



8041 S Shields Blvd, Oklahoma City, Oklahoma 73149
 P.O. Box 2896, Oklahoma City, OK, 73101
 Phone: (405) 921-1702 – Fax: (405) 606-8652
 CAMPUS #2

**Christian Prison After-Care
 for Men and Women**

Offering a hand up, not a hand out.

Date:		Current Address			
<input type="checkbox"/> Male <input type="checkbox"/> Female	DOC #	SS#	--	--	
Last Name:		First Name:		Middle Initial:	
Date of Birth	--	--	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Phone Number			Work Phone:		
Spouse First Name:					
Date of Birth -- --					
Spouse Phone Number			Spouse Work Phone:		
No. of Children and Ages:					
Would you be homeless if it wasn't for Hand Up Ministry? <input type="checkbox"/> Yes <input type="checkbox"/> No					
List anyone else who will be staying at the residence (roommates):					
EMPLOYMENT					
Place of employment:					
Do you own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year:	Make:	Model:	Color:
Spouse employment:					
Do you own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year:	Make:	Model:	Color:
CRIMINAL HISTORY					
Current Offense:			Sentence:		
Probation Officer:			Total Times Incarcerated:		
Have you ever been arrested of a sex related crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SUBSTANCE ABUSE HISTORY					
Is your current offense drug related? <input type="checkbox"/> Yes <input type="checkbox"/> No				Drug of Choice:	
Have you ever been in treatment for substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No					
MEDICAL HISTORY					
Do you have any physical problems? <input type="checkbox"/> No <input type="checkbox"/> Yes What?					
Are you on any medications? <input type="checkbox"/> No <input type="checkbox"/> Yes What?					
Do you have any mental health problems? <input type="checkbox"/> No <input type="checkbox"/> Yes What?					
Have you ever attempted suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No					
RELIGIOUS AFFILIATION					
Religious Preference (if any):					
APPLICANT SEXUAL ORIENTATION: <input type="checkbox"/> Straight <input type="checkbox"/> Bi-Sexual <input type="checkbox"/> Homosexual					

Hand Up Ministries, Inc reserves the right to refuse anyone we feel will not be faithful to work the program or be a negative influence on others or distract them from their commitment to the program, or for any other reason that may cause disharmony.

We encourage each client to attend the church of their choice.

My signature below certifies that I am requesting to enter the Hand Up Ministries' Clean Living Program and that all my answers on this application are true and correct. **Please note that this is a program, not just a living arrangement. You will be required to follow all aspects of this program.**

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PROGRAM RULES

TRANSPORTATION

1. I agree that any vehicle that I have on property will be properly registered and display current motor vehicle tags.
2. I agree that any vehicle that I bring to Hand Up Ministries will be maintained in proper running condition and that any cleaning or mechanical work to be performed on any vehicle will be performed in **designated areas only**.

LIVING QUARTERS

1. I agree that my living quarters will be kept neat and clean at all times.
2. I agree that my living quarters may be inspected at any time **without notice** by Hand Up Ministries Staff.
3. I agree that if my living quarters are found to be less than neat and clean, I will make the necessary improvements within **24 hours** at which time the living quarters will be re-inspected.
4. I agree that **private cable lines** installed in my living quarters will be at my own expense.
5. I agree to keep my voice, radio, and television volume at a level that will not disturb my roommate or my neighbors.

PERSONAL BELONGINGS

1. I agree that Hand Up Ministries is not responsible for my personal belongings.
2. I agree that upon my leaving Hand Up Ministries, I will take all of my personal belongings.

MEDICAL AND/OR PSYCHOLOGICAL

1. I agree to reveal to Hand Up Ministries any medical and/or psychological problems that I might currently have or that might develop during my participation in the Hand Up Ministries Program.
2. I agree to participate in any medical and/or psychological program deemed necessary by Staff.

ILLEGAL DRUGS

1. I agree that **NO ILLEGAL DRUGS** will be used or possessed by me while participating in the Hand Up Ministries Program.
2. I agree that if any staff member at the direction of the executive director, requests a drug, I will submit to an observed urine specimen immediately and without argument or comment.
3. I agree that the urine specimen will be collected by authorized staff only.
4. I agree that drug tests will be requested on a random and regular basis.
5. I agree that if I refuse to submit to or falsify a drug test that the test **will be considered positive**.
6. I agree that any positive drug test will result in **IMMEDIATE** removal from the Hand Up Ministries program.
7. I agree that if I am aware of the presence of drugs on the premises of Hand up Ministries, I will notify authorized staff immediately.

