

the Hope House Program

What is the Hope House Program?

The Hope House Program is designed to help women that are struggling with life-controlling problems. We are a faith-based program designed to help women realize that we can achieve success in all areas of life.

For I know the plans I have for you, declares the Lord, plans for a hope and a future

Jeremiah 29:11

Mission Statement

Vision

To extend the hand of hope to those in need of spiritual and physical help.

Mission

To provide a Christ-focused, nurturing environment to empower women and their children to become productive, self-sufficient, contributing members of their society.

Objectives

To create a positive, spiritual environment where women feel safe, secure and have all their basic needs met.

To have a staff that is committed to going the extra mile in order to help women bring about a lifestyle change in their recovery process.

To enable women to become spiritually alive, emotionally stable, physically healthy and socially active in all aspects of society.

Office Procedures

Administration... the Key to Successful Outcomes

Intake Procedures

Once a person has decided to come into Hope House, intake procedures can begin. Intake staff will ask the applicant the questions on the Intake Application.

The intake process involves going over the program with applicant, assisting with filling out the application, explaining the program's mission statement and rules, and making sure the applicants understand their commitment. Intake staff *must* obtain as much information as possible from the applicant to better evaluate the potential client's situation.

Upon completion of paperwork, the new client will *then* be given the opportunity to make a 10 minute phone call if necessary, to inform friends or relatives of whereabouts.

New client will then begin Hope House process. This involves a thorough search of all personal belongings by Hope House staff. All bags will be emptied out and inspected; individuals will also empty out entire contents of their clothing to be searched by Hope House staff.

Qualifications

Are you willing to commit to Hope House program?

1. Commitment to the Hope House program requires that you follow all rules of Hope House.
2. Are you willing learn Godly habits? You are required to attend all in house ministry groups & required to go to church every Sunday and Wednesday
3. Do you have any pending legal matters? Hope House Program is not a residential care facility; therefore any legal matters that may need to be taken care of must be dealt with by the client and at their own expense. If you are on probation or parole you must have a letter from you probation or parole officer stating the conditions of probation or parole upon entry into program.
4. Do you have any medical conditions (including pregnancy and HIV) pending or present?
Hope House is not a residential care facility and therefore, any medical conditions that may need to be taken care of, must be dealt with by the client at their own expense.
You must be medically and physically able to perform volunteer work assignments as part of the program. You cannot have been diagnosed with any chronic illness, which would prevent you from performing your volunteer work assignments as part of the Hope House Program.
5. Have you ever been diagnosed with any mental illnesses within the last year?
Hope House program is neither a mental health facility nor a hospice. For this reason Hope House may not accept someone into the program that is not being treated for mental illnesses.

The Hope House program is a faith-based program aimed at establishing a person in Christ so the individual can live a successful life. During the course of a stay the client will have performed community service to our local neighborhoods as well as participating in numerous studies and classes, which include but not limited to Anger Management, Character training and Goal Achievement. In addition to this we may also use various faith-based curriculums.

- The Program Coordinator will provide support to the Executive Director, Shelter Managers, Residential Advisors and Volunteers.
- The Program Coordinator will be responsible for performing the following duties:
 - Maintain records of all necessary updates relevant to clients' progress.
 - Assist in conducting intakes into the program.
 - Keeping confidential records maintained and secure.
 - Keeping up the database up to date and current.
 - Facilitate a constant communication flow between the Executive Director's office and the appropriate staff involved in the day to day operation of the Hope House.
 - Ensure that the Executive Director is kept current on all relevant data concerning the progress of the individual clients.
 - Coordinate activities with other ministries or programs with regards to the needs of Hope House.
 - Coordinate schedule
 - Maintain adequate inventories of all promotional materials of the Hope House.
 - Maintain a positive, life-giving environment for the clients and staff.
 - Perform other duties as needed to maintain the operation of the Hope House.
 - Use language that is respectful, practice confidentiality, and provide services to the best of their ability without prejudice.

Shelter Manager

- The Shelter Manager is required to answer to the Executive Director
- The Shelter Manager will present and uphold all the Hope House policies and procedures as outlined in the Policies and Procedures Manual.
- The Shelter Manager will provide support to the Executive Director, Program Coordinator, Residential Advisors and Volunteers.
- The Shelter Manager will be responsible for performing all the following duties:
 - Provide overall direction to clients.
 - Available to answer phone calls regarding clients progress.
 - Maintain schedules relevant to respective clients.
 - Monitor overall progress of clients.
 - Maintain up-to-date records and progress reports on each client.
 - Assist clients with Probation and Parole requirements and provide those entities with progress reports and supportive documentation about the program.
 - Keep Executive Director and Program Coordinator updated on clients' progress.
 - Provide encouragement to clients.

Areas of Responsibility

If you don't know where you're going... how will you know when you get there?

Executive Director- Tina Adams

The Executive Director is a paid staff person that has been selected to oversee all aspects of the Hope House program. Some of these duties are outlined below

- The Executive Director is responsible for all aspects of the Hope House program
- The Executive Director is required to answer to the Board of Directors
- The Executive Director will present and uphold all the Hope House policies and procedures as outlined in the Hope House Policies and Procedures Manual
- The Executive Director will provide support to the Program Coordinator, Shelter Managers, advisor, volunteers, and Hope House managers.
- The Executive Director will be responsible for performing the following duties:
 - Oversight of the Hope House in its entirety.
 - Responsible for compiling a report to the Board of Director's meetings.
 - Supervising Coordinators and Managers.
 - Cultivate and maintain good working relationships between Hope House and other ministries so as to promote an attitude of team work and Christ-like compassion.
 - Ensure a constant flow of communication to the coordinators' and managers in order to help them in the day to day activities of the Hope House.
 - Maintain adequate records of residential statistics.
 - Provide oversight for Managers in spiritual counseling to clients.
 - Maintain a positive, life-giving environment for the clients and staff perform other duties as needed to maintain the operation of the Hope House.
 - Use language that is respectful, practice confidentiality, and provide services to the best of the ability and without prejudice.

Program Coordinator

The Program Coordinator is a volunteer or a paid staff person that has been selected to assist the Executive Director in her duties of administrating, maintaining, and communicating of the overall strategies of the Hope House Program to the Board of Directors and the Hope House staff. Some of these duties are outlines below.

- The Program Coordinator is required to answer to the Executive Director.
- The Program Coordinator will present and uphold all the Hope House policies and procedures as outlined in the Hope House Policies and Procedures Manual.

