

Name \_\_\_\_\_ DOC# \_\_\_\_\_ Date mailed \_\_\_\_\_

**EXODUS  
HOUSE  
OKC  
APPLICATION**

**433 NW 25<sup>th</sup> Street, #4  
Oklahoma City, OK 73103**

**Phone: 405.525.2300**

**Fax: 405.525.2422**

## **Answers to Frequently Asked Questions (FAQs)**

Thank you for your interest in Exodus House Ministry. Before you complete the application, please read the following information carefully.

### ***What is Exodus House Ministry?***

Exodus House is an inter-denominational Christian organization established for the purpose of helping released ex-offenders and their dependent children to become productive, cohesive family units. We offer assistance in job placement, budgeting, homemaking, living skills and parenting. Families and individuals selected for the program are given rent-free housing in our apartment community located at 433 NW 25<sup>th</sup> Street, Oklahoma City, Oklahoma 73103.

During their stay at Exodus House, residents are required to find and maintain full-time employment, attend arranged evening meetings and save money in order to be self-sufficient at the end of their residency. Each resident is given personalized guidance in regard to their other needs, such as family and/or individual counseling, drug aftercare, and education. We strive to help those individuals who are committed to make positive changes in their lives, and to achieve a level of success which will empower them to become self-motivated and be able to stand alone as a family unit or individual who is an active church member, and a productive member of a healthy community.

We are a reintegration program. You will be required to follow all policies, procedures and programs that are deemed necessary for your reintegration.

### ***Mission Statement***

Discipling ex-prisoners and their families and from captivity, through the wilderness, to freedom.

### ***Vision Statement***

Exodus House is a comprehensive residential care ministry of Redemption Church, Oklahoma City; and of the Criminal Justice and Mercy Ministries (CJAMM) Board of the Oklahoma Conference of the United Methodist Church. Our primary purpose is the provision of a disciplined and mutually accountable Christian community in which basic changes can be made and new ways of living tested and strengthened for persons desiring to make a new beginning after release from prison. We believe that with God's grace, change is possible and that, in Jesus Christ, creation begins anew. (*II Corinthians 5: 17*)

*We envision and will work to develop the structures to empower the following:*

- Parents reunited with their children and living fulfilling lives.
- Children nurtured and treasured by their parents, receiving affirmation and guidance from the whole Exodus House “family”.
- Christ-centered spiritual growth.
- Gainful and productive full-time employment for all resident families.
- Networking with groups, agencies, corporations, and individuals of good will, for the sake of building a safer and more caring community.
- Providing congregations with the opportunity to share hope with “the least” of the brothers and sisters of Jesus Christ.

We offer a continuity of care through Exodus House staff and activities, and through the ministries of Redemption Church, by which families who “graduate” from the Exodus House may keep on growing and have a functional, supportive community in which to reach out and encourage others in their beginning journeys of faith and fellowship.

*What are the apartments like?*

The apartments are one or two bedrooms with a living room, a kitchen, dining area and one bath. Each apartment is fully furnished. Telephones are not provided for the individual apartments, but residents can get phone service started after they have obtained full-time employment.

*What are the requirements to be involved with Exodus House ministry?*

1. You must have a desire to change. This is a free housing program, with responsibilities required of the residents. If you are not willing to abide by strict rules and to live differently than you have in the past, you will not want to live here.
2. Adults who are able-bodied must work at a full-time job or the equivalent. Second-shift jobs may be worked with permission. No third-shift jobs are allowed
3. The program and structure of Exodus House are set up for your family (dependent children under 18 years of age) to live with you. Due to space constraints at Exodus House Oklahoma City, more than two children is not feasible.
4. Those adults who are selected to live as part of the Exodus House community who do not have children living with them may be assigned to share space with a roommate. Mutual respect makes these arrangements positive and constructive for all concerned. All residents upon completion of the Exodus House program are allowed to take their furniture with them.

*Requirements to be involved with Exodus House Ministry (continued)*

5. You must be drug and alcohol free, one day at a time, with a total commitment to stay that way. Random urinalysis tests are done at Exodus House. Refusal is considered a positive UA result.
6. Each resident is expected to follow the house rules (attached) and to respect all neighbors and guests.
7. Each resident will secure their own residence by the end of their stay at Exodus House.
8. Each resident family will help with apartment and apartment community upkeep each month.
9. You must state in writing at the time of your application the full extent of your outstanding court costs, fines, assessments, and restitution due upon release, and to what jurisdictions you will be required to appear to make payment arrangements. If you are on probation/parole and leave this community, we are under obligation to notify the applicable authorities of your change in residency.