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VISITORS

I agree that if any visitor is deemed inappropriate by authorized staff of Hand Up Ministries, that the visitor will leave the premises immediately.

PROGRAM SERVICES

1. I agree to participate in an evaluation of my needs to be performed by an assigned counselor or staff member.
2. I agree to participate in any program that my counselor or staff member deems appropriate to meet my identified needs.
3. I agree to participate in classes on certain nights each week in the evening at Hand Up Ministries when held.

OTHER RULES

1. I agree that I will not participate in cursing, vulgar and/or suggestive language or gestures, or rude or negative behaviors.
2. I agree that I will not wear any article of clothing that displays any vulgar and/or suggestive language or picture, and/or that is vulgar or suggestive in style, and/or that is related to any gang.
3. I agree that there will be no violence or threats of violence made by me.
4. I agree that I will not possess any guns or any illegal weapons while on the property of Hand Up Ministries.
5. I agree to protect the privacy of each member in the Hand Up Ministries Program. I agree that anything that is said in any group meeting will be kept in strictest confidence and will not be discussed with anyone outside of the Hand Up Ministries staff.
6. I agree that the integrity of the Hand Up Ministries program depends on each member following the rules.
7. I understand that any changes to these Rules must be submitted in writing and signed by both the participant and an authorized representative of Hand Up Ministries.

EMERGENCY CONTACT INFORMATION

Name	Relation	Phone Number
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Name	Relation	Phone Number
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RESIDENTIAL PROGRAM TERMS

LIMITS ON USE AND OCCUPANCY

Occupancy by guests for more than 3 days prohibited without Hand Up Ministry Campus #2 written consent and will be considered a breach of this Agreement.

UTILITIES

Hand Up Ministry Campus #2 will pay all utility charges, except for gas (natural or propane) and electric, which will be paid by the Resident.

ASSIGNMENT AND SUBLET

Resident will not sublet any part of the premises or assign this Agreement without the prior written consent of Hand Up Ministry Campus #2. Any person staying over 72 hours that is not on the contract, must report to the Director.

RESIDENTS MAINTENANCE RESPONSIBILITIES

Resident will (1) keep the premises clean, sanitary and in good condition and, upon termination of the tenancy, return the premises to Hand Up Ministry Campus #2 in a condition identical to that which existed when Resident took occupancy, except for ordinary wear and tear; (2) immediately notify Hand Up Ministry Campus #2 of any defects or dangerous conditions in and about the premises of which Resident becomes aware, and (3) reimburse Hand Up Ministry Campus #2, on demand by Hand Up Ministry Campus #2, for any cost of any repairs to the premises damaged by Resident or Resident's guests or business invitees through misuse or neglect. Resident has examined the premises, including appliances, fixtures, carpets, drapes and paint, and has found them to be in good, safe and clean condition and repair, except as noted in the Hand Up Ministry Campus #2-Resident checklist. Vehicles parked at a Residents home site may only be parked on the driveway or street, and not on the landscaped or other areas of the home site. Parking is not permitted on vacant home sites. Except in an emergency, please do not telephone or contact Hand Up Ministry Campus #2 after normal business hours. Resident shall NOT request maintenance personnel to perform jobs for Resident, nor shall Resident give instructions to maintenance personnel. All repair or maintenance requests shall be submitted in writing to Hand Up Ministry Campus #2 during normal business hours.

REPAIRS AND ALTERATIONS BY RESIDENT

Except as provided by law, or as authorized by the prior written consent of Hand Up Ministry Campus #2, Resident will not make any repairs or alterations to the premises, included nailing holes in the walls or painting the unit. b.) Resident will not, without Hand Up Ministry Campus #2's prior written consent, alter, re-key or install any locks to the premises or install or alter any burglar alarm system. Resident will provide Hand Up Ministry Campus #2 with a key or keys capable of unlocking all such re-keyed or new locks as well as instructions on how to disarm any altered or new burglar alarm system. c.) Installation or planting of any trees, concrete, masonry or ground cover must be approved by Management. Resident is encouraged to landscape the premises and shall keep the premises in a clean, attractive, and well-kept fashion. All landscaping improvements shall immediately become part of the realty to Management and shall remain upon and be surrendered with the premises unless otherwise expressly agreed to in writing by the parties hereto.