- Work closely and cooperatively with other Hope House staff.
- Maintain a positive, life-giving environment for the clients and staff.
- Perform other duties as needed to maintain the operation of the Hope House.
- Use language that is respectful, practice confidentiality, and services to the best of their ability and without prejudice.

Residential Advisors

The Residential Advisor is a volunteer or client that has been selected to monitor and supervise the clients that are in their hallway on the day-to-day activities of the Hope House.

- The Residential Advisors are required to answer to the Executive Director
- The Residential Advisors are to support and uphold all the Hope House policies and procedures as outlined in the Policies and Procedures Manual
- The Residential Advisors will provide support to the Executive Director, Program Coordinator, and Shelter Management
- The Residential Advisors will be responsible for maintaining the following duties:
 - Advise clients concerning rules and curriculum.
 - Be an encouragement to clients.
 - Have daily time of prayer with all clients in their care.
 - AM duties are to wake up and advise the clients of their morning and afternoon activities.
 - Make sure all clients' rooms are clean and in order
 - Report all necessary maintenance repairs to appropriate personnel.
 - Complete minor repairs, i.e., change light bulbs, etc.
 - PM duties are to advise the clients concerning their afternoon and evening activities.
 - Advise the clients on their floor about the benefits of getting a good's night's sleep and make sure lights are out at the appropriate time.
 - As necessary, fill out incident reports and place in the Shelter Managers mailbox.
 - Relay to the Shelter Manager of any indication of possible problems that the client may be going through.
 - Complete Daily Reports and turn in DAILY to the Shelter Manager.
 - Maintain a positive, life-giving environment for the clients and staff.
 - Perform other duties as needed to maintain the operation of the Hope House.
 - Use language that is respectful, practice confidentiality, and services to the best of their ability and without prejudice.

Schedule

If You Fail to Plan then you are planning to fail

Having a schedule is an effective way to bring order into a person's life. Not only is it important to have a schedule but it is equally important to adhere to that schedule. A schedule also provides a tool to monitor a person's progress by how well they adhere to that schedule.

The following is schedule that we have all clients adhere to. Each client is required to be at each scheduled event at the designated time. Schedules will be posted outside the office on a weekly basis.

Example:

Monday	8:00-8:45 Nutrition 9:00-10:00 Fitness 10:00-12:00 Housing/ Job Search 12:00-1:00 Lunch 1:00-5:00 Work Therapy 5:00 Dinner 7:00 Church
Tuesday	9:00-4:00 Work Therapy 4:00-5:30 Dinner 5:30-6:30 Parenting 7:00 Church
Wednesday	9:00-10:00 Fitness 10:00-5:00 Work Therapy 5:00 Dinner 7:00 Church
Thursday	9:00-12:00 Counseling/ Work Therapy 1:00-5:00 Job Search/ Work Therapy 5:00 Dinner 7:00-8:00 Church
Friday	9:00-10:00 Fitness 10:00-5:00 Work Therapy

House Rules

As for me and my house... we will serve the Lord!

Hope House is a program that is based on choices. The choices that we make determine not only where we are headed but also where we have been. Poor choices are sometimes the result of not following boundaries that have been established in our society.

The rules for Hope House have been established to help you reestablish and maintain boundaries in your life. These rules have been carefully and prayerfully thought out and have been put in place to help you in your journey towards a successful life.

1. Admission

- Admission into Hope House is a privilege and not a right.
- Upon admission, the client must submit all possessions and person to inspection.
- An inspection may be conducted at any time that there is a reasonable cause to suspect that contraband, drugs, and or drug paraphernalia may be present either on the person or in the rooms assigned to that person.
- All clients will be supervised by staff and/or Residential Advisors during their stay in Hope House. All requests and problems will be channeled through the Staff on duty. All requests must be written, signed dated and given to the staff on duty.

2. Spiritual Life

- Hope House is a Faith-Based program. As such, there is a spiritual component required.
- This includes but not limited to; Church services, bible studies, prayer services and public services that are essential to the program.
- All clients are required to attend such services or classes. **NO EXCEPTIONS!**
- There will be no talking, reading, writing letters, talking on the phone using the restroom, or getting a drink during any bible study, prayer meeting, Church, group or any other activity.

3. Privacy

- Since Hope House is a residential live-in program with many clients, there should be no expectation of privacy.
- Hope House reserves the right to perform room searches when deemed necessary by the Executive Director, Program Coordinator or Shelter Managers.
- Hope House also reserves the right to use closed circuit TV in hallways and entrances for security purposes.
- No Client can take pictures of another client and post in on a website (Facebook, MySpace) or have it developed.

4. Probationary Period

- The staff will observe the client and decide if she meets the requirements to continue in the program.

Growth

- During the client's stay here at Hope House, the client will be required to show progressive growth.
- "Growth" constitutes participation in work assignments, classes, Bible studies, prayer, Bible reading, room cleanliness, personal hygiene, morning devotion, church services, and any other required activity by Hope House.
- Growth is also measured in terms of the development of character, integrity, and relationships with sisters in Christ.
- Failure to produce such growth constitutes grounds for dismissal.

6. Family Visits

- Family visits are allowed in accordance with Hope House privileges and restrictions guidelines.
- Hours of visitation are on Sunday from 11:30 to 4:00.
- No girlfriends, boyfriends, or fiancés shall be permitted to visit on Family Day unless there are children involved.
- Family visits are not allowed if you are on discipline.
- All family visits must be pre-approved prior to taking place, **NO EXCEPTIONS!**

7. Drugs

- You are not allowed to have any of the following items in your possession or in your room; alcohol, any illegal substance and/or paraphernalia as well as unapproved prescription medication, over the counter medication, or medication that is not prescribed to you.
- This also includes contact or association with individuals under the influence of, or possession of, the previously mentioned drugs.
- While in the program you will be required to submit to random drug tests and room searches.
- A positive drug test may be grounds for immediate discharge from Hope House.
- Those with a substance or alcohol abuse problem will be referred to the appropriate agency. There will be no sharing or abusing prescriptions.
- Anyone with any drug or alcohol abuse issues will need to take at least 3N/A or A/A meetings a week and to attend a church of your choice once a week.

8. Violence

- Violence, abuse or threats of violence or abuse are not allowed at any time.
- This includes swearing, threats, name-calling or threatening tone or level of voice toward staff or other clients.
- Horseplay will not be allowed as this can lead to aggressive behavior.

