

Haven House

I, _____ / _____ **and family RECOGNIZE MY NEED** for assistance hereby apply for admission to the Haven House which is a Ministry program of the Martinsburg Union Rescue Mission, Inc.

Martinsburg Union Rescue Mission

The main purpose and the reason that the Haven House and all ministry programs of the Martinsburg Union Rescue Mission exists is to fulfill the great commission as outlined by Jesus Christ in Matthew 28:19 and 20: Go therefore and make disciples of all the nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, teaching them to observe all things that I have commanded you and lo, I am with you always, even to the end of the age, Amen. The general purpose of all the ministry programs is to prepare individuals to return to the mainstream of our society and become responsible productive members of that society.

The Haven House, which is a ministry program that operates under the Martinsburg Union Rescue Mission, Inc.

The Haven House exists to provide Transitional Housing for Homeless Families. The Haven House is a short-term Transitional Housing up to 18 months or less. Extensions may be granted on a case-by-case basis for families waiting for housing or transferring to an alternative community program. Upon arrival at the Haven House, a family intake is given that consists of information gathering of the guests and signature agreement acknowledging requirements in staying at the House. During the families stay at the Haven House, they must show signs that they are working towards taking steps to move forward in their life circumstances by attending daily chapel services, participate in daily work assignments around the Mission, or find employment outside the Mission, attend required classes during their stay, etc.

If the family accepts entrance into the Haven House program, they will start with the **Mission's Spiritual Recovery Program. A strict, no tolerance of drugs and alcohol atmosphere is maintained. Upon entering Program status each family is required to attend the 60-day Discipleship Track entry level classes according to their daily schedule. The Discipleship Track entry level classes consist of Biblical studies, addiction recovery classes, chapels, the Mission Support Program, etc. These first couple of months will provide a good start in developing the 6 Values of Christ-centered, Servant-leadership, Transformation, Stewardship, Excellence and Honor in everyone for successful living. Once completion of the DTEC the family continues in the program and can go on to employment outside the Mission if ready.**

If the family is not offered or refuses the Haven House program, they will be referred to an alternative community program or organization if the family's needs require. These

include but are not limited to Shenandoah Community Health Care (physical health care), East Ridge Health System (mental health care), WVU Universities East (physical and mental health care), Veteran's Affairs, Telamon Corporation (housing assistance), WV Coalition to End Homelessness, Department of Health and Human Resources, Congregational Cooperative Action Program, Catholic Charities, Salvation Army, or other organizations in the general geographical area.

Describe your current situation.

Parents or Parent please explain why you think you are ready to receive help and make changes in your life.

Date of Marriage _____ / _____ / _____

What State was the Marriage Performed? _____

What County was the Marriage Performed? _____

Are you divorced? ____ Yes/ ____/No

Guest Intake Information

Husband information

Name

Height

Birthday

Weight

SSN #

Hair Color

Photo ID # / State

Eye Color

Phone #

Email address

Known Aliases

Wife information

Name

Birthday

SSN #

Photo ID # / State

Phone #

Height

Weight

Hair Color

Eye Color

Email address

Known Aliases

Children's full name and ages

1. _____ age _____ please circle M / F.

Social Security #

Grade completed.

What is the name of the last School to attend and address.

2. _____ age _____ please circle M / F.

Grade completed.

What is the name of the last School to attend and address.

Social Security #

3. _____ age _____ please circle M / F.

Social Security #

Grade completed.

What is the name of the last School to attend and address.

4. _____ age _____ please circle M / F.
Social Security # _____
Grade completed. _____
What is the name of the last School to attend and address. _____

5. _____ age _____ please circle M / F.
Social Security # _____
Grade completed. _____
What is the name of the last School to attend and address. _____

Please list all previous shelters / Missions stays.

Current Contact Information

Mailing Address /City/ State

Cell Phone Number

Email

Do you have a vehicle? _____

If yes, please list color, make / model and tag number _____

***PLEASE NOTE: UPON LEAVING / COMPLETING ANY OF THE MISSION PROGRAMS, YOUR VEHICLE MUST BE REMOVED FROM OUR PROPERTY WITHIN 3 DAYS OF YOU LEAVING. FAILURE TO DO THIS WILL RESULT IN YOUR VEHICLE BEING TOWED FROM OUR PROPERTY AT YOUR EXPERENSE.**

Where did you last sleep before coming to the Martinsburg Union Rescue Mission?

