Safe Haven Application

Thank you for considering this application to Safe Haven. **This is a faith based residential recovery program for women that SERIOUSLY want to change their lives!**

Most of our students have struggled with drug addiction, abusive relationships, and/or incarceration. Safe Haven is a program that wants to break the chains of addiction and abuse to restore you back to a productive member of society.

Once accepted into the program:

- You learn who you are "in Christ" while developing life skills for future success.
- Attend classes on a variety of subjects ranging from domestic violence to grocery shopping on a well-maintained budget.
- Obtain employment.
- Comply with all legal orders such as paying fines, child support or restitution.
- Get a medical evaluation – we want to ensure you are as healthy as possible.
- Attend recovery classes and participate in volunteer hours to give back to your community.
- Subject to court stipulations – visit with children to begin the process of healing.
- Strive to obtain a driver's license, purchase a car as well as insurance.
- Develop independent living skills under strict supervision.
- Complete required weekly phase work.

Life at Safe Haven can become stressful at times but with proper time management, guidance, and most of all God's help … **YOU CAN BE SUCCESSFUL!**

By the time you graduate from Safe Haven you will be ready to move out into the real world as a **sober, confident, capable God loving member of society.**

If you are still considering Safe Haven as the next step to assist you in your recovery process, please continue to fill out the attached application in its entirety. This application is our first contact with you, so please be as honest as you can. We hope you will be incredibly open in relaying your heart to us through the answers you provide. Once you have filled out the entire application, please email to safehaven702@gmail.com or mail it to the address provided.

Safe Haven is currently not set up to care for expecting mothers.

Application Form

Safe Haven Transitional House Inc is a Faith based residential discipleship program for women wanting to recover from a self-destructive lifestyle.

PERSONAL INFO:

Name_____ Date_____

S.S. # _____ DOB _____ Age_____

Ethnicity_____ Institution_____

Sexual Orientation: (circle one) Heterosexual Homosexual Bisexual Transgender

Do you have the following?

Copy of birth certificate YES NO State born in_____

Copy of Social Security card YES NO

Do you have a valid driver's license YES NO Valid State ID? YES NO

Do you own a car YES NO

FAMILY INFO:

Current Marital Status:(circle one) Single Married Divorced Separated Widowed

If you are not married, are you willing to give up your relationship with your significant other while in our program? YES NO Are you currently pregnant? YES NO

Do you have children under the age of 18? YES NO How many male_____ female_____

Do you have children over the age 18? YES NO How many male _____ female_____

Do you have any open DCS or CPS cases? YES NO

Do you have any “injury to child” convictions? YES NO

Who has legal custody of the children? _____

Who cares for the children? _____

Is reunification with your children part of your plan? YES NO

LEGAL INFO:

Attorney_____ Phone # _____

Probation/Parole Officer_____ Phone # _____

1. How many times have you been arrested? _____
2. How many times have you been incarcerated? _____
3. Have you ever been arrested for a sex offense, violent crime or arson? YES NO
4. Have you ever been arrested for causing bodily injury to anyone? YES NO

*LIST **ALL CONVICTIONS** AND THE **YEAR** THEY OCCURED:(use back if needed)

_____
_____
_____

Do you know of anyone that would want to know of your location to bring harm to you in any capacity? YES NO

EDUCATION INFO:

High School Grad? _____ GED? _____ College? _____ Last grade completed_____

Did you attend school while imprisoned? YES NO

Have you participated in any programs during any of your incarcerations? YES NO

If so, please list the program & date.

_____

EMPLOYMENT/INCOME:

Last place of employment_____ Date_____

Have you ever received SSI and/or SSDI? YES NO When? _____

MEDICAL INFO:

What are your medical and/or psychological needs, if any?

_____

_____

Please list your current medications and dosage:

1._____

2._____

3._____

Do you have any allergies we need to be aware of? YES NO

_____

Do you have any CHRONIC medical conditions? YES NO

Are you physically able to participate in full time employment, chores, and work duties? YES NO

Have you ever been hospitalized for mental/physical health issues? YES NO

If yes, please explain when & where_____

Have you ever been TESTED for the following? If so, please circle the results if known.

Hepatitis A	YES	NO	Positive	Negative
Hepatitis B	YES	NO	Positive	Negative
Hepatitis C	YES	NO	Positive	Negative
TB	YES	NO	Positive	Negative
HIV/AIDS	YES	NO	Positive	Negative

Have you ever been TREATED for any of these? YES NO

If yes, please explain_____

Have you ever tried to commit suicide? YES NO If so, when? _____

Have you ever been DIAGNOSED with a mental illness? YES NO

If yes, what illness? _____

SUBSTANCE ABUSE INFO:

Have you ever abused alcohol or drugs? YES NO

If yes, please list them: _____

_____

What is your drug of choice? _____

What age did you begin using this drug? _____

Have you ever completed a substance abuse program? YES NO

If yes, please list the program and dates.