9. Weapons

- No weapons of any kind will be allowed during the duration of the program.
- This includes firearms, knives, or any other object that may be used as a weapon.

10. Relationships

- There is to be no fraternization between two individuals inside or outside for the purpose of establishing a romantic relationship. This includes flirting, dating, inappropriate conversations with members of the opposite sex or same sex, or sex in any form.
- This includes other clients and RA's as well as any other person that is in Hope House.

11. Illegal Activity

- Illegal Activity will not be tolerated. This includes any activity or behavior not covered above that would be considered illegal in a society.

12. Mail

- Letters are to be written during free time only so as not to interfere with study or work time.
- Hope House does reserve the right to inspect and censor all incoming mail and packages as they are being opened by the addressee for security purposes.
- Hope House, at staff discretion, restricts a client from communicating by mail with a specified individual or individuals at the request of staff, family members, or close friends.
- Clients are encouraged to write their spouse, children, parents or other persons designated as "FAMILY" on a regular basis.

13. Telephone Calls

- Upon entering the program the client is allowed one 10 minute phone call on the phone within the first 72 hours.
- Office telephones are for staff only.
- All telephone calls on the phone are limited to 10 minutes.
- Clients are not allowed to answer incoming calls, but messages will be taken and the client may return call during their next scheduled time unless it is an emergency.

- An emergency is defined as death, a life-threatening circumstance or serious illness in the family, etc., and shall be determined by staff.
- Anyone caught using the phone without authorization will be disciplined accordingly.

14. Medical Care

- Each Client is responsible for their own transportation and medical bills that they incur. Therefore, Hope House cannot be held responsible for these bills.
- It is the responsibility of the client to inform staff of any chronic medical problems upon entry into Hope House.
- Prescription and over the counter medications will be locked up.

15. Food

- Food is allowed to be eaten only in designated areas.
- No food is allowed in your rooms.
- Kitchen is closed at 8:30p.m.
- You are responsible for making your own breakfast and lunch. This includes cleaning up after yourself, by washing, drying, and putting up your dishes and wiping down stove, cabinets and table, and sweeping up anything that may have fallen on the floor.
- Dinner must be started at 4:00p.m. and done by 5:30p.m.
- The kitchen will be open at 6:30a.m. to 8:30p.m. All cooking and eating at this time.

16. Personal Finances

- Hope House is not responsible for any lost or stolen valuables.
- Panhandling or borrowing money from anyone is not allowed.
- Discussion of one's personal financial ability or lack thereof will not be tolerated.
- No selling anything to other clients.
- No selling your Food Stamps. (It's Illegal)

17. Dress Code

- Clients are only to have clothing that will fit in their space.
- No Tank tops, spaghetti string tops, halter tops or bare midriff tops.
- Clothing must be modest, not revealing, not low-cut and not tight fitting.
- Due to the many tours that we have here at Hope House you must be fully dressed when not in your room.
- Dress must be modest.

18. Laundry

- Laundry will be done on a weekly basis.

- All bedding will be washed every weekend.
- All residents will have a designated time that they will be able to do their laundry.

19. Rooms

- Rooms must be kept neat and organized at all times.
- Everyone's room must be clean by 8:00a.m. **NO EXCEPTIONS.**
- Furniture will not be moved from room to room without permission from Executive Director.
- No candles or incense burning is allowed in the rooms.
- Personal possessions must fit in the allotted storage space.
- Coffee pots, hot plates, toaster ovens, microwaves, etc., are not allowed in individuals rooms.
- Any hooks must fit in drawers or in a bookshelf, if available
- Only luggage, shoes and laundry bags are allowed under your bed.
- You are not allowed in another person's room or floor without permission from staff. If you desire fellowship with another you may use living areas.
- Quiet time begins at 9:30pm and ends at wake-up call the next morning.

20. Hygiene

- All clients must maintain personal hygiene habits on a daily basis. This includes but not limited to taking a shower, brushing teeth, wearing deodorant.
- If you need supplies for any of these, please let Hope House staff know
- Hope House staff will provide generic hygiene supplies until you have a job and can provide those for yourself. If you have any special requirements or brand preferences it is up to the client to provide these items at their own expense.

21. Accountability

- You cannot leave property at any time without permission from staff on duty.
- **Curfew to return to the shelter for women and children is 8:00p.m. each evening. Except on Saturday: Curfew will be until 10:00p.m.** All residents staying out past curfew could be asked to leave, unless it is a requirement of your job and cleared through the Executive Director. It will be assumed, if you have a place to stay overnight, you no longer need our services.

22. Work Therapy

- You are expected to do your assigned work therapy at the designated times.
- Any questions regarding work therapy should be directed toward staff.
- If you are ill (fever, vomiting or other acute illnesses), you will remain on bed rest all day.

- Not feeling like going to work or being too tired is not an acceptable excuse for not working.
- No client is to be in their room during their work therapy time without permission from staff.

23. Classes

- Clients must be on time for all classes.

24 Language

- In order to strengthen and encourage one another, all street talk, cursing, backbiting, gossiping, jail talk, and sharing of past experiences among clients, that is not positive in nature, is to be stopped upon admission into the program.
- It is also unacceptable to speak in a derogatory manner towards other clients, staff or any other person.

25 Personal Possessions

- Each client is allowed to bring some of her personal possessions. Certain items are not allowed at the facility.
- Any prohibited items will be confiscated and disposed of.
- All appliances must be turned off when not in use.
- No phone use during any Hope House activity.
- Personal music devices are allowed including: CD players, cassette players, IPODS, etc., However, all usage of personal music devices should be considered a privilege, and can be taken away if the client is abusing the privilege.
- Clients are not allowed to use another person's items.
- Clients are not allowed to lend or borrow money from each other, staff or volunteers.
- Clients are not allowed to exchange or sell personal items, belongings or services to each other.
- No pets are allowed inside of Hope House.
- **Absolutely No** ringtones on your phone with cuss words or sexual innuendoes.

26 Pornography

- Possession of or viewing pornographic material in any form will not be allowed.

27. General Etiquette Rule

- All clients will observe and maintain the utmost courtesy and manners demonstrating Christ-like character and attitude towards others.

- We follow the Golden Rule; "Do unto others as you would have them do unto you."