Have you been continuously homeless (on the street, in an emergency shelter or other Mission) for at least one year?

Emergency Contact Name

Address of Emergency Contact

Phone number of Emergency Contact

Email address of Emergency Contact

Current Church

Previous Church

Current Pastor

Previous Pastor

Religious Background

Currently own a bible.

Husband's Educational Background

Do you have a High School Diploma? _____ Yes or _____ No

Do you have a GED? _____ Yes or _____ No

If you do not have a High School Diploma or GED what is the highest grade you completed? _____

What is the highest level of college you have Completed?

Wife's Educational Background

Do you have a High School Diploma? _____ Yes or _____ No

Do you have a GED? _____ Yes or _____ No

If you do not have a High School Diploma or GED what is the highest grade you completed? _____

What is the highest level of college you have Completed?

Husband's Veteran Information

Are you currently serving in the Armed Forces? _____ Yes or _____ No

Are you a Veteran? _____ Yes or _____ No

Do you have an Honorable Discharge? _____ Yes or _____ No

What Branch of the Armed Services did you serve? _____.

Are you registered with the VA? _____ Yes or _____ No

Do you have your DD214? _____ Yes or _____ No

Wife's Veteran Information

Are you currently serving in the Armed Forces? _____ Yes or _____ No

Are you a Veteran? _____ Yes or _____ No

Do you have an Honorable Discharge? _____ Yes or _____ No

What Branch of the Armed Services did you serve? _____.

Are you registered with the VA? _____ Yes or _____ No

Do you have your DD214? _____ Yes or _____ No

State Benefits (Yes or No): Husband and Wife

SNAP _____ Registered with Workforce _____

Insurance _____ Type of Insurance _____

Income Husband and Wife combined.

Please check any of the benefits below which you receive and the amount which you receive monthly. If this information changes at any point during your stay with us, you will need to notify the Mission Supervisor immediately.

	Amount Received
_____ Social Security	_____
_____ Disability	_____
_____ Welfare Benefits	_____
_____ Veterans Benefits	_____
_____ Pension	_____
_____ Survivor Benefits	_____
_____ Other _____	_____

Do you currently owe child support? _____ Yes. _____ No

If so, what is your monthly child support payment? _____

Medical Information Husband

Current Doctor

Office Phone

Address

Are you Hepatitis-A Positive _____ Yes _____ No _____ Initials?

Current Medical Conditions

Current Medications (with dosage)

Have you ever been treated for mental illness? ____ Yes ____ No

Have you ever been treated for Substance Abuse? ____ yes ____ no

Any Prescription medication left behind after a person leaves the Mission after 30 days will be discarded.

Are you currently under treatment / in a recovery program for drugs or alcohol?

Current addiction

Current treatment

Do you have a history of using drugs and /or alcohol? ____ Yes ____ No

What is your drug of choice? _____

List secondary drugs you have used

What age did you start using drugs and /or alcohol? _____

How many years have you actively used it? _____

What is your longest amount of uninterrupted clean time (do not include time while being incarcerated) _____

When have you last used or drank? _____

How many rehabs/ recoveries have you been in? _____
List your last rehab/ recovery program:

Do you struggle or have issues with any of the following? (Circle all that apply)

Gambling. Pornography Sexual Addiction Anger Eating disorders.

Legal

Are you a registered sex offender? Yes / No (Please Circle)

Do you currently have any court cases and outstanding fines? ____Yes ____No
If so, please explain:

Do you have an attorney? ____Yes ____No

If so, please list: _____

Have you ever been arrested? ____Yes ____No

If so, how many times? _____

List all the crimes for which you have been arrested and the approximate date:

Are you currently on Parole or Probation? Yes ____ No ____

If so: Agent's Name _____

Phone _____

Location _____

What is your regular report day and frequency?

- Are you under court order to pay restitution and fines? Yes ____ No ____

If so, explain:

Medical Information Wife

Current Doctor

Office Phone

Address

Are you Hepatitis-A Positive _____ Yes _____ No _____ Initials?

Current Medical Conditions

Current Medications (with dosage)

Have you ever been treated for mental illness? _____ Yes _____ No

Substance Abuse

Any Prescription medication left behind after a person leaves the Mission after 30 days will be discarded.

Are you currently under treatment / in a recovery program for drugs or alcohol?

