



This Application Must Be Filled Out Completely by Applicant

| | | | |
|------|--------|-------|-------------|
| Last | Maiden | First | Middle Int. |
|------|--------|-------|-------------|

| | | | |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

| | | | |
|-------------|-----|------------|------|
| Telephone # | Age | Birth Date | Race |
|-------------|-----|------------|------|

Social Security #

Background Information:

1. Have you ever used drugs? Y/N What Kind? _____
How long have you used them? _____
When was the last time you used? _____
2. Have you had an alcohol problem? Y/N
How long have you had this problem? _____
3. Are you presently on any medications? Y/N
If yes, what kind? _____
4. Have you had any lesbian relationships? Y/N How long? _____
5. Have you ever been involved with prostitution? Y/N How long? _____
6. Have you had (Do you have) any serious court problems? Y/N
If yes, explain:

8. Have you ever spent time in jail? Y/N How long? _____
Are you on probation or parole? _____ How long? _____
9. Have you ever been in a mental institution or psychological ward? Y/N
How many times? _____ Why were you there? _____

Are you presently on any psychological medications? Y/N

If yes, what kind _____

10. Do you have any physical limitations? Y/N If yes, explain _____

Do you have a history of the following?

- Mental Illness
- Alcohol Abuse
- Drug Abuse
- Depression
- Child Protective Services
- Probation or Parole
- HIV/AIDS and related diseases
- STD's
- Development Disability
- Physical Disability
- Domestic Violence (as a child)
- Domestic Violence (as an adult)
- Childhood Physical abuse
- Sexual Abuse
- Abortion
- Dental Disease

Please list any service agencies/providers (and contact persons) that work with you, along with their addresses and phone numbers.

Please be aware that if you have or develop any medical condition lasting more than two weeks, you will need to look for another placement as THTMB is not able to provide convalescent or medical treatment on-site

11. Any children? Y/N

List their names and ages? _____

Who will care for your children while you are in the program?

12. Marital status: Single/Never Married _____ Married _____
Widowed _____ Divorced/Separated _____

13. What year of school did you complete? _____
Can you read and/or write? Y/N

14. Income

Are you currently on Families First? _____

If yes, what amount received? _____

Do you have other sources of income or support?

- General Public Assistance Amount: _____
- Employment Income Amount: _____
- Unemployment Benefits Amount: _____
- WIC Amount: _____
- Child Support Amount: _____
- Food Stamps Amount: _____
- Supplemental Security Income (SSI) Amount: _____
- Social Security Disability Income (SSDI) Amount: _____
- Social Security Amount: _____
- Veterans Benefits Amount: _____
- Medicare Amount: _____
- Medicaid Amount: _____
- Other (please specify) Amount: _____

Total Monthly Income _____

15. Are you a born again Christian? Y/N

16. Have you ever been involved in any satanic or a cult group(s)? Y/N

If yes, explain _____

17. What is your greatest fear about coming here? _____

18. Do you realize that you are coming into a heavily christian oriented program?

Y/N

19. Do you want to change the way you are living? Y/N

20. Are you coming here because YOU want to? Y/N

21. Are you committed to our 12 month discipleship program? Y/N

22. Please explain why you want to come to The House That Mercy Built: _____

I _____ completely filled this application out on my own.

APPLICANTS SIGNATURE

DATE

Please send this and all forms needed to:
The House That Mercy Built
P.O. Box 867
Tellico Plains, TN 37385

Procedure for Incoming Referrals

Clients wishing to enter The House That Mercy Built must contact our Intake Staff. The client seeking entry must make this contact personally. The Intake Staff are the only people who can accept referrals or secure your placement before entry.

1. Arrangements for entrance **MUST** be confirmed prior to arrival.
2. Each student is limited to **ONLY TWO** suitcase and **ONE** overnight bag.
3. Each student **MUST** mail in The House That Mercy Built form, copies of birth certificate, social security card and a picture I.D. before entry to the program.
4. Prior to confirming the student's entrance date, the \$250.00 **Non-refundable** entry fee to the ministry for your monthly care **MUST** accompany the above-mentioned documents. (In section 3)
5. All students not from the local area must arrive with a return ticket whether bus, plane or train or other transportation arrangements to return home. All tickets will be placed in student's account.

Cash or Money Orders must be payable to The House That Mercy Built. (ALL MONEY IS NON-REFUNDABLE) ***Please note***

Entry Fee: \$250.00

Monthly Fee: \$250.00 per month up to 12 months. (Due 1st of each month) (Inability to pay monthly is not automatically a reason for denial of entrance or a reason for dismissal. You can discuss this with the director and we will work with you where possible.)

Transportation: You will need to bring the cost of a return bus fare back to your hometown. It is your responsibility to call the bus station and find out the cost of the ticket. You are responsible for transportation to and from the program and your return to your hometown.

