

# AGNES HOUSE

422 and 424 E. Walnut

Enid, OK 73701

580-510-8026

---

## The Agnes House Agreement

---

- My curfew is 9PM on weeknights and 10PM on weekend nights.
- I will attend 10 meetings in 30 days at an approved 12 step program.
- I will secure employment within my first 30 days of residing at Agnes House. If I have not found employment after the first 45 days of living at Agnes House I have 2 weeks to relocate.
- I will not bring males/females into Agnes House.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Governing Board Members

---

Ronald Taylor

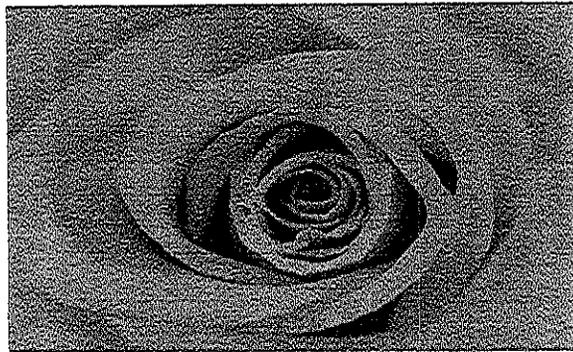
Alma Middleton

Shirley Taylor

Janet Antilla

Randy Dewitt

---



*"A rose is still a rose.  
You are still a flower."*

---

Agnes House is a 501c  
Non-profit organization

For More Information Contact:

---



Shirley Taylor

580-233-3683

---



Alma Middleton

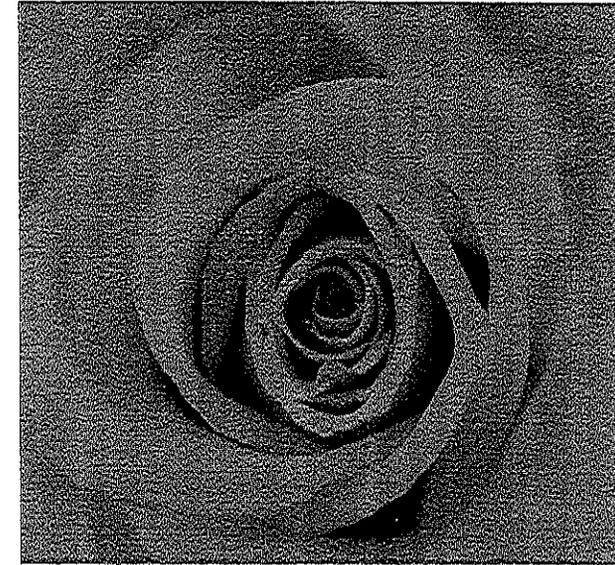
580-237-5149

---

The staff has over 30 years of experience in  
rehabilitation services and child development.

# Agnes House

---



*"I am the way, the  
truth, and the life"*  
*John 14:6*

---

422 and 424 E. Walnut

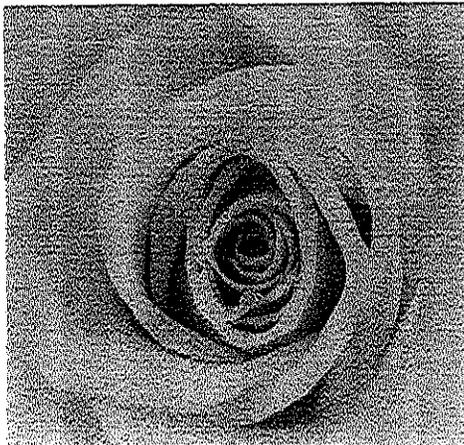
Enid, OK 73701

580-540-8936

## Mission Statement

**A**gnes House mission is to assist with temporary housing, social adjustments and developing life skills.

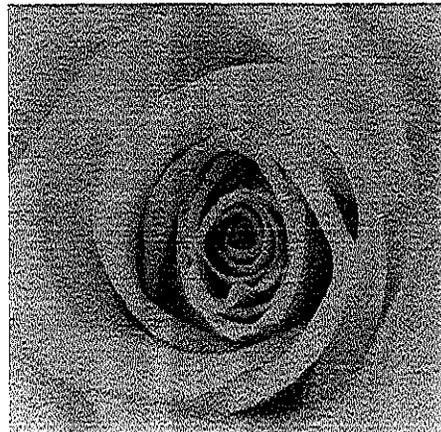
**A**gnes House is a faith based program for women.



## Guiding Vision

**A**gnes House vision is to see women accomplish their personal goals and become productive citizens.

**A**gnes House is an outreach ministries with Kingdom Principles.

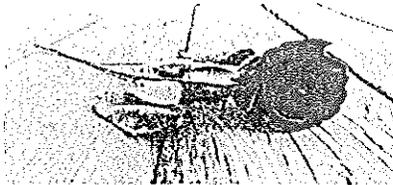


## Agnes House Goals

- Provide temporary housing for women readjusting to society.
- Arrange substance abuse and behavioral counseling.
- Assist with educational endeavors, specifically GED preparation classes.
- Provide career planning and job placement assistance.
- Offer individual and group anger management counseling programs.
- Provide finance management classes and workshops.
- Exhibit excellent customer service at all times and in all situations.