28. Probation and Parole

- All clients will be expected to cooperate with all law enforcement agencies.
- Any client who has a court appearance, probation or parole meeting, or legal appointment must set up a meeting with the Executive Director.
- You will be required to provide proof that you are to appear and shall provide your own transportation and the money for the trip to and from the destination if out of Pittsburg County.
- No side trips allowed, you must go to your appointment and straight back.

29. Community Service Tickets

- Community Service Tickets are the mode of discipline we use at Hope House.
- When presented with a ticket, you must sign the ticket to acknowledge receipt of the ticket.
- If you feel you received the ticket unjustly, you may file a grievance form in the office. Failure to sign a ticket will result in more discipline, up to and including a demotion or dismissal.
- A community service ticket is issued upon observance of a violation of the posted rules.
- The client is required to complete the appropriate number of hours required for the violation during the designated times.
- All privileges are suspended while a client has community service hours pending.

30. Dismissal

- If an individual leaves or is dismissed from the program it is mandatory that they take all of their clothing and personal possessions with them.
- Hope House shall not be responsible for any clothing or personal possessions left behind by the client.
- You must turn in any sheets, towels or issued clothing upon departure.
- If dismissed from the program you may not return for a minimum of 30 days.
- If dismissed, you are not allowed contact with anyone in the program without approval from the Shelter Manager or Executive Director.

30. Grievances

- If there is a problem with another client you must first try solving it with them.
- If the problem cannot be taken care of client to client then ask the staff on duty to help you resolve the problem.

- Clients have the right to file a grievance with the Executive Director (must be in writing.)
- Clients may have a direct access to the Executive Director at some point in the grievance process, if necessary.
- Grievances will be resolved in a timely fashion, usually within 7 days.

31. Schedules

- You are responsible to know and comply with your posted daily schedule.
- You are required to attend all functions of Hope House and be on time.
- Any changes to schedule will be communicated after the morning devotions or through staff.
- Curfew is 8:00p.m. Sunday thru Friday and 10:00 p.m. on Saturday.
- All residents must be up by 7:00a.m. Each morning to address current needs, unless there are extenuating circumstances such as an illness or other circumstances approved by the director. If you or your child is ill please confine yourselves to your room so we don't risk an outbreak. **IT IS YOUR RESPONSIBILITY TO GET YOUR SELF UP AT THIS TIME!**
- The television will be turned off no later than 10:00p.m. on weeknight may be left on later at the discretion of the Shelter Manager on weekends.
- No sleeping during the day unless you have worked a graveyard shift and is approved by staff.

32. Children

- After admission to Hope House, residents have 3 days to get their child or children enrolled in school **No Exceptions!**
- Staff must approve all babysitting and babysitting forms must be filled out.
- **Children are to be supervised at all times, both inside and outside of the shelter.** A parent must accompany their small child/children to the bathroom, if needed or anywhere there is potential for harm which includes the playroom. If you are unable or unwilling to supervise your child/children you will be asked to leave.
- **No disciplining other children by yelling or physical abuse.**
- **No Soiled or Wet Diapers will be Left in the Rooms at Any Time!** All diapers must be taken outside to the trash bin immediately.
- Residents working or seeking employment are responsible for providing daycare services for their child/children. Hope House does not provide daycare. Children left unattended may be reported to Child Protective Services.
- Fighting or name calling is not allowed in the shelter.
- No running in the shelter.
- Children may not touch or use the stove or microwave.

- Food and drinks must stay in the kitchen at all times.
- Only go outside with your mother.
- Beds are for sleeping and resting only- Do not play on the bed (or other furniture.)
- Child may not wander around the shelter without their mom.
- No playing in the office- staff only.
- Children are not to answer the doors.
- The TV, VCR and DVD players are to be operated by adults only.

33. Employment

- After you find employment, you are responsible to buy your own laundry soap and hygiene products.
- After you find employment you are required to save \$200.00 a month. Executive Director will put it up for safe keeping.
- All residents must be working, seeking employment and checking for available services, house hunting, attending school, or doing volunteer work for Hope House or another non-profit organization.
- After you have a job you will also have to save \$50.00 a month to put towards drug tests. If you do not save the money we will assume that you will test positive.

34. Smoking

- **NO SMOKING WITHIN THE SHELTER OR 25 FEET OF ANY ENTRANCE TO THE SHELTER. SMOKING IS ONLY ALLOWED IN THE DESIGNATED AREAS.** All cigarette butts must be placed in the can (not on the ground), packages and all other trash must be put in the trash. If you are caught smoking inside the shelter, you will be told to leave at once and if you are found smoking in a non-designated area
- **NO** going out to smoke after 10:30p.m. or before the sun is up

35. Chores

- A chore schedule will be presented on a weekly basis. Housekeeping is done with cooperation of all residents. All residents will help in the shelter cleaning and taking out trash. All residents must cooperate when asked to help with cleaning the shelter in or outside the facility, a resident not working, at school or doing volunteer services may be asked to do so, if deemed necessary. There is a chore schedule located outside the office door that must be signed daily after chores are completed. **NO EXCEPTIONS!**

36. Transportation/Vehicles

- If you have your own car you must have proof of insurance and a drivers license
- Hope House does not have to provide transportation to anyone for any reason
- It is the residents responsibility to find their own transportation, Hope House should be the last resort
- Must have approval for transportation 24 hrs in advance
- If you have an income you will pay \$2.00 in transportation fees, to and from, if you use Hope House transportation.

37. Changes

- From time to time it may become necessary to make adjustments to these rules, with or without notice and at the discretion of the Executive Director.

All Services of Hope House are privileges not rights!

