

Reconciliation House
Attention: Intake
P.O.Box 2983 Stockbridge, GA 30281
Phone: 478-787-4215, Fax: 706-472-3031

INTAKE APPLICATION

Reconciliation House is a long-term, faith based, residential reentry after care program for homeless formerly incarcerated women who truly desire to change, we are located on 53 acres near Macon, Georgia. Since our inception we have housed several women who are now leaders in their career fields. Reconciliation House, Inc. provides a full continuum of care for residents and leadership training opportunities for graduates. The focus is on a faith based holistic approach to recovery from life controlling problems, and preparation for successful living. Residents receive a unique blend of discipleship, chapel services, class work, work therapy, recreational therapy, vocational development, individual, group, and family counseling. GED and tutorial services are required for residents lacking high school diplomas.

- Candidates for admission must thoroughly complete this application and mail/fax it.
- Candidates are responsible for contacting Reconciliation House, Inc. with questions regarding their intake status.

Candidates are not accepted for admission until after completion of a face-to-face interview. Those who provide false or misleading information will be denied admission. Candidates must resolve all outside issues before they arrive. Communication by mail is encouraged. Residents may not receive phone calls. Outgoing calls are restricted to emergency or clinical reasons and may only be made with approval and supervision. Residents may be eligible to participate in Sunday's Family Visitation when they complete the Orientation Phase of the program (normally 8-12 weeks after admission), Visitors will be limited to legally married spouses and immediate family members. All exceptions require the pre-approval of staff. No outside work is allowed. No use or possession of any tobacco products will be allowed at Reconciliation House.

Requirements for Admission: Candidates for admission to the Reconciliation House must:

- Be female between ages 18-65 requesting admission themselves, admitting their problem, and sincerely willing to write a vision and to change anything about them that will stop them from coming to vision.
- Agree to abide by all guidelines, fully participate in all aspects of the program, and refrain from any activity staff deems contrary to recovery or Spiritual growth. Violation of the guidelines may result in disciplinary measures and possible dismissal.
- Be fully detoxified and 72 hours away from their last use of drugs or alcohol of any kind.
- Be willing and able to commit to an uninterrupted One-year program consisting of a minimum seven months residency followed by mandatory aftercare participation that may require up to an additional five months of residency. Those with child support or legal issues must provide written releases from appropriate parties assuring unhindered one-year program.
- Be physically able to perform work assignments such as shopping, recycling, landscaping, gardening, housekeeping, kitchen, or warehouse. Be medically able to fully participate in a program that does not provide medical care, dental care, or assistance with medications.
- All candidates should arrange for outside sponsorship before they arrive. Residents will need to take TB and HIV tests before admission and furnish results to intake staff.
- Be mentally stable and capable of functioning in a therapeutic community environment with classroom and group activities. The program is not equipped to care for the dual diagnosed individual or those on anti-depressant, mood stabilizing, or anti-psychotic medications.
- Be willing to refrain from the pursuit of romantic relationships other than with a legally married spouse while in the program.
- Pay a program fee of \$300.00 per month if she is receiving income of any type. Those with no personal income of any kind will not be charged(but will be required to actively look for sponsors) unless income status changes.

What Residents May Have: Residents are only allowed to have those items staff deems conducive to recovery and spiritual growth. Residents are not allowed to have more than \$20.00 in their possession and should make arrangements for off premises safe storage of cash and valuables before arrival. Residents may arrange for their supporters to send them a maximum of one money order (not cash) per week for amounts under \$20.00 for miscellaneous items, snacks, etc. Residents are not allowed to have radios, tape or CD players, phones, paging devices, facial or body jewelry, or non-approved medications. Non-perishable snack items may be allowed but not in bedrooms and must be kept in sealed Tupperware containers. Below is a list of permissible items and candidates should bring as many of these items as possible but not exceed limits. We do however have a limited amount of clothing for each candidate. Excess items will not be stored.

10 pair of pants, 10 blouses, 5 pair of shoes, 3 coats/jackets, 2 sweaters, 14 underpants, 2 long underwear, tights or panty hose, 14pair of socks, 2 suits, 5 dresses, 1 laundry bag, 1 book bag, 1 alarm clock, Bible, pens, pencils, paper, notebooks, personal hygiene items (not containing alcohol), laundry detergent, a small Tupperware container for snacks, miscellaneous personal effects or recreational items that are conducive to recovery and Spiritual growth.

This Form Must Be Completed By the Candidate for Admission

Name: _____ Birthday _____

Address: _____ City _____ State _____ Zip _____

SS# _____ Religious/Denominational Preference _____

Occupational Background: _____

Why do you want admission to Reconciliation House? _____

List if any your addictions (alcohol, marijuana, cocaine, prescription drugs, etc): _____

Have you ever been in this program before? _____ If so, when? _____

Who referred you to Reconciliation House?

Phone number where you can be reached during the day (include area code): _____

Marital Status: _____ Number of children: _____ Are you required to pay child support? _____

Are your payments current? (Explain): _____

Probation/Parole Officers name and telephone (if applicable): _____

List physical disabilities and or handicaps: _____

List the monthly amount and source of any income you have (disability, SSI, etc...) _____

List any medications you are supposed to be taking and their purpose: _____

Do you have any medical problems? If yes, explain: _____

List any mental health treatment (give diagnosis if known) and any medications. Prescribed: _____

Who will finance your medical needs? _____

List dates of any suicidal actions in last 5 years: _____

List your record of criminal charges, jail or prison time (if applicable): _____

Have you ever been accused of child molestation? _____ Have you ever been convicted of a violent crime? _____

List any law cases pending: _____

List any family or relationship problems you are currently experiencing: _____

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Education: Highest grade level completed: _____ If you did not graduate from high school, do you have a GED? _____

List colleges or vocational schools and degrees attained: _____

Have you ever been treated for alcohol or drug addiction before? _____ If so where, when, and how long did you stay in each? _____

Answer the following questions either yes or no.