*How do I apply to become a member of Exodus House Community?*

Anyone interested in living as part of the Exodus House community must submit the enclosed written application. Applications are accepted for current vacancies. We maintain a waiting list. At the time of your acceptance into Exodus House, your name will be added to the waiting list. A staff member or volunteer person will conduct an initial interview at the time of application. It is mandatory for applicants to provide information regarding outstanding debts, sources of income, and both long- and short-term goals in writing on a separate sheet.

## Application Process

1. Fill out and mail an application back to Exodus House no less than sixty (60) days before your release. Included with the application is a CRC information release form. Sign this and give it to your case manager. He or she will then mail the needed information to us. (We must have this information before we schedule an interview for you.)
2. After we have received your application with all information filled out and signed along with your CRC and case manager information, then through your case manager, we can schedule an interview with you at your facility.
3. After your interview, all of your information will be presented to our board of directors. Upon their approval, if space is available or projected as being available at the time of your expected release, you will receive an acceptance letter and/or call of acceptance to your case manager. Only then can you us Exodus House as an official home offer. Be sure to give a copy of your acceptance letter to your case manager as your home offer for Parole.
4. If you are approved for acceptance into the Exodus House, but no space is available, we will notify you of this by letter. You may be placed on the waiting list if you elect to do so in writing, by letter. From time to time, residents drop out of the program at our request or theirs, and a space can become available, so stay in touch! Remember that through God all things are possible. Remember, Exodus House can not be your home offer until space is available, and you have been accepted into the Exodus House program.
5. If your application has been denied, we will notify you by letter and provide you with information on other ministries available in the Oklahoma City metro area where you might apply.

### Other important information for you to be aware of:

Applicants please remember that you can not become employed without both of the following:

- A social security card;
- A valid Oklahoma state picture ID or driver's license.

You will need a certified copy of your birth certificate to obtain a state ID. Please try to obtain these through your reintegration officer at least sixty (60) days before your release.

Before your release, determine if you have any outstanding warrants for traffic tickets or any other unresolved court matters. If you do, write the applicable county officer, court, or other authority before release to make arrangements for settling these issues. Keep any written agreements as an important paper. It is much easier to handle these matters in writing, before release, than if picked up after your release.

## *Exodus House Covenant*

I agree to faithfully participate in the Exodus House Covenant Community.

As members of this community, we are committed to growing in our relationship with God and developing behavioral responses and spiritual patterns that will sustain us in our future life as full participants in God's plan and purpose for us. Our spiritual life in Jesus Christ, and as participants in the Redemption/Penn Avenue United Methodist Church, are integral parts of our growth as members of this emerging experiment in Christian community life.

- \_\_\_ I will be faithful to the community, the staff, and the residents.
- \_\_\_ I will be honest in my presentation of my struggles, my needs, my accomplishments, and myself.
- \_\_\_ I will be accountable for my words and actions, both in group meetings and in my interpersonal relationships.
- \_\_\_ I will refrain from the use of any mood-altering chemical not prescribed by my physician and will use prescribed medications as instructed by a physician.
- \_\_\_ I will seek the consent of the entire community before inviting any new persons or former residents into our home.
- \_\_\_ If I plan to entertain visitors, I will use the community room. I will notify staff for its use the day prior to my entertaining.
- \_\_\_ I will clean up after I have used the community room, and my guest will leave at curfew.
- \_\_\_ I understand that breaking curfew or not returning to the community without staff notification could result in my termination from the program.
- \_\_\_ I accept responsibility for my own life and accept the consequences of my choices.
- \_\_\_ I will participate in all of the activities of the Exodus House community as agreed upon for my future growth, development, and recovery.
- \_\_\_ I will accept feedback from my peers when it is offered in a caring, kind, and helpful matter.
- \_\_\_ I will accept responsibility for being accountable to the community as I learn to set healthy limits and boundaries for myself.
- \_\_\_ I will invite overnight guests only with the consent of the community (including staff), and I will take responsibility for their abiding by the spirit of the community.