Hope House of McAlester

Resident's Rights- All Services

Hope House of McAlester, Inc. strives to provide confidential quality services to each and every participant who requests assistance from this agency. Some of these rights are directed toward shelter setting. All participants shall have and enjoy all constitutional and statutory rights of all citizens of the State of Oklahoma and the United States, unless abridged through due process by law by a court competent jurisdiction. Specific client rights shall be visibly posted and are listed below:

1. All clients have the right to be treated with dignity and respect. This shall be constructed to protect and promote human dignity and respect.
2. All clients have the right to a safe, sanitary and humane living environment.
3. All clients have the right to a humane psychological environment protecting them from harm, abuse, and neglect.
4. Each client has the right to an environment that provides reasonable privacy, promotes personal dignity, and provides opportunity for the client to improve her functioning.
5. Each has the right to receive services suited to her needs without regard to her race, religion, gender, sexual persuasion, ethnic origin, age and degree of disability, handicapping condition, legal status, and/or ability to pay for services.
6. Each client, on day of admissions, has the absolute right to communicate with a relative, friend, clergy or attorney, by telephone or mail, at the expense of the facility if the client is destitute.
7. No client shall ever be neglected or sexually, physically, verbally or otherwise abused
8. Clients shall have the right to practice her own religious beliefs, and afforded the opportunity for religious worship that does not infringe on the health or safety of others. No client shall ever be coerced into engaging in, or refraining from any personal religious activity, practice, or belief.
9. All information and records of each client shall be treated in a confidential manner
10. Each participant shall be given a periodic assessment to determine the appropriateness of her service/case management plan.
11. Each participant shall retain all rights, benefits, and privileges guaranteed by law, except those specifically lost through due process of law.
12. Participant legally entitled to vote shall be assisted to register and vote if they so request.
13. The client's freedom of movement shall be restricted more than necessary to prevent injury to self or others, to prevent substantial damage to property and to provide necessary services to the resident.
14. In general, participants may have their own clothing and other personal possessions. This right shall be forfeited if the property is potentially dangerous to the client, others, or if the property is functionally unsafe. Such property will be returned to the client upon their departure from the facility.

Affidavit of Non-Liability

I, _____, have voluntarily contacted and asked Hope House of McAlester, Inc., for their available services for myself and my children namely:

I hereby state that I will not hold Hope House or any person acting for and through Hope House liable for their acts, and I do hereby promise to hold them harmless for said acts performed on behalf of myself or my children. I understand that any information that is furnished about me or my family will be confidential between me and Hope House or any person acting for and through Hope House to the extent allowed by law.

Resident/Client Signature: _____ Date: _____

Intake Staff Signature: _____ Date: _____

Statement of Understanding and Responsibility

I, _____, have read and understand the resident contract and rules and am willing to abide by the contract and the guidelines of Hope House. Of my own free will, I am entering this shelter to provide for the safety of myself and my children, and will endeavor to cooperate and work with other residents in this communal living situation. I have also been informed of my rights. I understand that I will be responsible for the care, upkeep, and behavior of my children and will arrange for their care with an outside agency (daycare) or family/friend.

Resident/Client Signature: _____ Date: _____

Intake Staff Signature: _____ Date: _____

Sanctions for Terminating Residency

Hope House is a safe place for families while you plan your next step. Your initial contract is for two weeks based on your need for shelter. Violating shelter rules and policies may result in your stay being terminated. Living in the shelter is a privilege not a right, and should be recognized as such. Since the shelter is a community-living situation, it requires the cooperation and clear understanding of the expectations of staff and residents. Discuss any questions you have about the rules with staff.

Reasons that a family may be asked to leave immediately

1. Any person, child or adult, caught altering, manipulating, or destroying Hope House security system and/or cameras. If the offense is done by a child, the entire family will be asked to leave.
2. Any kind of physical, mental, sexual, or otherwise abuse of the resident's child or other resident's children.
3. Destroying Hope House property (shelter, shelter grounds, or any building thereof)
4. Threatening staff, physically assaulting staff or another resident.
5. Obviously under the influence of alcohol or drugs and disturbing other residents.
6. Staying out all night/missing 2 curfews without prior approval (adult or child.)
7. Possession of weapon, drugs or alcohol in the shelter.

Reasons why clients may be asked to leave in 24 hours

1. Possession of another resident's property (stealing.)
2. Verbally abusive language toward staff or other residents and unwilling to participate in actions to resolve the situation.
3. Unauthorized person(s) allowed in the resident's room (which includes Hope House client(s), outside family or friends.)
4. Smoking in room.

Reason why clients may be given 7 days to leave

1. Not fulfilling contract obligations. Staff will document violations. (incident/write-up in file of five or more.)
2. Contract date complete. (30-day contract)

Forms

Effective Tools for Organization

Accountability, integrity, organization, and information: these are what forms help achieve. Forms help set a process in place, supply accurate information and help an organization develop structure and character. Forms must be presented when establishing policies and procedures. Each form plays an important role and has its own function. Without the forms there would be no structure, no accountability, no integrity, no organization and no "paper trails" within Hope House. In this section you will find the forms we use for intake. Each form is designed and formatted to fit different needs within Hope House.

These forms have been created as the need of arrival for them. As Hope House grows it will need to become more organized and new forms will be created. It is also wise to review these forms every couple of months. This way new ideas can be created and adjustments or improvements on the forms can be made as needed.

There are many different forms that are utilized through Hope House and they all have different functions:

Application Procedure: This is an informative bulletin that outlines the steps to take the client to be admitted into the program.

Client Intake Form: This form is used for the client to fill out at intake prior to being accepted into Hope House.

Release Statement: This form is used for the client to release the Hope House from any and all liabilities during their time at Hope House.

Client Agreement: This form is used for the client to agree to abide by Hope House's Policies and Procedures while in Hope House Program.

Medical Request Form: This form is used for the client to request permission to go to the doctor.

Meeting Request Form: This form is used for the client to request permission for a meeting with program staff or pastor.

Pass Request Form: This form is used for the client to request permission to either have visitation pass, an excursion pass, overnight pass or weekend pass.

Termination Form: This form is used when a client is terminated from the program.

Safe Security Agreement: This form is used for the client to fill out when they want to place something in the safe.

Work Order Form: This form is used for the other departments or agencies requesting work to be performed by the Hope House.

Scripture Memorization Worksheet: This is for the client to use to work on their weekly memory verse.

Hope House of McAlester

Consent for services/ Confidentially

Consent to receive Services

I consent to receive psychological evaluation, diagnostic procedure, and/or support services from Hope House in McAlester, OK. The purpose of these procedures will be explained to me. I understand that consenting to services does not waive my rights under federal and state regulations.

Confidentiality

I understand that my communication with Hope House any my treatment records are confidential any may not be released except under the following conditions/circumstances or where otherwise provided by federal and state regulations, such as:

- I give my permission by written informed consent.
- A court so orders.
- My guardian gives permission.
- Upon the need to disclose information to protect the rights and safety of myself or others if:
 - I present a clear and present danger to myself and refuse explicitly or by behavior to voluntarily accept appropriate services: OR
 - If I communicate an explicit threat to kill or inflict serious bodily injury upon an identified person with the intent and ability to carry out the threat: OR
 - If I have a known history of physical violence and the treatment staff has a reasonable basis to believe that there is a clear and imminent danger that I will attempt to kill or inflict serious bodily injury upon an identified person
- The reporting of alleged acts of child abuse and/or neglect.

