

APPLICATION

Notice for Transitional housing, half way houses and homeless shelters:

While enrolled in our program, you are a guest, a beneficiary and not a legal tenant. You do **NOT** have a lease, and may not receive mail at this address. Programs and shelters are generally considered temporary accommodations, and residents do not have the same legal rights and protections as traditional tenants. **Eviction laws do not apply to shelters or halfway houses**, there are rules in social service programs that must be followed. Anyone who is disruptive to, a danger to the other residents (or staff), or noncompliance to rules means you must exit the program immediately. Exiting the program includes your stay at the shelter or halfway house. One has no choice but to leave if you can't obey the rules. Trespassing laws will be enforced. **(PDF)**

1st AGREEMENT here - DO NOT PROCEED without first

signing this **STATEMENT ! (BASIC RULES)**



Download [entry packet / policy here](#)

1. Fill out app online
2. Be willing to follow and check in daily with your mentor
3. Attend weekly meetings in church
4. Complete daily devotions / study plan online
5. Complete 5 hours of community service for the church weekly
6. Work full time, or search for employment full time
7. Contribution of a minimum \$75 per week is required after finding employment.
 - (This is not rent, but helps offset the program expenses)
8. Read and agree to all program policies

Application

Instructions

I understand that if I lie or omit necessary information, I will be removed from the program immediately. I can NOT bring more possessions than I can carry in my hands and must submit a written inventory upon acceptance. I hereby release the leaders of this program to share confidential information regarding me with other agencies.

Name



List any Felony convictions: List any Mental illness:

Medication:

[Empty text input field]

List all current medication I am taking or supposed to take:

Personal condition:

Describe health, medications, counseling, etc

- I currently take medication
- I am supposed to take medication, but do not
- I am on probation or parole
- I have physical limitations, or challenges
- I have read and agree to all program policies
- I receive state disability or other income
- I have fines to pay or other obligations to discuss
- I am committed to other outside meetings (such as counseling, AA)
- I agree to random search or drug test if necessary

Agreement

If I am accepted to this program, I understand that I may be removed for non compliance to policy or rules. I also understand that I can not hold anyone responsible for loss or theft of property due to the publicly shared space provided. No other person or organization is responsible for my health, safety or well being while in this program.



Checkbox

- I need a job
- I need transportation
- I need my drivers license
- I need accountability
- I need food / food stamps
- I need better budgeting of my money
- I need a mentor
- I Have addictions (drugs,alcohol, etc)

Last Address

[Empty text input field]

Street Address

[Empty text input field]

Apt, Suite, Bldg. (optional)

[Empty text input field]

City

[Empty text input field]

State / Province / Region

United States of A

Postal / Zip Code

Country

Family members in Enid

[Empty text input field]

List Mother, Father, siblings, children and phone numbers

Last Job

[Empty text input field]

contact person? how long?



Personal info:

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Name

cell Phone # is required

Date of birth & Social security #

Legal info

You must verify the following:

- I am NOT a registered sex offender
- I have NO warrants for my arrest (in any county)
- I have NO intent to harm myself or others (I am NOT suicidal)
- I am NOT detoxing, or currently under the influence of any substance.
- CONFIRM ALL LEGAL STATEMENTS

Friend / Family contact Phone