- \_\_\_ To encourage the peace and well being of the community, I will respect the weekday curfew of 10 PM and the weekend curfew of midnight. In the event of unforeseen circumstances, I will inform a staff member as soon as possible before curfew of where I am and when I expect to return home.
- \_\_\_ I will build up a savings account for myself and my future needs, as well as paying for my own living expenses and utility bills while residing at Exodus House.
- \_\_\_ I will submit myself to random urinalysis and/or other standard drug and alcohol testing as deemed appropriate by the staff.
- \_\_\_ I understand the refusal to submit to a UA is considered a positive test result, and I will accept the consequences.
- \_\_\_ I will accept responsibility for meeting my intimacy needs and accept the restriction that I will not act out sexually with any member of the community as long as I am a resident.
- \_\_\_ I understand that sexual interaction with another resident will result in the dismissal of both parties from the community.
- \_\_\_ I will take responsibility for being an advocate of the Exodus House Covenant Community in consultation with the staff and the community as a whole.
- \_\_\_ I will contact staff for assignment to duty that benefits the current upkeep needs.
- \_\_\_ I will accept the consequences of any failure on my part to fully abide by the covenants stated above. Consequences will be determined by staff and representatives of the community working together with me, with the goal of restoring me to full participation in patterns of healthy Christian living.

*Rules and Conditions of Residency at Exodus House*

The following rules of conduct shall be in effect during the participation of any resident in the Exodus House program at 433 NW 25<sup>th</sup> Street, Oklahoma City, OK 73103. Violation of any rule, at the sole discretion of the Board of Executive Committee, may be cause for immediate dismissal from the building, and immediate termination from the program.

- \_\_\_ 1. You and your family (dependent children) are participants in the ministry of Exodus House during your residency. Residency is dependent upon participation in the ministry as outlined in the rules, policies, and procedures. Choosing to not comply with the rules or to not participate in the program ministry of Exodus House will result in termination of your residency.
- \_\_\_ 2. You are not allowed to give Exodus House apartment keys to anyone except those who live in the apartment with you.
- \_\_\_ 3. Resident participants will not pay rent, but will be held responsible for paying the utility bills monthly on their apartment unit.
- \_\_\_ 4. Unpaid utility bills, sixty (60) days past due, can be ground for termination.
- \_\_\_ 5. You must start your savings account with the conference office within sixty days of residency.
- \_\_\_ 6. In consideration of living at Exodus House, all residents agree and understand that they are considered to be participants in the Exodus House Ministry program and that violation of any of the following rules and conditions will result in termination of the relationship between the Ministry and the resident. Upon request by the Board of Staff/Volunteers of Exodus House, the resident will immediately leave the premises. The failure of the resident to do so will constitute criminal trespass. The refusal of the trespasser to vacate the premises will subject him or her to arrest. Additionally, we are not a storage facility. If you choose to leave this program, take your personal items with you. If you are asked to leave, take your personal items with you. Anything left over thirty (30) days will be sold for charges or given away.
- \_\_\_ 7. The Exodus House Board or Staff may enter and inspect any unit on the property at any time during your residency, without advance notification.
- \_\_\_ 8. No illegal activity of any kind will ever be permitted or tolerated.
- \_\_\_ 9. Alcohol, drugs, and firearms are prohibited. Zero tolerance! Referrals will be made to detox centers or drug/alcohol treatment facilities as needed.
- \_\_\_ 10. No pornography! Pornography is disrespectful. There is no place for it in this community.

**Rules and Conditions of Residency at Exodus House**  
*Continued*

- \_\_\_ 11. There is a 10 P.M. curfew enforced every weekday. There is a midnight curfew enforced on Friday and Saturday night.
  
- \_\_\_ 12. Weekend passes are required. Pass forms are available in the Exodus House office. They must be filled out and approved before you leave. No weekend passes are given to residents during the first thirty days.
  
- \_\_\_ 13. Quiet hours are in effect between 10 P.M. and 7 A.M. During these hours, keep the noise levels to a minimum. No outside activities are permitted during quiet hours. Zero tolerance.
  
- \_\_\_ 14. Visitors will be expected to abide by the same rules as residents. Visitors are allowed only between the hours of 5 P.M. through 10 P.M. Monday – Thursday; 5 P.M. through midnight on Fridays; 8 A.M. through midnight on Saturdays; and 8 A.M. through 10 P.M. on Sundays. No overnight guests are allowed unless permission is obtained through Staff/Volunteers. Single female residents are not allowed any male guests in their apartments and single male residents are not allowed any female guests. A community room is available for visitation and entertainment purposes. Each resident is financially responsible for any damage caused by his or her visitor(s). Any sexual acts at Exodus house can be grounds for expulsion.
  
- \_\_\_ 15. No visitors will be allowed in resident apartments when the resident is not home.
  
- \_\_\_ 16. A parent or legal guardian must attend children at all times. Parents or legal guardians are responsible for any damages caused by their child. Children under age 13 must be in daycare while you work.
  
- \_\_\_ 17. Vehicles must be parked only in designated areas. Do not park in the fire zones.
  