1. _____

2._____

3._____

SPIRITUAL:

Do you believe in God, Jesus, and the Holy Spirit? YES NO

Have you attended church? YES NO

Do you have a church preference? _____

Have you ever been involved in religious practices such as, but not limited to, sorcery, witchcraft, or voodoo? YES NO

If yes, please explain: _____

GOALS:

Why do you want to come to Safe Haven?

_____

List your short-term goals (6 months to 1 year after your release)

1._____

2._____

3._____

What are your strengths?

1._____

2._____

What areas do you need to work on?

1._____

2._____

What do you like most about yourself?

_____

What would you like to change or improve?

_____

How do you motivate yourself?

_____

SAFE HAVEN INTAKE SUMMARY LETTER

Use the space below to tell us anything you feel we should know about you that has not already been addressed as well as **WHY YOU THINK YOU WOULD BENEFIT FROM OUR PROGRAM?**

Tell us about your life that brought you to where you are today.

THIS LETTER IS MANDATORY!

Finding your ACE score **Please complete the following:**

1. Did a parent or other adult in the household **often or very often**…. Swear at you, insult you, put you down, or humiliate you? **OR** Act in a way that makes you afraid that you might be physically hurt?

YES NO If yes enter 1_____

2. Did a parent or other adult in the household **often or very often**…. Push, grab, slap or throw something at you? **OR** ever hit you so hard that you had marks or were injured?

YES NO If yes enter 1_____

3. Did an adult/person at least 5 years older than you **EVER** Touch or fondle you or have you touched their body in a sexual way? **OR** Attempt or have oral, anal, or vaginal intercourse with you?

YES NO If yes enter 1_____

4. Did you **often or very often** feel that…. No one in your family loved you or thought you were important or special? **OR** Your family did not look out for each other, feel close, or support each other?

YES NO If yes enter 1_____

5. Did you **often or very often** feel that…. You did not have enough to eat, wore dirty clothes and had no one to protect you? **OR** your parents were too drunk or high to take care of you or take you to the doctor if needed?

YES NO If yes enter 1_____

6. Were your parents ever separated or divorced?

YES NO If yes enter 1_____

7. Was your mother or stepmother…. **often or very often** pushed, grabbed, slapped, or had something thrown at her? **OR sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard? **OR ever** repeatedly hit a few times or threatened with a gun?

YES NO If yes enter 1_____

8. Did you live with anyone who was a problem drinker or used street drugs?

YES NO If yes enter 1_____

9. Was a household member depressed, mentally ill or attempt suicide?

YES NO If yes enter 1_____

10. Did a household member go to prison?

YES NO If yes enter 1_____

ADD UP YOUR "YES" ANSWERS: _____ This is your ACE score.

STATEMENT OF RELEASE

I certify that all the information here is accurate and true to the best of my knowledge. I understand that any false or incomplete information may result in the disqualification of any application for entrance. I also hereby give permission to Safe Haven staff to use any means necessary to verify this application, including talking to my friends, family and any employer past or present as well as searching social network sites.

_____ _____/_____/_____

Applicant

If anyone physically completed forms other than applicant, fill in below.

Person_____

Relationship to applicant_____

Reason_____

Safe Haven does not discriminate against those who are HIV positive in its admission procedures. Because a large number of IV drug users have been infected by the HIV virus, at any given time there may be one or more residents in the program that are HIV positive. This center does not require students that are HIV positive to notify others in the program of their HIV status.

Safe Haven complies with the title IV of the civil rights act of 1964 and does not discriminate based on race, creed, gender, or religion.

Safe Haven
P.O. Box 355
Gainesboro, TN 38562
931-268-3144

If accepted to Safe Haven you may bring the following to be inspected by staff:

- Your Bible
- Envelopes and stamps
- Pens & Highlighters
- List of emergency contacts & numbers
- Business cards for attorney, DCS worker and probation officer (if applicable)
- Birth Certificate
- Driver's license or State issued I.D.
- Social Security card
- Insurance card
- EBT card
- Copies of any court orders, DCS cases or ongoing court cases
- Copies of your latest health records

You can also bring a 2-week supply of personal clothing, shoes & a coat. You are **NOT** permitted to have holes or rips in your jeans.

If you are unable to bring these items, Safe Haven will help you acquire them.

You may also bring the following:

- Photos of your family
- Personal pillow, blanket/quilt (no linens)
- Toiletries including blow dryer, curling iron, straightener and make-up
- Towel and wash cloth
- Laundry basket and laundry detergent

You may **NOT** bring the following without prior approval:

- Books, DVD's, CD's
- Electronic items
- Furniture items
- Cleaning supplies
- Vehicle
- **ANY** medication including vitamins.

If you have **ANY** questions concerning items to bring/not to bring, please call Safe Haven staff at 931-268-3144

Thank you!