# AGNES HOUSE

## GUIDELINES FOR APPLICATION AND RESIDENCY



### MISSION STATEMENT

St. John 14:6

Our mission is to empower women without direction to develop life skills, enhance social adjustments, accomplish personal goals, and become productive citizens. Agnes House is an outreach ministry with "Kingdom Principles." Agnes House is a faith-based program for women. Agnes House is a comprehensive rehabilitation service provider committed to improving lives. The guiding philosophy of Agnes house is to provide a, stable, living environment and supportive services to women in transition from confinement to independence. These services will assist individuals to achieve permanent housing, self-sufficiency and productivity in their community.

### QUALIFICATIONS FOR RESIDENCY:

- An individual must have been incarcerated as defined by the Department of Correction (DOC).
- An individual must be at least 18 years of age.
- An individual must be medically competent and medication compliant (dispense own medication as prescribed).
- An individual must have submitted a completed application including referral and signed releases. **We do not accept incomplete applications.**
- An individual must be free from alcohol, drugs, and violence. No smoking or sexual activity, is permitted on the premises. All rooms in the Agnes House must be kept clean and tidy.
- An individual must obtain employment.
- An individual is required to start a monthly savings account.
- An individual must be committed to participate in the Agnes House program with the objective of completing personal goals.

### REQUIRED DOCUMENTS:

The following documents must be turned in with your application before it will be accepted:

- A signed referral from a social service agency
- Signed consent forms (enclosed in application packet)
- A copy of your Driver's license or state issued photo ID
- A copy of your Social Security Card or verification from SSA that you have applied for one.
- Tuberculosis (TB) tests results from the last six months

- Eviction notice if applicable
  
- ❖ *When you return this application, you are placed on a waiting list. You must call each week to find out what number you are on the list. Incomplete applications or applications missing information or attachments are not accepted.*
  
- ❖ *Agnes House provides comprehensive rehabilitation services. Residents agree to participate in the services provided and agree to occupy Agnes House as "transitional housing" for no more than six months. The services may include but are not limited to the following: develop and carry out an Individual or Family Development Plan, budgeting classes, parenting groups, family and child events, and tenant organizations. Failure by residents and / or members of their families to participate in these case management and supportive services as determined at the sole discretion of Agnes House are grounds for termination of residency.*
  
- ❖ *No person shall be denied shelter or services if they do not pose a "safety risk" to themselves or others. "Safety risks" may include sexual or other violent crimes or previous hostile behavior toward staff or residents.*

**NOTE: THIS IS A PROGRAM, NOT JUST A PLACE TO LIVE. YOU MUST BECOME EMPLOYED FULL TIME, MAINTAIN EMPLOYMENT, AND PASS RANDOM DRUG TESTS. ONLY HONEST PEOPLE WHO ARE SERIOUS ABOUT LIFE CHANGE SHOULD APPLY.**

Contact Information: 422 East Walnut, Enid, Oklahoma 73701  
Phone: 580.237.5149 or 580.233.3683

**AGNES HOUSE APPLICATION**

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

Maiden or any other name you've used: \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Does your spouse live in this town? \_\_\_\_ yes \_\_\_\_ no

A phone number where you can be reached: \_\_\_\_\_

\*\*\*\*\*  
**Required: It is your responsibility to contact Agnes House regularly on the status of the waiting list.**  
 \*\*\*\*\*

Have you been a resident of Agnes House before? \_\_\_\_ yes \_\_\_\_ no

If "Yes", please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Age: \_\_\_\_ Sex \_\_\_\_ Social Security Number: \_\_\_\_\_

Do you have a social security card? \_\_\_\_ yes \_\_\_\_ no

Date of birth: \_\_\_\_\_ Driver's License Number / State ID#: \_\_\_\_\_

Do you have children? \_\_\_\_ Yes \_\_\_\_ no

Please complete:

Name of Child:	Birthday of Child:	Age of Child:	Sex of Child:	Will the child live In the same city as you?