- \_\_\_ 18. Any maintenance or repair, damages or hazards will be reported at once to the Exodus House managers. No structural changes may be made on the premises, inside or out.
  
- \_\_\_ 19. All passageways and common areas will be kept free and clear of personal belongings.
  
- \_\_\_ 20. Each resident is required to do four (4) hours of work per month at Exodus House. There are many different tasks available to choose from. This is a way of giving back to the program while assisting with necessary upkeep.

## Rules and Conditions of Residency at Exodus House

### *Continued*

- \_\_\_ 21. All furnishings and other property on the premises that belong to Exodus House are not to be damaged or removed.
  
- \_\_\_ 22. The premises will be kept neat and clean. This includes common areas as well as personal vacuuming, sweeping and mopping floors, cleaning the oven and stove, cleaning the bathtub, toilet, and sinks, as well as keeping the outside of your apartment neat and clean.
  
- \_\_\_ 23. Residents must clean their apartment before moving out, and all furnishings will be left intact and in good condition. You must schedule an exit interview with staff.
  
- \_\_\_ 24. No fighting, violence, menacing, or threats of violence of any kind will be tolerated. These are grounds for immediate termination of residency.
  
- \_\_\_ 25. No pets of any kind are allowed.
  
- \_\_\_ 26. The facilities manager will collect savings, utilities, and other money owed as they come due. This must be paid by money order or check (not cash or check). Utilities are past due after the 2<sup>nd</sup> of each month.
  
- \_\_\_ 27. It is the responsibility of the residents to secure and prepare for relocation no less than one (1) month prior to move-out/graduation. The Exodus House staff will NOT do this for you.
  
- \_\_\_ 28. The basic residential program is six (6) months. Residents will be evaluated at five months to assess any further need of assistance. Additional assistance may be provided on a case-by-case basis, as deemed necessary by the Board and Staff of Exodus House.
  
- \_\_\_ 29. Each resident is required to save a portion of each full paycheck. Residents are required to save a total of \$300 during their residency at Exodus House. All savings will be returned to the resident at the time they either successfully complete the program or leave the program for any other reasons. Utilities and any other amounts owed to Exodus House such as additional charges for damages to the apartment, if any, will be withheld from the resident's savings. In consideration of accepting this application, the Applicant understands and agrees that any funds held in Applicant's name or account at Exodus House constitute a security deposit against applicant's proper use and treatment of the Exodus House facilities, and acknowledges that such security deposit may, on reasonable notice, be applied to reimburse Exodus House and/or third parties for losses cause by applicant or applicant's invitees, at the sole discretion of Exodus House. The security deposit shall not apply to reasonable and ordinary wear and tear.

**Rules and Conditions of Residency at Exodus House**  
*Continued*

— 30. In consideration of the services provided by Exodus House, all residents must and do promise and agree, as a condition of their participation in the program, not to file a claim, complaint, or suit of any kind against the Ministry, Board of Directors, Staff, Volunteers, or Hosts for negligence or any other reason, arising from or during the resident's use of any unit at 433 NW 25<sup>th</sup> Street, Oklahoma City, Oklahoma 73103, and hereby releases, by signing this application, the Exodus House, Board of Directors, Staff, Volunteers, and Hosts from any such claim, complaint or suit.

— 31. We believe the week is too long to not have contact with God in the joined fellowship of God's people. Therefore, we meet every Thursday and Sunday for this purpose. We meet each Thursday and Sunday for worship services. Additionally, various classes are offered on Thursdays, and there is a weekly Exodus House community dinner. Exodus House is a program, and these events are part of the program. You will be required to attend these regularly scheduled program events and activities.

*Applicant Agreement to the Rules and Conditions of Residency at Exodus  
House and Authorization of Release of Personal Information to  
Exodus House*

I request consideration for residence to Exodus House. I have read, signed, and agreed to all the conditions of the accompanying pages. I have initialed every rule and covenant that I agree to follow. I have read the rules and agree to full cooperation and participation in this program. Furthermore, I authorize the release and exchange of any personal information or files to Exodus House from any agency, including, but not limited to, the Department of Corrections, the Pardon and Parole Board, any Courts and the Justice System and/or any Law Enforcement Agency.