Health Screening Form

Please take this form to your physician and have them fill out and have the following medical tests performed. The results must be written in and also attach the computer printout to this form. **This form must be completed and completely filled out by your physician only before The House That Mercy Built can accept it.**

Date: _____

1. Full Name: _____ DOB: _____

2. Present illness/complaint/disabilities, if any: _____

3. All known allergies: _____

4. Medication currently taking/prescribed and reason: _____

5. Has client been exposed to any communicable diseases: Y/N

If yes, please specify: _____

6. History of chronic or major illness: _____

7. Operations and Dates: _____

8. Hospitalizations and Dates: _____

Physical Examination:

Code: Satisfactory=S

Unsatisfactory=U

Not Examined=O

Height: _____ Weight: _____ Temp: _____

B/P: _____ Pulse: _____ Respirations: _____

General Appearance (including screening of drug abuse)

Nutrition: _____

Head: _____ Ears: _____ Hearing: R _____ L _____

Eyes: _____ Vision w/o glasses R _____ L _____

Vision w/glasses R _____ L _____

Nose: _____ Throat: _____

Mouth/Teeth: _____ Neck/Thyroid: _____

Chest: _____ Cardiac: _____

Abdomen: _____ Genitalia: _____

Hernia: _____ Skin: _____

Muscular Skeletal: _____ Neurological: _____

Required Blood Test

V.D.R.L.: _____ Hepatitis (Panel): A _____ B _____ C _____

H.I.V.: _____ T.B.: _____ Urinalysis: _____

Pregnancy: _____ Pap Smear: _____

Documentation of any Skin Parasites (such as lice, scabies, etc.): _____

REMINDER: Attach current computer printout of all lab work.

General comments, assessments, and recommendations on above:

Physician's Signature

Date

Address

Phone Number

What to Bring List

Maximum allowance items due to limited closet space

****Please note to bring only 3-4 of each item listed unless otherwise stated****

1. Identification- Any two of the following:

- Birth Certificate
- Driver's License
- Social Security Card
- Picture ID (Please send with application)

2. Personal Items:

- Toothbrush, Toothpaste, Dental Floss (NO Mouthwash)
- Hair Dryer
- Nail Clippers
- Stationary, Envelopes, Paper, Stamps
- Bible
- Cosmetics
- CD Player

3. Clothing: (Please limit to 2 suitcases & 1 overnight bag)

- Dress – 4
- Blouse – 5
- Skirts – up to 4
- Casual Pants, Blue Jeans, Capri Pants – 10
- T-Shirts – 10
- Shorts – 4 (Must come to fingertip length)
- Pantyhose
- Socks
- Bathrobe
- Appropriate Sleepwear
- Undergarments (bras, panties, slips, etc.)
- Slippers
- Coat (1 for church & 1 for casual)
- Dress Shoes
- Athletic Shoes

No clothing that has offensive logos or slogans will be tolerated.

(Beer names, rock music, sexual suggestions, etc.)

*****All overage amounts of items will be returned ASAP. *****

Rules

1. No drugs or alcoholic beverages are allowed.
2. No cigarettes, matches or lighters are allowed. Do not bring these into our home.
3. No profane language.
4. Romances, pairing off or cliques are not permitted during the duration of the student's stay at the house.
5. No pictures of boyfriends or single men. No pictures containing cigarettes or alcoholic beverages. Pictures of your children are allowed.
6. Secular music, gambling, books and magazines that is not conducive to Christian growth are not permitted.
7. Witchcraft, Astrology or anything cult related is not allowed.
8. All students will participate in all scheduled activities.
9. There will be no back talk, arguing or disrespect to staff members.
10. Proper care of The House That Mercy Built property is expected at all times.
11. All manner of dress is subject to change, at staff discretion, if not acceptable. You are expected to dress modestly at all times.
12. Students money will be kept in a student personal bank account; personal accounts will be monitored through the office. Phone cards will be held in your file and will be used under the supervision of the director and or staff on duty.
13. All visitors must be immediate family or approved by directors. All visitation plans must be cleared by staff 7 days prior to the visit, by a permission form. You must be responsible for filling out your form in the office prior to your visit.****
14. Suitcases and bags will be checked coming in and going out. Only one suitcase and one overnight bag will be allowed for the student to bring. Students are allowed to bring musical instruments if they play one.
15. In the re-entry phase, no second shift jobs are allowed unless approved by director personally.
16. All personal belongings left by a student automatically are put in the donation room. The House That Mercy Built will not package or box up belongings and will not be responsible for mailing them to you.
17. There will be a fourteen day probation period for each resident. No phone calls or letters at that time. After probation period, you may receive calls and letters with names, numbers and addresses placed in your file upon entry approved by the director. Especially from boyfriends or influences that are in the opinion of the Pastors are non-conducive to the teaching and guidelines of this ministry.
18. Behavior that is irresponsible or distressing to the residents may cause your immediate termination. We will encourage each student to have a good relationship with Jesus Christ during their stay with us. If the directors feel that you are not growing or experiencing, in their opinions what you would need

we will encourage you with God's word to seek His leading in your behaviors before we have to take any other actions as a last resort.