Records are kept in locked files and are only seen by authorized personal. The right to privacy and confidentiality is a great concern to the entire Hope House staff.

Consent Release Statement

I, _____, understand that my acceptance as a client in the Hope House requires the following:

1. I am a volunteer participant and not an employee of Hope House or any of its affiliates. I further understand that under no circumstances can Hope House or any of its affiliates be under any obligation to me.
2. I understand that my admission and continued residence in Hope House is dependent upon my needing such assistance and my willingness to help myself and others so situated, including the voluntary performance of such duties as may be assigned to me.
3. I am aware of the hazards and risks to my personal property associated with being a part of this Program. Such hazards and risks include, but are not limited to, death, injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and illness associated with such risks, and any damage to my personal property. I further understand that Hope House or any of its affiliates may not have any insurance coverage that would apply in the event of my death, illness or damage to my person or property that may occur during my participation in the Program. If I desire insurance coverage, I understand that I am responsible for obtaining and paying for the cost of such insurance.
4. I release Hope House and its affiliates, agents, officers, directors, employees and volunteer staff from any liability whatsoever arising as a result of death, injury or illness that I may suffer as a result of my participation in the Program.
5. I attest and certify that I have no medical conditions that would prevent me from performing my duties as a volunteer participant.
6. I expressly waive any defense to the enforcement of any of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal valid and binding obligation upon me enforceable against me in accordance with its terms.
7. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTRILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.**

Hope House

Client Agreement

I, _____, understand that my acceptance as a client in Hope House requires the following:

1. HOUSE RULES, MORAL STANDARD, AND WITHDRAWAL FROM SUBSTANCE.

I have read and understand House rules as provided to me, and understand that such House Rules may be amended upon the Program's discretion, with or without notice. Accordingly, I agree to abide by all Programs' rules, including but not limited the House Rules as given to me.

In addition, I agree to abide by the moral standards as upheld in the Bible. I understand that all forms of sexual activity are prohibited and will abide by such accordingly. Furthermore, I understand that the Program is a drug and alcohol free, **BUT DOES NOT** serve as a detoxification facility. Accordingly, I agree to withdraw from any and all substance dependence voluntarily and without the use of medication.

2. MEDICAL RELEASE. I hereby authorize the Program to make arrangements for any emergency medical assistance that may be required due to any illness or injury on my part.

3. HOPE HOUSE HIV POLICY. Hope House does not discriminate against those who are HIV Positive in its intake procedures. Because a large number of IV drug users have been infected by the HIV Virus, at any given time there may be one or more residents in the program that are HIV positive. This program does not require residents who are HIV Positive to notify any other residents in the program that are HIV Positive.

Staff members are forbidden without written permission of a resident to discuss that disposition of any client on her caseload; other than those individuals that are involved in the treatment process.

Hope House is not a medical care facility and is unable to provide 24 hour on-site medical supervision. Therefore, all women entering the program must be in good health and able to participate in all activities in the program. If a resident's health deteriorates to the point where she is no longer able to participate in the daily activities of the program, or medical condition requires 24 hour medical supervision, that person should leave Hope House.

HIV Positive clients who have family members or friends who could have possibly contracted the virus from them shall notify immediately.

Any HIV Positive client that intentionally puts another person at risk of being infected with HIV virus should be immediately dismissed from the program.

4. RELEASE OF CONFIDENTIAL CASE FILE AND COPYRIGHT TO PERSON AND STORY. I hereby release and grant Hope House, its agents, affiliates or third party as designed by the Program all rights to use and publish for any lawful purpose whatsoever to promote the

Program's purpose my: 1) confidential information as contained in my program's case file; 2) personal story; and 3) name, likeness, or appearance, I understand that I may also be requested to speak at public gatherings, give testimony or participate in the Program's activities whereby I may be recorded in any form or manner. Accordingly, I hereby release and grant the program to use such recordings of me whatsoever to promote the program's purpose. I also hereby waive any right to inspect or receive a copy of the finished product.

I hereby release and discharge the program, its agents, affiliates or third party as designated by the Program any and all liability by virtue of misprint, error or distortion that may occur unless it can be shown that such error, misprint, or distortion were maliciously based.

I further understand that I will not be compensated in any form for any and all use of my: 1) confidential information as contained in my program's case file; 2) personal story; and 3) name likeness, or appearance.

5. **RELIGIOUS REQUIREMENTS.** I understand that the program is a Christian based ministry program to assist people with life controlling problems. Through my participation in this program, I agree to submit to the program's religious expectations and attend the program's religious activities.
6. **CONSENT TO DRUG TESTING AND CONTRACTED WEAPON SEARCHES.** I understand that program is a drug and weapon free facility for the safety and well being of all its clients, employees, and volunteers. Accordingly, by my participation and consent below, I hereby voluntarily consent to all drug tests on myself and all contraband and weapons searches of me and my living quarters upon request.

I understand that the results of my drug tests, if any, will only be disclosed to Hope House and all legal authorities Hope House deems necessary. I understand that if I am tested positive for any banned drugs that are listed in Hope House's Drug testing and Contraband Search Procedure brochure, the Hope House may terminate my participation in the Program. Furthermore, Hope House may terminate my participation if there are any drugs, contraband items or weapons found in my living quarters or on my person.

Client Intake Form

Intake Date _____

Personal Information									
Last Name:			First Name:						
Date of Birth:			Spouse Name:						
ID Number:			<small>List Type of ID, State & Number</small>			Social Security #:			
Address:						Homeless:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
City			State:		Zip Code:				
Home Phone:			Work Phone:						
Cell Phone:			Fax:						
Age:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Height:		Weight:			
Religion:			Race/Ethnicity:			CDIB			
Marital Status:			<input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed		
Emergency Contact Person:				Relationship:					
Emergency Ph #:		Secondary #:							
Emergency Address:									
Do you have a car? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes who will take care of it while you are in the program?									
Are you currently receiving any type of income? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:									
Have you ever been in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No If dishonorable discharge please explain.									
Education									
Circle last year completed:									
Primary: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 +									
Can you read and write? <input type="checkbox"/> Yes <input type="checkbox"/> No					Can you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been in special education classes? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Religious Background									
Do you believe in God? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain									
Have you ever accepted Jesus Christ as your Savior? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain									
Are you attending church now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?									