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Name (Please print)

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Signature

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Date

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DOC Number

## **Program Information**

### **Remember that we are a program!**

You will be required to attend the following scheduled events:

- Redemption Church at Penn Avenue Redemption United Methodist Church on Sunday.
- Redemption Church at Penn Avenue Redemption United Methodist Church on Thursday night. This includes one-hour worship and a class (AA, NA, Bible Study, Anger Management, etc.) assigned to you at orientation.
- Individual and/or group counseling and drug testing at our local substance abuse treatment center that are partnering with to provide this service. Attendance depends on your treatment plan.
- Weekly Exodus House Community meetings. These are held once per week for approximately for two hours. At these meetings, we discuss community issues, enjoy fellowship together, share a meal and have other scheduled events from time to time, such as Bible study, movie night or a guest speaker.

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### **IMPORTANT NOTICE TO EXODUS HOUSE APPLICANTS**

**Please be advised that all information regarding criminal history, psychiatric evaluations and progress at Exodus House, as well as performance and conduct while incarcerated, will not be provided to potential and current employers after you become a resident of Exodus House without your written consent.**

**In general, Exodus House resident records are kept confidential and not shared with outside parties.**

### Authorization to Release Information

Inmate Name \_\_\_\_\_ DOC # \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

Specific information to be released: CRC; Any medication taken. Substance abuse evaluation and Treatment Plan.

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

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

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

This authorization is for: a single disclosure \_\_\_\_\_ or continuing disclosure \_\_\_\_\_. Valid for one hundred-eighty (180) days after the date of my signature as it appears below.

The client or signatory may revoke this authorization at any time upon written notification, but revocation has no effect on action previously taken.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

**Exodus House Reference Form**  
*To be completed by your Case Manager*

Applicant's Name (Please print) \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOC # \_\_\_\_\_

To the applicant: Give this form to your Case Manager. References will not be accepted, except from your Case Manager. Ask your Case Manager to please complete and return this form to Exodus House, or you may send your application in yourself after your Case Manager has completed it.

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

I waive any right to access to this recommendation (including any accompanying comments or letters as completed).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To the recommender: Please respond to the following questions. If possible, type or print. After completing this form, please return it to Exodus House, or allow the inmate to send it to us. This recommendation is a required and an important part of the application, so a prompt return is important.

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

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

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

Please comment on the applicant's interpersonal skills:

Comment on your perception of the applicant's attitude and desire to make positive changes in his/her life:

## Recommendation Form

Personal Trait	Excellent	Average	Unable to Rate
Leadership Potential			
Maturity			
Motivation			
Ability to work with others			
Planning Skills			
Personal Skills			
Personal Integrity			
Self-confidence			
Goal-directed			
Attitude			
Willingness to follow rules and guidelines			
Willingness to take personal responsibility			
Desires and seeks positive changes			

Recommend with confidence: \_\_\_\_\_ Recommend with reservation: \_\_\_\_\_

Recommended: \_\_\_\_\_ Do not recommend: \_\_\_\_\_

Additional comments on recommendation:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

If you have additional comments, you may attach additional pages or call Exodus House at 405.525.2300.

Return to: Exodus House Oklahoma City  
433 NW 25<sup>th</sup> Street, #4  
Oklahoma City, OK 73103

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

Applicant's Name (Please print) \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOC # \_\_\_\_\_

**To the Applicant:** Give this form to your Chaplain. References will not be accepted, except from your Case Manager. Ask your Chaplain to please complete and return this form to Exodus House, or you do so, as you send your application in.

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

I waive any right to access to this recommendation (including any accompanying comments or letters as completed).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To the recommender:** Please respond to the following questions. If possible, type or print. After completing this form, please return it to Exodus House, or allow the inmate to send it to us.

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

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

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

Please comment on the applicant's interpersonal skills:

Comment on your perception of the applicant's attitude and desire to make positive changes in his/her life:

## Recommendation Form

Personal Trait	Excellent	Average	Unable to Rate
Leadership Potential			
Maturity			
Motivation			
Ability to work with others			
Planning Skills			
Personal Skills			
Personal Integrity			
Self-confidence			
Goal-directed			
Attitude			
Willingness to follow rules and guidelines			
Willingness to take personal responsibility			
Desires and seeks positive changes			

Recommend with confidence: \_\_\_\_\_ Recommend with reservation: \_\_\_\_\_

Recommended: \_\_\_\_\_ Do not recommend: \_\_\_\_\_

Additional comments on recommendation:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

If you have additional comments, you may attach additional pages or call Exodus House at 405.525.2300.