19. Bedtime: Lights out by 11:00 pm for all adults.
20. Class Attendance: Group meetings for personal, spiritual and emotional well being are provided on a daily basis. All residents are required to attend. Church attendance is required. House devotions will be in the morning and in the evening for residents. You will be encouraged to have a time of seeking the Lord in the mornings before 6:30 am daily.
21. Recreation: CD players and extracurricular activities will be restricted until all work assignments are completed. CD players must be kept at a volume comfortable to all residents.
22. Personal Hygiene: Bathing is required daily for all students. Shoes or slippers are worn at all times. Appropriate dress is required on main floor and grounds. ***Only be in the bathroom for a shower and dressing for 10 minutes and one shower per day only.
23. Room Assignments: Do not be on another person's bed. Each person is to share bath-room cleanliness. There will be a room inspection daily. They must be tour ready. You are not allowed to switch beds unless approved by the staff directors. **Sheets changed on Monday only each week.**
24. Laundry: There will be a scheduled laundry times. NO dry clean only clothing.
25. Telephone: Long distance calls are only permitted with calling cards, 800 numbers or collect calls under direction of the staff only, 10 minute calls in or out please. Staff will dial the phone for you. Cell phones are NOT allowed!
26. Medical Care: All medicines, including vitamins and aspirin, must be checked in and handled through the office. All medicines require the signature of your doctor. (Directions will be on the Medical application before your entry.)
27. House Responsibilities: Each resident will be responsible for upkeep of the house. Residents are assigned housework on a daily basis.
28. Pets: NO pets of your own allowed. Only those of The House That Mercy Built.
29. Meals: All food and drinks will be eaten in kitchen or dining room only. You must attend meals. There will be no special diets unless through a doctor's orders only. And, NO changing of the menu.....
30. All application preparation must go through the director, by telephone, and must be on our desk completed and approved before you can be admitted into the program. You must have at least (3) personal phone contacts with the director and application with the blood test and physicals, and references included, to have your bed reserved. So make note to be in direct contact and return all information as instructed. All info will be kept in your reservation file in our office and you will be notified concerning all your paperwork by the director a.s.a.p.

31. Failure to follow rules will result in disciplinary action such as loss of privileges, extra chores, extra assignments, and if deemed necessary dismissal from the house.

I understand and agree to abide by the guidelines of The House That Mercy Built in the directors opinions as leadership suggested in the above statements.

Sign _____ Date _____
Applicants Name

Statements of Release

I certify that all information here is accurate and true to the best of my knowledge. I understand that any false or incomplete information may result in disqualification of any application for entrance.

APPLICANTS SIGNATURE

DATE

It is understood and I agree that The House that Mercy Built is not and will not be responsible for any medical services needed before, during, or after my stay.

APPLICANTS SIGNATURE

DATE

It is further understood that I release The House That Mercy Built from all financial responsibilities in case of an accident, injury, illness or other imponderable misfortune. This will be for before, during and after leaving the program. You will be held responsible for your care. ****Please Note This****

APPLICANTS SIGNATURE

DATE

It is hereby understood that The House That Mercy Built is not responsible for any personal property left, lost or stolen while in the program. I agree that any property or money left at The House That Mercy Built over thirty days from my departure date, announced or unannounced, becomes the property of The House That Mercy Built. You will have an inventory of possession that must be kept current and will be checked periodically.

APPLICANTS SIGNATURE

DATE

It is further understood that I release the right to The House That Mercy Built to search my personal effects, make room searches and also make physical frisk if need be.

APPLICANTS SIGNATURE

DATE

I also give The House That Mercy Built permission to open and check both incoming and outgoing mail for drugs and anything that might be harmful to the welfare of the program and residents.

APPLICANTS SIGNATURE

DATE

I, _____ understand that the House That Mercy Built is a Drug and Alcohol FREE residence. I also understand that The House That Mercy Built is not a medical facility and does not serve as a detoxification facility. I understand that if I need these types of service I must obtain them before entering my time of transition at The House that Mercy Built. I understand that there is no medication given for withdrawals from substance dependence or addiction.

APPLICANTS SIGNATURE

DATE

I understand and agree to abide by the guidelines of The House that Mercy Built in the director's opinions as leadership suggested in the above statements.

APPLICANTS SIGNATURE

DATE