FORMS

Legal History
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No How many times? _____ If yes, give details:
Have you ever done jail time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what for and how long?
Are you on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give probation or parole officer's contact information below:
Are you court ordered here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give contact information regarding your court case:
Do you have any legal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? What are the charges?
Do you think you may have any outstanding warrants? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Do you have any other pending legal matters that would require you to attend to in the next 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details below:

FORMS

Drug History				
Have you ever used drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how old were you?				
Why did you try them?				
<input type="checkbox"/> To help me deal with life.			<input type="checkbox"/> Some of my family use drugs.	
<input type="checkbox"/> To escape reality.			<input type="checkbox"/> Just for fun.	
<input type="checkbox"/> To fit in with my peers.			<input type="checkbox"/> I'm bored.	
<input type="checkbox"/> My friends use drugs.			<input type="checkbox"/> Curiosity.	
<input type="checkbox"/> To make physical pain go away.			<input type="checkbox"/> Other: _____	
<input type="checkbox"/> To make emotional pain go away.				
Have you ever sold drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you think you have a problem with drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain				
Explain why or why not.				
Since you've been using, what's the longest period of time that you've been sober?				
Please fill out information below concerning your drug use.				
Drug <i>(If you did not use drug listed leave blank, if drug is not listed fill in)</i>	First Time <i>(How old were you or what month/year?)</i>	Last Time <i>(Approximate date?)</i>	Frequency <i>(How often did you use daily, weekly, monthly?)</i>	Amount Used <i>(How much did you use per day/week/month?)</i>
Alcohol				
Barbiturates				
Benzodiazepines				
Cocaine/Crack				
Glue/Paint				
Heroin				
Inhalants(Snuffing)				
LSD				
Marijuana				
MDMA (Ecstasy)				
Meth				
Mushrooms				
PCP				
Prescription Drugs				
Speed				
Tobacco				
Other:				

FORMS

Medical History																																																									
Date of last physical exam: Results:																																																									
List any physical ailments or handicaps that you may have:																																																									
Date of last dental exam: Results:																																																									
List any dental problems you may have:																																																									
Date of last eye exam: Results:																																																									
Do you wear glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wear contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																								
List anything that you may be allergic to:																																																									
Have you ever been: Diagnosed with ADD? Diagnosed with ADHD? Diagnosed with any Mental Disorder? Diagnosed with Tuberculosis? Diagnosed with Hepatitis A? Diagnosed with Hepatitis B? Diagnosed with Hepatitis C? Diagnosed with HIV Positive? Diagnosed with AIDS? Diagnosed with Herpes? Diagnosed with any STD? Diagnosed with Body Lice? Diagnosed with High Blood Pressure? Diagnosed with Heart Disease? Diagnosed with any other illnesses?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/> Yes</td> <td style="width: 10%;"><input type="checkbox"/> No</td> <td style="width: 10%;">When?</td> <td style="width: 70%;"><hr/></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When?</td> <td><hr/></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When?</td> <td><hr/></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When?</td> <td><hr/></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When?</td> <td><hr/></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When?</td> <td><hr/></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When?</td> <td><hr/></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When?</td> <td><hr/></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When?</td> <td><hr/></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When?</td> <td><hr/></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When?</td> <td><hr/></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When?</td> <td><hr/></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When?</td> <td><hr/></td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>When?</td> <td><hr/></td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?	<hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?	<hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?	<hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?	<hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?	<hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?	<hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?	<hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?	<hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?	<hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?	<hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?	<hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?	<hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?	<hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?	<hr/>
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FORMS

Do you currently have any chronic medical conditions not listed above that require regular visits to the doctor? Yes No If yes, please explain:

Are you presently on any medication? Yes No (If yes, please list below and give reason for taking it.

Have you ever been admitted to a hospital? Yes No (If yes, please explain below.

Are you physically able to perform all assignments (you must be able to lift 25 lbs, be able to stand for long periods of time as well as climb up to 4 flights of stairs) as part of this program? Yes No If no, please explain:

Have you ever been diagnosed with any mental condition? Yes No If yes, please explain:

Have you ever been under psychiatric care or been admitted to a mental health institution? Yes No If yes, please explain:

<p>Sexual History</p> <p>Have you ever contracted a sexually transmitted disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list disease, when and how it was treated:</p>
<p>Have you ever been the victim of sexual abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If female, are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain</p> <p>Have you been pregnant in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain</p> <p>If yes, what was the result of the pregnancy? <input type="checkbox"/> Miscarriage <input type="checkbox"/> Abortion <input type="checkbox"/> Birth</p> <p>Do you have any children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how many and what are their ages?</p>
<p>If male, are you the father of any children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain</p> <p>If yes, how many children do you have and what are their ages?</p>
<p>Have you ever been involved in prostitution? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been involved in any homosexual behavior or activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you consider yourself to be...</p> <p><input type="checkbox"/> Heterosexual (straight) <input type="checkbox"/> Bisexual <input type="checkbox"/> Homosexual (Gay/Lesbian)</p>
<p>Goals</p> <p>What goals do you have while in this program?</p>
<p>What do you want to happen in your life while you are in this program?</p>

FORMS

Reason for placement: (Check all of the following that apply to your situation)

Problems with primary support group

- Death of a family member
- Health problems in family
- Disruption of family by separation
- Disruption of family by divorce
- Disruption of family by estrangement
- Removal from home
- Remarriage of parent
- Sexual abuse

- Physical abuse
- Verbal abuse
- Parental overprotection
- Neglect of child
- Inadequate discipline
- Discord with siblings
- Birth of a sibling
- Other; _____

Problems related to the social environment

- Death of a friend
- Loss of a friend
- Inadequate social support
- Living alone
- Difficulty with acculturation (being accepted by your own culture)

- Discrimination
- Adjustment to life-cycle transition (not adjusting to changes in life)
- Other; _____

Educational problems

- Illiteracy
- Academic Problems
- Discord with teachers
- Discord with classmates

- Inadequate school environment
- Late for class
- Other: _____

Occupational problems

- Threat of job loss
- Stressful work schedule
- Late for work
- Difficult work conditions
- Job dissatisfaction