Yes or NO

Do you agree to comply with all the requirements for admission as listed on page 1 of this application? _____

Are you able to and do you commit to one year of uninterrupted program at Reconciliation House, Inc? _____

If applicable have you obtained written permission from any legal supervision you may have (Child support, probation, etc.) granting you permission for an unhindered one-year program? _____

Do you commit to refrain from the pursuit of romantic relationships other than with your legally married spouse while in the program? _____

Are you physically and mentally able to fully participate in all aspects of this program including work assignments? _____

Do you have someone who can finance you medical needs while in the program? _____

Did you personally complete this application? _____

On the lines below give a brief list of your alcohol, drug abuse and/or other problems:

Candidates for admission must thoroughly complete this application and mail/fax it to the Reconciliation House, Inc.

Candidates are responsible for contacting the Reconciliation House, Inc. with questions regarding their intake status.

Reconciliation House, Inc.
P O Box 2983
Stockbridge, Georgia 30281
Fax 706 472 3031

INMATE INFORMATION FORM

(Counselor)

The inmate listed below has requested assistance from our ministry. Since we are limited on space, we can help only those who are in need of our services, inmates who have little or no outside support. Please complete this form and send it to our office.

Name: _____ I.D. _____

Counselor's Name: _____ Phone Number _____

Institution Address _____

Nature of Offense (s) _____

Tentative Parole Month: _____ Maximum Release Date: _____

Does inmate have a resident plan: () Yes () No

If yes, please list: _____

Has inmate had any disciplinary problems during their incarceration? () Yes () No

If yes, please explain: _____

Does the inmate have a substance abuse problem: () Yes () No

If yes, what type of treatment has he had during his incarceration? _____

Does the inmate require any special treatment/attention? () Yes () No

If yes, please list: _____

In your opinion, should we accept this inmate: () Yes () No

Explain: _____

Comments/ Suggestions: _____

Thank you,
Angela L Johnson,
Founder

Date: _____

Reconciliation House, Inc.
P O Box 2983
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INMATE INFORMATION FORM

(Chaplain)

The inmate listed below has requested assistance from our ministry. Since we are limited on space, we can help only those who are in need of our services, inmates who have little or no outside support. Please complete this form and send it to our office.

Name: _____ I.D. _____

Chaplain's Name: _____ Phone Number _____

Institution Address _____

When did you meet with the inmate? _____

Does the inmate have immediate need for our services? () Yes () No

What assistance does the inmate require? _____

Does the inmate have any outside support from her family? () Yes () No

If yes, please list _____

Do you believe we should provide the inmate with a resident plan? () Yes () No

Please explain: _____

Comments/ Suggestions/Observations: _____

Signature: _____

Date: _____

Thank you,
Angela L Johnson
Founder

Reconciliation House, Inc.
P O Box 2983
Stockbridge, Georgia 30281

INMATE INFORMATION FORM

In order to better assist you and send a prompt reply to your request for assistance, we ask that you complete this form and return it to our office. We have included a form for your counselor and institution Chaplain to complete and return to our office. Please give your permission to release information. Completion of this form does not guarantee a resident plan with the Reconciliation House, Inc.

Name: _____ I.D. _____

Age: _____ Social Security Number: _____

Race: _____ Date of Birth _____

Marital Status: Single () Married () Divorced () Widowed ()

Institution Address _____

Nature of offense: _____ Date of Sentence: _____

Tentative Parole Month _____ Maximum Release Date _____

Name of Nearest Relative: _____ Relationship _____

Address: _____

Counselor: _____ Chaplain: _____

Work Experience: _____ Education: _____

Trade (s): _____ Skills _____

Are you HIV Positive? () Yes () No List any Disabilities: _____

Permission to release information () Yes () No

Signature: _____ Date: _____

Thank you,
Angela L Johnson,
Founder



***Reconciliation House Inc.,
The House of LIGHT:***

P.O. Box 2983
Stockbridge, GA 30281
(478) 787-4215

Thank your for you inquiry regarding the Reconciliation House, Inc. We are enclosing a complete application packet for you to consider.

Reconciliation House educates its residents for leadership and responsible citizenship in society by developing and nurturing the whole individual-mind, spirit, and body through a faith based program that emphasizes the cultivation of character.” We place great emphasis on the core values of faith, honesty, wisdom, courage, justice, and moderation. The honor Code is an integral part of our daily lives. It is a dynamic and challenging statement that we work very hard to accomplish.

All who apply for admission go through the same process. To be considered for admission, we require an intake application, letter writing correspondence, interview, and Chaplain or Counselor evaluations using our forms. Routinely Reconciliation House applicants are highly motivated and demonstrate an attitude of commitment that will cause them to be successful in our faith based holistic family setting environment.

If it is decided that you would be a good candidate to pursue this endeavor we will provide you with transportation to our facility and welcome you to the cultivation and nurturing process.

Sincerely

Angela L Johnson
Founder