Current addiction

Current treatment

Do you have a history of using drugs and /or alcohol? ____Yes ____No

What is your drug of choice? _____

List secondary drugs you have used

What age did you start using drugs and /or alcohol? _____

How many years have you actively used it? _____

What is your longest amount of uninterrupted clean time (do not include time while being incarcerated) _____

When did you last used or drank? _____

How many rehabs/ recoveries have you been in? _____

List your last rehab/ recovery program:

Do you struggle or have issues with any of the following? (Circle all that apply)

Gambling. Pornography Sexual Addiction Anger Eating disorders.

Legal

Are you a registered sex offender? Yes / No (Please Circle)

Do you currently have any court cases and outstanding fines? ____Yes ____No

If so, please explain:

Do you have an attorney? ____Yes ____No

If so, please list:

Have you ever been arrested? ____Yes ____No

If so, how many times?

List all the crimes for which you have been arrested and the approximate date:

Are you currently on Parole or Probation? Yes____ No ____

If so: Agent's Name

Phone

Location

What is your regular report day and frequency?

- Are you under court order to pay restitution and fines? Yes____ No ____

If so, explain:

Medical Information Children / name them if there is information.

Current Doctor

Office Phone

Address

Are you Hepatitis-A Positive _____ Yes _____ No _____ Initials?

Current Medical Conditions

Current Medications (with dosage)

Have you ever been treated for mental illness? _____ Yes _____ No

Substance Abuse

Any Prescription medication left behind after a person leaves the Mission after 30 days will be discarded.

Are you currently under treatment / in a recovery program for drugs or alcohol?

Current addiction

Current treatment

Do you have a history of using drugs and /or alcohol? _____ Yes _____ No

What is your drug of choice? _____

List secondary drugs you have used

What age did you start using drugs and /or alcohol? _____

How many years have you actively used it? _____

What is your longest amount of uninterrupted clean time (do not include time while being incarcerated) _____

When did you last used or drank? _____

How many rehabs/ recoveries have you been in? _____

List your last rehab/ recovery program:

Employment for Husband / Wife fill out form for both if necessary.

Are you currently employed?

Place of employment

Length of time employed.

Please list the jobs you have held in the last five years:

What is the longest stretch of continuous employment? _____

Have you ever lost a job because of substance or alcohol abuse? ____ Yes ____ No

What skills do you have?

Have you ever attended any trade schools? ____ Yes ____ No

Do you possess any trade licenses? Yes ____ No ____ If so, please list:

By signing below, you are stating that everything listed above is factual and accurate. If any of the information you have provided is untruthful, you will be immediately asked to leave the Haven House program of the Martinsburg Union Rescue Mission.

Print Name _____

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

FOR MISSION USE

For Verified By _____
PRINT NAME SIGN NAME

Ministry Program

Mission's Spiritual Recovery Program. A strict, no tolerance of drugs and alcohol atmosphere is maintained. Upon entering Program status and SRP each person is required to attend the 60-day Discipleship Track entry level classes. The Discipleship Track entry level classes consist of Biblical studies, addiction recovery classes, chapels, the Mission Support Program, etc. These first couple of months will provide a good start in developing the 6 Values of Christ-centered, Servant-leadership, Transformation, Stewardship, Excellence and Honor in everyone for successful living. Once completion of the DTEC the person continues in the program and can go on to employment outside the Mission if ready.

The Mission's **Support Program** is the primary program that new families enter. It is a Christian-based recovery program that restores structure and order through work assignments. These assignments include warehouse helpers that assist in our recycling program, cook helpers that assist in preparing and serving meals, housekeepers that clean and perform light maintenance, driver's assistants that help with donation pick-ups and store deliveries, thrift store helper and facilities and grounds maintenance.

The Mission's **Employment Program** is a halfway program that allows a person that is in the program at the Mission to obtain employment in the community. Employment may be full-time or a combination of part-time employment in the community and part-time volunteer work in the community or at the Mission. Once a person enters the Employment Program, he is encouraged to find housing within one hundred eighty

days. After ninety days a review of the family's financial stability will be conducted by a staff member, this requirement may be waived until a family is physically, mentally, and financially capable of living outside of the Mission's structured environment.

The Mission's **Staff Program** is designed to allow individuals to continue in the Mission's Spiritual Recovery Program while providing avenues for increased responsibility and authority. A participant in this program assumes a ministry staff position in administration, food services, housekeeping, transportation, store operations or facilities and grounds maintenance.

