

HARVEST HOUSE TRANSITIONAL CENTERS

POST RELEASE PROGRAM

APPLICATION/REQUIREMENTS for ADMISSION

PURPOSE: Harvest House Post Release Program serves to empower men distressed by life destroying problems who have recently been released from prison to become responsible, functioning individuals in their communities.

PROGRAM: Harvest House provides an opportunity for a new life conforming to right moral standards in a home-like environment.

COST: The cost to the resident is \$75 per week.

ACCOUNTABILITY: Residents develop a character of respect, integrity, and humility as they honor the program structure of Harvest House; i.e. *Progressive Four Phase Program, Daily Schedule, House Rules, Cause for Disciplinary Discharge, etc.* as well as staff directives.

GUIDELINES:

- A. Commit to nine months of residency.
- B. Honor House Rules and staff directives with diligence and respect.
- C. Break from dysfunctional people, places, and things that brought you to Harvest House.
- D. Agree to a search of your person and possessions upon arrival, or at anytime thereafter, while a resident of Harvest House. Agree to random urinalysis and upon request.
- E. Be willing set up escrow account with the purpose of saving towards independent living.
- F. Harvest House reserves the right to discharge any resident at anytime for not complying with the Code of Conduct or Program Description. If discharged, agree to leave without disruption to staff or other residents.

If you share the perspective offered by Harvest House, you are welcome to make official application for admission by signing below. Your signature denotes that you have voluntarily and free of coercion, read and agree to the guideline of Harvest House as referenced in this document and release Harvest House to acquire information from Department of Corrections to determine eligibility. Upon the review of your completed application and the available bed space you will be notified as to acceptance. To contact HHTC Post Release Program call (941) 953-3154, fax (941) 954-2349, email harvesthousecenters@hotmail.com

Applicant's Name (PRINT): _____

Applicant's Signature: _____ Date: _____

Anticipated Admission Date: _____ Time: _____

Staff Approval: _____ Date: _____

ALL SECTIONS AND QUESTIONS MUST BE COMPLETED IN ORDER TO PROCESS APPLICATION

IDENTIFICATION INFORMATION

Date: _____
First Name: _____ Last Name: _____ M.I.: _____
Currently Homeless: Y N If No, Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
SS#: _____ Citizenship: _____
Age: _____ D.O.B.: _____ Marital Status: _____ Race: _____
Living with: _____ Relationship: _____
Spouses Name: _____ Address: _____
No. of Children: _____ Are you a veteran? _____
Level of Education: _____
Do you have a FL I.D./D.L.: Y N Birth Certificate: Y N SS Card: Y N
What languages do you speak?: _____
Give a one word description of your life now: _____

FINANCIAL ASSISTANCE

Please circle the following financial assistance you are currently receiving and the amount per month:

SSI \$ _____ Other? _____ \$ _____
SSDI \$ _____
Food Stamps \$ _____
WIC \$ _____
HUD \$ _____
Cash Assistance \$ _____

If you are unable to pay your program fee who will be your guarantor to insure that it is paid? _____

PREVIOUS COUNSELING HISTORY

Have you ever gone for counseling?: _____ When?: _____
Where?: _____
For what?: _____
Are you currently receiving help from another professional?: _____ Who?: _____
Have you ever attempted suicide?: _____ Has anyone in your family?: _____
Has anyone in your family ever been diagnosed mentally ill?: _____

CRIMINAL JUSTICE SYSTEM

Charges Pending: _____

City: _____ Judge: _____ Next hearing date: _____

Are you n Probation or Parole? (circle one) _____ Date of Sentencing: _____

Probation Officer: _____ Phone No. of PO: _____

Address of PO: _____

Terms of Probation/Parole: _____

Ever violated?: _____ When?: _____

Prior Criminal History:

Date	City	Charge	Disposition

Attorney/Public Defender's Name: _____

Address: _____

Appointed or Retained (circle one) _____

Have you ever been required to register as a sex offender? _____

If yes, when was it and what were the charges? (use space provided below)

SUBSTANCE ABUSE HISTORY

Check all that you have abused and when:

DRUG	USED		HOW OFTEN Frequency	HOW LONG Duration
	Past	Present		
<u>Alcohol</u>	_____	_____	_____	_____
<u>Marijuana</u>	_____	_____	_____	_____
<u>Hallucinogenic</u>	_____	_____	_____	_____
<u>Barbiturates</u>	_____	_____	_____	_____
<u>Amphetamine</u>	_____	_____	_____	_____
<u>Methamphetamine</u>	_____	_____	_____	_____
<u>Heroin</u>	_____	_____	_____	_____
<u>Methadone</u>	_____	_____	_____	_____
<u>Cocaine</u>	_____	_____	_____	_____
<u>Opiates</u>	_____	_____	_____	_____
<u>Other?</u> _____	_____	_____	_____	_____

Have you used alcohol in the last 7 days?: _____ When?: _____

Is alcohol your drug of choice?: _____

Have you used a drug in the last 7 days?: _____ What?: _____ When?: _____

What is your drug of choice (excluding alcohol)?: _____

QUESTIONS:

Do you feel alcohol/drugs are a problem for you? Y N

Have you ever been arrested under the influence? Y N

Have you ever needed more alcohol/drugs to get the same affect? Y N

Has anyone ever complained about your behavior? Y N

How old were you when you first noticed your problem?: _____

Have you ever tried to cut down or stop using drugs? Y N

When?: _____

EMPLOYMENT HISTORY

Are you currently employed? _____ If yes, where?: _____

Position/Title: _____ Name/Number of Supervisor: _____

LIST YOUR 3 MOST RECENT JOBS:

Employer	Position	Time Frame (dates)	Reason for leaving	Attitude toward job

What kind of work are trained to do?: _____

What kind of work are you interested in?: _____

YOUR HEALTH AND MEDICAL INFORMATION

Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone #: _____

Medical Insurance: Yes or No Policy #: _____

When did you last see a Doctor? _____ For What? _____

Have you ever used needles? _____

Have you ever participated in homosexual activity? _____ When? _____

Have you had an HIV test? _____ When? ____/____/____ Result?: _____

Have you had any other S.T.D. tests? _____ When? ____/____/____ Result?: _____

Treatment history? _____

Is it possible that you are pregnant?: _____

Have you taken any medication in the last year? _____

What: _____ When: _____

** Please list all medication you are currently taking:

Are you on a special diet? _____ If so, what? _____

Please list any current allergies or physical complaints/problems: _____

Check symptoms you **currently** have:

- | | | |
|---|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Upset stomach |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Bleeding |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Digestive problems | <input type="checkbox"/> Excess fatigue |
| <input type="checkbox"/> Chronic cough | <input type="checkbox"/> DT's | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Rapid weight loss | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> VD or Herpes | <input type="checkbox"/> Back problems |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> HIV (AIDS) | <input type="checkbox"/> Hearing loss |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Liver problems | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Open sores | <input type="checkbox"/> Bone or joint pain | <input type="checkbox"/> Vision problems |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Chest pain | <input type="checkbox"/> other |

Explain above symptoms:

Have you ever been diagnosed with a mental illness? _____ What? _____

When? _____ What medication was prescribed? _____

List 3 goals you hope to achieve by participating in this program:

- 1) _____
- 2) _____
- 3) _____

Additional Notes:

All questions and sections must be completed for this application to be processed. Please return your application Admissions at 209 N Lime Ave Sarasota, FL 34237, via fax (941) 954-2349, scan & email to harvesthousecenters@hotmail.com, or in person..

Thank you for your interest in our program. Your application will be processed within 48 hours from the time we receive it. If you do not here from our Admissions department regarding your application please feel free to contact us.