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VIOLATING LAWS AND CAUSING DISTURBANCES

Resident is entitled to quiet enjoyment of the premises. Resident and guests or invitees will not use the premises or adjacent areas in such a way as to (1) violate any law or ordinance, including laws prohibiting the use, possession, or sale of illegal drugs; (2) commit waste (severe property damage) or (3) create a nuisance by annoying, disturbing, inconveniencing, or interfering with the quiet enjoyment and peace and quiet of any other Resident or nearby resident. Radios, televisions, record players, musical instruments and other devices must be used so as not to disturb others. Any Resident, guest or invitee that violates this clause understands that in doing so, violates this contract and is subject to immediate termination and possible program failure the Resident.

PETS

No animal, bird, or other pet will be kept on the premises, even temporarily, except properly trained service animals needed by blind, deaf, or disabled persons and _____ under the following conditions:

1. No more than two (2) pets are allowed per mobile home. Only cats and dogs which do not exceed thirty pounds (35 lbs.) at maturity are permitted. There will be a one-time fee of \$100 per pet.
2. Pets must be confined to the resident's home. A dog can NOT be tied up in the yard.
3. No dog or other pet is allowed to run at large in the Community.
4. Droppings must be picked up and disposed of daily.
5. Loose pets will be caught and turned over to animal control.

RIGHT TO ACCESS

Hand Up Ministry Campus #2 or Hand Up Ministry Campus #2's agents may enter the premises in the event of an emergency, to make repairs or improvements, or to show the premises to prospective residents. Hand Up Ministry Campus #2 may also enter the premises to conduct an annual inspection to check for safety or maintenance problems.

EXTENDED ABSENCES BY RESIDENT

Resident will notify Hand Up Ministry Campus #2 in advance of Resident will be away from the premises for seven (7) or more consecutive days. During such absence, Hand Up Ministry Campus #2 may enter the premises at time reasonably necessary to maintain the property and inspect for needed repairs.

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PAYMENT OF COURT COSTS AND ATTORNEY FEES

In any action or legal proceedings to enforce any part of this Agreement, the prevailing party shall recover reasonable attorney fees and court costs.

STORAGE OF POSSESSIONS

Resident acknowledges that Hand Up Ministry Campus #2 has made the following disclosures regarding the storage of Resident possessions: Should the Resident leave possessions behind after leaving the program at Hand Up Ministry Campus #2, all such possessions shall be stored for 30 days. The charge for storage shall be \$200.00. The charge must be paid in full before the release of any property. Should the possessions remain in the storage of Hand Up Ministry Campus #2 for more than 30 days, the former resident shall waive all claim and rights to said possessions.

ADDITIONAL PROVISIONS

Additional provisions are as follows:

Nothing to be hung in the windows except drapes, curtains, or shades made exclusively for that purpose. No blankets, sheets, towels, bedspreads, flags, etc. are allowed.

VALIDITY OF EACH PART

If any portion of this Agreement is held to be invalid, its invalidity will not affect the validity or enforceability of any other provision of this Agreement.

GROUND FOR TERMINATION

The failure of Resident or Residents guests or invitees to comply with any term of this Agreement, or the misrepresentation of any material fact on the Resident's application, is grounds for termination of the tenancy, with appropriate notice to Resident and procedures as required by law.

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ENTIRE AGREEMENT

This document constitutes the entire agreement between the parties, and no promises or representations, other than those contained here and those implied by law, have been made by the Hand Up Ministry Campus #2 or Resident. Any modifications to the Agreement must be in writing signed by Hand Up Ministry Campus #2 and Resident

(Resident)

Print Your Full Name **Date of Birth** **Soc. Sec. Number**

Sign Your Full Name **Date**

(Spouse)

Print Your Full Name **Date of Birth** **Soc. Sec. Number**

Sign Your Full Name **Date**

Staff Signature **Date**