Return to: Exodus House Oklahoma City  
433 NW 25<sup>th</sup> Street, #4  
Oklahoma City, OK 73103

## Personal Information Questionnaire

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Send Completed Application to:

Exodus House Use Only:

Exodus House Oklahoma City  
433 NW 25<sup>th</sup> Street, # 4  
Oklahoma City, OK 73103

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### Instructions:

1. Be HONEST! Fill out the entire application. Use N/A (Not Applicable) rather than leaving a blank. Incomplete applications may be returned for completion. CRC and both references must be received before your application can be considered.
  2. Sign and date your application. Mail all completed applications to the address above.
  3. Please type or print legibly.
- 

\_\_\_\_\_  
Name (First, Last)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
DOC Number

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Parole/Release Date

\_\_\_\_\_  
Offense/Reason for Incarceration

\_\_\_\_\_  
Case Worker's Name

\_\_\_\_\_  
Case Worker's Phone

Have you made parole?  Yes  No When? \_\_\_\_\_

Or when will you discharge? Date \_\_\_\_\_

Discharge Date \_\_\_\_\_

## Personal Information Questionnaire

### Confidential

This form is intended to increase our understanding of you so that we may better help you in your recovery. If you don't know or can't recall answers to some of the questions, make your best guess or estimation. **ANSWER EVERY QUESTION** to the best of your ability. Please type or print legibly.

In your own words, what led to your decision to apply for residency at Exodus House?

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### Cultural Background:

1. Where were you born? \_\_\_\_\_

What is your nationality? \_\_\_\_\_

2. How old were you when you left your parents' home for good? \_\_\_\_\_

What did you do then? \_\_\_\_\_

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3. In what city or town did you live last (prior to your incarceration)? \_\_\_\_\_

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**Personal Information Questionnaire**  
**Confidential**

**Social Life:**

1. About how many close friends do you have? \_\_\_\_\_ Wish you had? \_\_\_\_\_

2. Do you belong to a gang? \_\_\_\_\_

If yes, what sort of activities did your gang engage in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What clubs, teams, or organizations do you belong to? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What kind of social events do you like to attend? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. How were drinking and drugs part of your social life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Chemical Usage:**

1. When did you begin using alcohol and/or drugs? \_\_\_\_\_

2. What was happening in your life at this time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Information Questionnaire**  
**Confidential**

**Chemical Usage:** (continued)

3. What kinds of alcohol and/or drugs have you used? \_\_\_\_\_

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4. How much drugs or alcohol did/do you use and how often during an average week?

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5. What is your behavior like when you do drugs and/or alcohol? \_\_\_\_\_

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6. What kinds of trouble has your use of alcohol and/or drugs gotten you into? \_\_\_\_\_

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7. If in recovery, what is your clean date? \_\_\_\_\_

**Personal Information Questionnaire**  
**Confidential**

**Previous Treatment:**

1. Have you ever been treated for psychiatric, emotional, or family problems before? \_\_\_\_\_

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2. Have you ever been in treatment for alcohol or drug usage before? \_\_\_\_\_

If yes, where and when? \_\_\_\_\_

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3. What were your experiences in previous treatment.? \_\_\_\_\_

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4. What are your experiences with Alcoholics Anonymous/Narcotics Anonymous?

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**Personal Information Questionnaire**  
**Confidential**

**Legal:**

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

Date	City & State	Charge	Outcome

1. How many DUI/DWIs have you had in the past? \_\_\_\_\_ When? \_\_\_\_\_

2. What charge(s) (if any) are pending at the present time? \_\_\_\_\_

\_\_\_\_\_

3. Do you have a court appearance? \_\_\_\_\_ When? \_\_\_\_\_

4. Will you be on Probation or Parole? \_\_\_\_\_ How long? \_\_\_\_\_

5. Who is your Probation/Parole officer? \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ District \_\_\_\_\_

**Personal Information Questionnaire**  
**Confidential**

**Educational Background:**

1. What is the highest grade you completed in school? \_\_\_\_\_
2. What were your average grades in school? \_\_\_\_\_
3. Did you graduate from high school? \_\_\_\_\_ If yes, what year? \_\_\_\_\_  
If not, did you complete your GED? \_\_\_\_\_ If yes, what year? \_\_\_\_\_
4. What were your best subjects in school? \_\_\_\_\_  
\_\_\_\_\_
5. Were you ever suspended, expelled, etc.? \_\_\_\_\_  
If so, for what? \_\_\_\_\_  
\_\_\_\_\_

**Vocational Background:**

1. What was your occupation prior to your incarceration? \_\_\_\_\_  
\_\_\_\_\_
2. How long at this type of work? \_\_\_\_\_
3. What sort of work do you like to do? \_\_\_\_\_  
\_\_\_\_\_
4. What are your career plans for the future? \_\_\_\_\_  
\_\_\_\_\_
5. What kind of training have you completed while incarcerated? \_\_\_\_\_  
\_\_\_\_\_

