessive Eating _____

4. What is your general mood? _____
5. How do you feel about coming to the Ambassador House? _____
6. How do you view yourself? _____
7. What do you generally worry about or are concerned about? _____
8. Describe your behavior when you are drinking or using drugs. _____
9. Describe your behavior when you are **not** drinking or using drugs. _____

PERSONAL INFORMATION QUESTIONNAIRE
CONFIDENTIAL

Continued

10. How would your family and friends describe your behavior when you are drinking or using drugs? _____

Strengths and Weaknesses:

1. What do you consider to be your strong points? _____

2. What do you consider to be your weak points? _____

Main Issues:

List what you consider to be your main issues that you would like us to help you with.

*Your application is now complete. Please return to the Ambassador House.
God Bless You!*