Do you have legal custody of your child (ren)? \_\_\_\_ yes \_\_\_\_ no

Are you currently pregnant? \_\_\_\_ yes \_\_\_\_ no

Are you a veteran? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you currently have a monthly income? \_\_\_\_\_ yes \_\_\_\_\_ no

What was your income in the past 30 days? \_\_\_\_\_ What was your income in the past 90 days? \_\_\_\_\_

Fill in the amount you currently receive per month:

\$ \_\_\_\_\_ Veteran \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ Soc. Security \$ \_\_\_\_\_ TANF  
\$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ Worker's Comp.  
\$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_ Other

Do you have income pending (in ) \_\_\_\_\_

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

Do you own a car? \_\_\_\_\_ yes \_\_\_\_\_ no

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Tag \_\_\_\_\_  
State \_\_\_\_\_

Do you have any assets? (Savings, trust fund, retirement, etc.) \_\_\_\_\_

How many times have you been homeless in the last four years? \_\_\_\_\_

Last permanent address: \_\_\_\_\_

Date: \_\_\_\_\_ Landlord: \_\_\_\_\_

How many times have you moved in the last five years? \_\_\_\_\_

Reasons why you have moved? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of a family member who can make medical decisions if you are unable to speak for yourself:

\_\_\_\_\_.

Address of this person: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person In Case Of Emergency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Other people we can contact if we are trying to reach you:

Name of Contact Person:	Address of Contact Person:	Phone Number of Contact Person:
		( )
		( )
		( )
		( )

Please list your last four jobs (starting with the most recent or present employment):

Dates of Employment:	Employer:	Position at Place of Employment:	Reason For Leaving Employment:
/ to /			
/ to /			
/ to /			

Are you able to work? \_\_\_ yes \_\_\_ no Are you currently employed? \_\_\_ yes \_\_\_ no

What level of education did you complete?

High School Graduate \_\_\_\_\_ GED \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Vo-Tech \_\_\_\_\_ Course: \_\_\_\_\_ College \_\_\_\_\_

Have you been in any other type of training program? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Please list job related skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had or been treated for a substance abuse problem? \_\_\_\_\_ yes \_\_\_\_\_ no

Primary drug / substance of choice: \_\_\_\_\_

Date / Place of last treatment and Counselor's or Case Worker's name: \_\_\_\_\_

\_\_\_\_\_

When did you last use alcohol / illegal substances (this will not prevent you from being accepted into the Agnes House program): \_\_\_\_\_

Do you understand that Agnes House has no tolerance for drug or alcohol use on or off the premises while you are a resident here? \_\_\_\_\_ yes \_\_\_\_\_ no

Current Medical Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List current medications:

Name of Medication:	Dosage of Medication: (such as: 5 mg.)	Frequency of taking Medication: (such as: "every morning")	Reason For Taking Medication:

Have you ever been treated for psychological / emotional issues? \_\_\_\_\_ yes \_\_\_\_\_ no  
\_\_\_\_\_ Inpatient treatment \_\_\_\_\_ Outpatient treatment

Where and who was your counselor or case manager if inpatient? \_\_\_\_\_

List medications taken at that time: \_\_\_\_\_  
\_\_\_\_\_

Can you take your own medications as your physician prescribed? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you or any member of your immediate family ever experienced any of the following? (check all that apply)

- \_\_\_\_\_ physical abuse    \_\_\_\_\_ sexual abuse    \_\_\_\_\_ child abuse / neglect  
\_\_\_\_\_ child behavior problems    \_\_\_\_\_ family conflict    \_\_\_\_\_ suicidal thoughts  
\_\_\_\_\_ substance abuse    \_\_\_\_\_ prostitution    \_\_\_\_\_ runaway

Did you receive counseling or therapy for any of these issues? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever had an open case with Child Protective Services / Child Welfare? If yes, list dates, worker, and why:

---

---

List ALL legal issues past and present:

Date of Incident: ("summer 1972")	Describe Incident Briefly: ("forged checks")	Consequence: ("2 months county jail, fine, probation")

Are you currently on probation or parole? \_\_\_\_\_ yes \_\_\_\_\_ no

Parole / Probation Officer's Name: \_\_\_\_\_

Financial Issues: \_\_\_\_\_

---

---

---

---

List other agencies helping you at this time (i.e., DHS, Food, Emergency Shelter):

Agency: \_\_\_\_\_ Worker: \_\_\_\_\_

Agency: \_\_\_\_\_ Worker: \_\_\_\_\_

What are some changes in your life that have been stressful (besides being homeless)?

---

---

Are you willing to follow your counselor's directions to obtain your goals at Agnes House?

\_\_\_\_\_ yes \_\_\_\_\_ no

What do you hope to accomplish with your stay at Agnes House?

---

---

---

How long do you need to stay at Agnes House to do this? (Maximum six months or less) \_\_\_\_\_

What other living options do you have including family or friends that could let you stay temporarily until you get a job and your first paycheck? \_\_\_\_\_

---

---

What is your race? (check all that apply):

\_\_\_\_\_ African-American      \_\_\_\_\_ Asian      \_\_\_\_\_ Caucasian      \_\_\_\_\_ Native American  
\_\_\_\_\_ Pacific Islander      \_\_\_\_\_ Other

Ethnicity:

\_\_\_\_\_ Hispanic

Do you have a disability or other special needs? \_\_\_\_\_ yes \_\_\_\_\_ no    if yes, please explain: \_\_\_\_\_

---

---

---

The above information provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date