## Personal Information Questionnaire

Confidential

### Military:

1. Have you been in the armed forces? \_\_\_\_\_ If yes, please complete this section.
2. Branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_
3. Time in Service: From \_\_\_\_\_ To \_\_\_\_\_
4. Type of discharge? \_\_\_\_\_
5. Do you have a service-related disability? \_\_\_\_\_ If yes, what is the nature of the disability? \_\_\_\_\_

### Financial:

1. How much do you owe in court costs, fines, etc. once released? \_\_\_\_\_
2. What counties or other jurisdictions will you be obligated to make payments to?  
\_\_\_\_\_
3. Do you support anyone else other than yourself? \_\_\_\_\_ If yes, who? \_\_\_\_\_  
\_\_\_\_\_

## Personal Information Questionnaire

### Confidential

#### Family Information:

Complete the following section on your immediate family, including your father, mother, sisters, brothers, stepbrothers, etc.

Family Member's Name	Age	Relationship	Date of Death	Education

1. Who in your family (if anyone) currently has or has had a prescription drug or other drug/alcohol problem? \_\_\_\_\_

\_\_\_\_\_

2. Are they still using? \_\_\_\_\_ Are they currently, or have they ever been in treatment?

\_\_\_\_\_

3. Were your father and mother healthy during your childhood? \_\_\_\_\_ If not, what were their illnesses? \_\_\_\_\_

\_\_\_\_\_

**Personal Information Questionnaire**  
**Confidential**

**Family Information (continued):**

4. Did you live with both parents during your childhood? \_\_\_\_\_

If not, explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. To whom in your family did you feel closest as a child? \_\_\_\_\_

\_\_\_\_\_

6. Was either of your parents married more than one time? \_\_\_\_\_

If yes, how many times and what were the circumstances? \_\_\_\_\_

\_\_\_\_\_

7. If your parents divorced, how do you feel about their divorce(s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. What do you remember most about your childhood and family life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Was there any sexual, physical or other form of abuse in your family? \_\_\_\_\_

If yes, then by whom? \_\_\_\_\_

\_\_\_\_\_

If yes, which family member(s) were abused? \_\_\_\_\_

\_\_\_\_\_

## Personal Information Questionnaire

### Confidential

**Family Information (continued):**

10. Describe how your family members got along with each other? \_\_\_\_\_

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11. What kinds of activities did your family participate in together? \_\_\_\_\_

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Circle the word which best describes your marital status.

Single      Engaged      Married      Separated  
 Divorced      Remarried      Widow      Widowed, Remarried

12. How many times have you been married? \_\_\_\_\_  
 How many children do you have? \_\_\_\_\_

Please provide the marital information indicated in the chart below:

Spouse's Name	Age	Marriage Date	Separation/ Divorce Date	Number of Children

## Personal Information Questionnaire

### Confidential

**Family Information (continued):**

13. How is your relationship with your present spouse? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. What affect has your substance abuse had on your relationship? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. How does your family feel about your living at Exodus House? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide the information regarding your children as indication in the chart below.

Children's Name(s)	Age	Education	Marital Status	Living with whom?

**Personal Information Questionnaire**  
**Confidential**

**Family Information (continued):**

16. Who (children) would be living with you at Exodus House?  
Please list in the table below.

Name	Age	Relationship

17. Are any of your children in DHS custody? \_\_\_\_\_

If yes, in what county or counties? \_\_\_\_\_

\_\_\_\_\_

18. Do you have DHS reunification plan? \_\_\_\_\_

19. If your children are with family members, please provide the information indicated in the chart below:

Name	Address	Phone

**Personal Information Questionnaire**  
**Confidential**

**Family Information (concluded):**

20. How would you describe your relationship with your children? \_\_\_\_\_

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**Spiritual:**

1. What religion do you follow? \_\_\_\_\_

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2. How active are you in your religion? \_\_\_\_\_

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3. What does "Higher Power" mean to you? \_\_\_\_\_

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4. How often do you attend religious services and with whom? \_\_\_\_\_

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**Personal Information Questionnaire**  
**Confidential**

**Leisure:**

1. What do you do for fun? \_\_\_\_\_

\_\_\_\_\_

2. What kind of sports are you presently involved in? \_\_\_\_\_

\_\_\_\_\_

3. What are your hobbies? \_\_\_\_\_

\_\_\_\_\_

4. How would you spend a few free hours? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Who would you spend your free time with? \_\_\_\_\_

\_\_\_\_\_

6. What new interests would you be interested in pursuing? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. What would you like to learn that is new to you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Information Questionnaire**  
**Confidential**

**Health:**

1. How is your overall health at this time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are you taking any prescribed medication from a doctor at this time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the answer to the previous question was "Yes", please list medications below.