- Job change
- Discord with boss
- Discord with co-workers
- Other; _____

Housing problems

- Homelessness
- Inadequate housing
- Unsafe neighborhood

- Discord with neighbors
- Discord with landlord
- Other; _____

Economic problems

- Extreme poverty
- Insufficient welfare support

- Other; _____

Problems with access to healthcare services

- Inadequate health care services
- Transportation to health care unavailable

- Inadequate health insurance
- Other; _____

FORMS

Problems related to interaction with the legal system/crime

- | | |
|------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Arrest | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Incarceration | <input type="checkbox"/> Arson |
| <input type="checkbox"/> Litigation | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Victim of crime | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Stealing | |

Other psychological and environmental problems

- | | |
|-----------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Exposure to disaster | <input type="checkbox"/> Cutting / Self-Mutilation |
| <input type="checkbox"/> Involved in war | <input type="checkbox"/> Low self-esteem |
| <input type="checkbox"/> Involved in a hostility | <input type="checkbox"/> Lack of motivation |
| <input type="checkbox"/> Discord with counselor | <input type="checkbox"/> Lying |
| <input type="checkbox"/> Discord with social worker | <input type="checkbox"/> Problems with authority |
| <input type="checkbox"/> Discord with physician | <input type="checkbox"/> Manipulative behavior |
| <input type="checkbox"/> Discord with minister | <input type="checkbox"/> Unavailability of social service agencies |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Eating disorders | |

Other Abuse Problems

- | | |
|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Sexually abused others |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Pornography |
| <input type="checkbox"/> Verbal Abuse toward others | <input type="checkbox"/> Sexual addictions |
| <input type="checkbox"/> Physically abused others | <input type="checkbox"/> Other: _____ |

Spiritual History

- | | |
|------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Ouija Boards | <input type="checkbox"/> Horoscopes |
| <input type="checkbox"/> Satanic Worship | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Witchcraft | <input type="checkbox"/> New Age |
| <input type="checkbox"/> Levitation | <input type="checkbox"/> Mormonism |
| <input type="checkbox"/> Palm Reading | <input type="checkbox"/> Scientology |
| <input type="checkbox"/> Fortune Telling | <input type="checkbox"/> Buddhism |
| <input type="checkbox"/> Voodoo | <input type="checkbox"/> Hinduism |
| <input type="checkbox"/> Astroprojection | <input type="checkbox"/> Transcendental Meditation |
| <input type="checkbox"/> Séances | <input type="checkbox"/> Jehovah's Witness |
| <input type="checkbox"/> Tarot Cards | <input type="checkbox"/> Other: _____ |

What are some other things you've tried? (Check all of that apply to your situation)

- | | |
|--------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Individually Counseling | <input type="checkbox"/> Attended Parenting Classes |
| <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Boot Camp |
| <input type="checkbox"/> Informal Probation | <input type="checkbox"/> Boarding School |
| <input type="checkbox"/> Formal Probation | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Called Police | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Changed Schools | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Changed Jobs | <input type="checkbox"/> Other: _____ |

How did you hear about us? (Check all of that apply)

- | | |
|----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Billboard |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Brochure / Flyer |
| <input type="checkbox"/> Church Leader | <input type="checkbox"/> Other: _____ |

CLIENT INTAKE FORM

INTAKE DATE _____

LAST NAME _____ FIRST NAME _____ SPOUSE NAME _____

CHILDREN: NAME, AGE AND SEX _____

AGE _____ DOB _____ HT _____ WT _____ SOC SEC _____ ID# _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ CELL _____ WORK _____

RELIGIOUS PREFERENCE _____ DO YOU ATTEND CHURCH NOW? YES NO WHERE _____

RACE/ETHNICITY: A AA H ME NA W CDIB? Y N

MARITAL STATUS: Single Married Divorced Widowed

EMERGENCY CONTACT: NAME _____ PHONE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

DO YOU HAVE A CAR? YES NO INCOME? YES NO TYPE _____

VETERAN? YES NO HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

CAN YOU READ? YES NO DO YOU SPEAK ENGLISH? YES NO WERE YOU IN SPECIAL EDUCATION CLASSES? YES NO

DO YOU HAVE A CRIMINAL RECORD? YES NO FOR WHAT? _____

CHARGES STILL PENDING? YES NO ARE YOU ON: PROBATION PAROLE DRUG COURT

DO YOU HAVE A PROBLEM WITH DRUGS OR ALCHOL? YES NO LAST TIME YOU USED? _____

DRUG OF CHOICE _____

LIST ANY PHYSICAL AILMENTS OR HANDICAPS THAT YOU MAY HAVE: _____

LIST ANY ALLERGIES THAT YOU HAVE: _____

LIST MEDICATIONS CURRENTLY TAKING: _____

ARE YOU PHYSICALLY ABLE TO PERFORM ALL ASSIGNMENTS (YOU MUST BE ABLE TO LIFT 25 LBS., BE ABLE TO STAND FOR LONG PERIODS OF TIME AS WELL AS CLIMB UP TO 4 FLIGHTS OF STAIRS) AS PART OF THIS PROGRAM YES NO

IF NO, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN DIAGNOSED WITH A MENTAL CONDITION? YES NO

IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN ADMITTED TO A MENTAL HEALTH FACILITY? YES NO

IF YES, PLEASE EXPLAIN _____

PLEASE DESCRIBE THE EVENTS THAT LED YOU TO BEING HOMELESS. _____

WHAT ARE YOUR GOALS WHILE IN THIS PROGRAM: _____

PERMISSION TO OBTAIN EMERGENCY MEDICAL CARE

I agree to let a Hope House staff member or ambulance to transport me and/or my dependents to the nearest medical facility in an emergency in the case that I am incapacitated or unable to accompany my dependents. I agree to let the doctor-on-call treat me (if I am incapacitated) or my dependents for emergency care. Signing this form devoid staff of liability in an emergency situation.

Resident/Client Name (please print) _____

Resident/Client Signature _____ Staff Witness _____

Child/Dependent's Name _____ Date of Birth _____

Who should the staff contact concerning your care should you become incapable of making decisions for yourself?

Name: _____ Relationship _____

Address: _____ Phone _____

Name: _____ Relationship _____

Address: _____ Phone _____

Record of Emergency Care Rec'd:

Date _____ Time: _____ Medical Facility : _____ Transported by: _____

Description of injury of incident (attach documentation as needed) _____

Date _____ Time: _____ Medical Facility : _____ Transported by: _____

Description of injury of incident (attach documentation as needed) _____