

## Chaplains Aftercare Ministry

### Application for Safe and Drug Free Housing (Page 1 of 2)

Our houses are toned with a Christian Orientation. Biblical life skills studies and Christian 12 step groups are offered in the houses. Non Christians may apply but must respect the groups. All can attend other groups at different times. All applications must be fully completed and a phone interview may be requested. House managers monitor growth plans with residents.



#### > Application for Serinity Safe & Drug Free House <

Applicant full name (print): \_\_\_\_\_ D.O.B. \_\_\_\_\_

Expected Release Date: \_\_\_\_\_

Present Address: Facility name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you an alcoholic? \_\_\_ Yes \_\_\_ No

Are you addicted to drugs? \_\_\_ Yes \_\_\_ No What was your drug of choice? \_\_\_\_\_

How long have you been addicted? \_\_\_\_\_

When did you attend your first AA, MA or NA meeting? \_\_\_\_\_

Do you want to stop drinking alcohol and using addictive drugs? \_\_\_ Yes \_\_\_ No

Are you willing to make a plan and work hard to implement your plan? \_\_\_ Yes \_\_\_ No

Are you a sexual offender? \_\_\_ Yes \_\_\_ No Are you a murderer/violent type? \_\_\_ Yes \_\_\_ No

Are you married? \_\_\_ Separated \_\_\_ Divorced \_\_\_ Do you owe child support? \_\_\_ Yes \_\_\_ No

Are you diagnosed with any psychiatric condition? \_\_\_ Yes \_\_\_ No.

If yes what is the condition? \_\_\_\_\_ What are your meds if any? \_\_\_\_\_

Are you willing to work a full time job? \_\_\_ Yes \_\_\_ No. What jobs have you had in the past? \_\_\_\_\_

What are some of your skills? \_\_\_\_\_

Have you been through a treatment facility of any kind? \_\_\_ Yes \_\_\_ No

Facility name? \_\_\_\_\_ Who was your counselor? \_\_\_\_\_

If you are involved with Idaho Department of Corrections, what is your number \_\_\_\_\_

Facility \_\_\_\_\_ Case Managers name \_\_\_\_\_ Case M. phone number \_\_\_\_\_

Are you on probation? \_\_\_ Yes \_\_\_ No If yes who is your P.O. \_\_\_\_\_

What are your major or felony convictions? \_\_\_\_\_

**Chaplains Application Continued (Page 2)**

By signing below, I understand and agree to meet the following expectations. If accepted I agree to participate in weekly house meetings and to follow the rules of the house \_\_\_\_\_ (Initial)  
I agree to remain clean and sober at all times. I understand I may be immediately expelled from the house for violation of this rule \_\_\_\_\_ (Initial)

I agree to pay my weekly rental assessment. If I fail to pay my rental assessment, I will be expelled from the house. I commit to a minimum of three months rent with the house the rent is presently \$300 per month \_\_\_\_\_ (Initial)

I agree to keep the house free from alcohol and illegal drugs at all times \_\_\_\_\_ (Initial)  
I understand that regular landlord/tenant laws do not apply at this house \_\_\_\_\_ (Initial)

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

*Jeremiah 29:11 For I know the thoughts that I think towards you, says the Lord, thoughts of peace and not of evil, to give you a future and a hope.*

**Send Applications To:**  
Woods Aftercare Services  
P.O. Box 5203  
Twin Falls, ID 83301

**Case Managers:** Completed forms (both application and rules agreement) may be faxed to 208 736 7461.

In the space below please tell us all the classes you are presently enrolled in.  
Example: Relapse Prevention

In the space below please list all the completed classes you have taken.