Name of Medication	Dosage	Taken How Often	What is medication prescribed for?

## Personal Information Questionnaire

### Confidential

**Health (continued):**

3. Do you or anyone in your family suffer from any of the conditions listed below?

Medical Condition	Do you suffer from this condition?	Does a family member suffer from this?	Name of Family Member	Relation of Family Member to You
Nervous Breakdown				
Migraine Headache				
Hallucinations/Delusions/ Visions				
Alcoholism				
Bizarre Behaviors				
Nervousness				
Sleeping Problems /Insomnia				
Epilepsy, Convulsions or fits				
Chronic Physical Pain				
Memory Lapses				
Drug Addiction				
Psychiatric Problems				
High Stress				
Excessive Eating				

**Personal Information Questionnaire**  
**Confidential**

**Health (continued):**

4. What is your general mood? \_\_\_\_\_

\_\_\_\_\_

5. How do you feel about coming to the Exodus House? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. How do you view yourself? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. What do you generally worry about or are concerned about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Describe your behavior when you are not drinking or using drugs. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Describe your behavior when you **are** drinking or using drugs. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. How would your family and friends describe your behavior? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Information Questionnaire**  
**Confidential**

**Health (concluded):**

11. Have you ever thought about suicide? Yes or No? \_\_\_\_\_

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12. Have you ever attempted suicide? Yes or No? \_\_\_\_\_ If so, when? And what method?

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**Strengths and Weaknesses:**

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

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

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3. List what you consider to be your main problems that you would like us to help you with. (Attach an additional sheet if necessary.) \_\_\_\_\_

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**Your application is now complete!**  
**Please return it to Exodus House!**  
**God bless you!**

**Important Information to all applicants:**

- **Be sure to give page 13 (authorization release) to your case manager. It is important in processing your application.**
- **If you do not have a copy of your social security card, you need to apply for it before you are released. It takes approximately 3 weeks to get a social security card after you get out. You cannot get a state ID without the social security card and birth certificate, and without a picture ID, you will not be able to get a job.**
- **If your birth certificate is out of state, you will need it to get a state ID. They will not take a J & S. Apply for the birth certificate now as it takes 8 weeks or longer to get them, even with help from Traveler's Aid.**
- **If you don't have the social security card and birth certificate so you can get a state picture ID, you will be unemployed while you wait for these documents.**
- **If the name of your birth certificate is different from the one on your social security card, or if your current name is different from either of these documents, you will need a third supporting document such as a marriage license or divorce decree. This additional documentation can take up to another 8 weeks to obtain, so please make sure that you have done all this before you are released.**

**Thank You,**  
*The Exodus House Staff*

## Exodus House Evening Schedule

Day	Class	Location	Time	Curfew
Sunday	Worship & Service	Penn Avenue Redemption Church	9:30 AM to 12:00 PM	10:00 PM
Monday	One on Ones with Case Manager 15 minutes	Exodus House	SIGN UP WEEKLY	10:00 PM
Tuesday	Community Meeting & Meal	Exodus House	MANDATORY 6:00 PM – 8:00 PM	10:00 PM
Wednesday	Relapse Group Small Group Bible Study	If Needed Available	May choose to attend Wed or Thurs	10:00 PM
Thursday	Worship & Classes	Penn Avenue Redemption Church	6:30 PM – 9:30 PM	10:00 PM
Friday	Optional Programs		AA/NA	12:00 AM (MIDNIGHT)
Saturday	Optional Programs		AA/NA	12:00 AM (MIDNIGHT)

- Curfew is at 10:00 PM on weeknights.
- 12:00 AM (midnight) on weekends; no 2<sup>nd</sup> or 3<sup>rd</sup> shift employment
- If you have a substance abuse related charge or history, assessment after you arrive here will partly determine your re-entry and recovery plan.
- AA/NA is a part of your recovery plan, there are groups within walking distance and some recovery programs are provided though Redemption Church.
- There are also random U/A's on site at Exodus House.
- Two full time staff live onsite at Exodus House
- No overnight passes for 30 days.
- There is a community room for visitors. \*\*\*Only immediate family can visit in apartments, i.e. mother, father, children.

**\*Cannot have a car parked at Exodus House for any reason without driver's license and current insurance.**

**\*\*Understand that you will be required to room-mate without another person here at Exodus House.**