Except for the Employment Program, there is no length of stay limitations for any of the Mission's ministry programs. However, the general purpose of all the ministry programs is still to prepare individuals and families to return to the mainstream of our society and become responsible productive members of that society.

I, _____ / _____
and family RECOGNIZE MY NEED for assistance hereby apply for admission to the Martinsburg Union Rescue Mission, Inc. to be a part of the Haven House. A drug test and breathalyzer test are required for admittance into the Ministry Program. Refusal to participate in these tests will result in me being asked to leave the program until a time when I am willing to take the test. During this time, I understand I will be assigned to a daily discipleship class, as well as must attend weekly a local church of my choice and participate in daily work recovery program and attend required classes, etc.

I, _____ / _____
RECOGNIZE MY NEED for assistance hereby apply for admission to the Martinsburg Union Rescue Mission, Inc. to be a part of the **Haven House program.**

I hereby agree for myself, my heirs, personal representatives or assigns that should any accident occur involving personal injury to myself or damage to my property while in the ministry program at the Mission, to hold said Mission free of and harmless from all liability in connection therewith and do indemnify the said Mission, Staff and/or Board of Directors against any such loss.

Being of sound mind, I also realize that I not only have physical needs, but I have spiritual needs also. During my stay at the said Mission, I desire to abide by the Ministry Rules which I have signed.

Any personal property left upon my departure from said Mission and not claimed and removed from said Mission within three days by me or my authorized representative shall become the property of the Martinsburg Union Rescue Mission to dispose of to the best interest of said Mission.

I acknowledge I shall remain drug and alcohol free while on Mission property and in the Haven House program, failure to do so will result in your stay at the Haven House in jeopardy and under review of need treatment going forward by the Case Manager. A urinalysis and breathalyzer test will be conducted while you are in the Haven House program. A negative test will be required for re-admittance into the Ministry Program as full status.

I acknowledge that I have received a briefing on the rules, regulations, and guidelines of said Mission. I hereby agree that if I am unwilling to respond to the program of the said Mission or if I conduct myself in such a manner as to break the rules or to bring reproach upon said Mission, that after a hearing before the Mission management staff to be subject to expulsion from the program and requested to leave. I have read and accepted the above statement of this agreement.

BENEFICIARY _____ / _____

Date ____ / ____ / ____

Haven House Rules

Please read all rules carefully. You will be expected to follow them all in order to continue staying as a guest.

1. All families MUST attend a local church service weekly, and discipleship classes should you choose to stay and be part of the work therapy program.
2. No non-prescription drugs, alcohol, or weapons permitted. Random checks through Urine analysis test, Breathalyzer and if need be, with a drug dog may occur and prosecution of any offenders will take place.
3. **At NO time will anyone be able to have alcohol or illegal Prescription medications of any kind or any illegal drugs on them or their property while staying here at the Haven House. Any Prescription medication left behind after a person leaves the Mission after 30 days will be discarded.**
4. Haven House is closed from 9 pm to 7 am. Everyday. If you need to be out between these hours, please check out with the Office or shelter attendant.
5. Once you are settled into the Haven House and only upon approval by the Case manager will you then be allowed to seek employment outside the Mission program. If you are currently testing positive for substance abuse issues you will be required to be clean and sober for 30 days before seeking a job.
6. At all times that you are staying at the Haven House you will be required to maintain the standard of cleanliness set by the Mission as a person, family, and apartment.
7. There will be weekly inspections of apartments.
8. There will be weekly or if necessary daily Parent meetings with Case manager or assign volunteer staff.
9. All are welcome to three meals per day (Hours posted on front door)
10. Turn into the desk electronic devices, including cell phones, during chapel services. Cell phones are to be turned into the front desk by 10:00pm. Guests are not allowed to have their phones during chapel services or work hours.
11. Do not disrupt chapel in any way. Save all comments or questions for the speaker until service is over.
12. You must sign in and out each time leaving the building with the Case manager, shelter attendant or volunteer at the Office.
13. Families or family members may not sit on the sidewalk wall along W. King or Elijah Streets, or Mission parking lot. Please use the fence in the yard area for you and your family.
14. Rescue Mission staff have the right to inspect and search all personal property on Mission grounds as needed.
15. Families are to use proper English during your stay. This means no swearing or bad language.

16. **To receive mail at the Mission please use the following address.**
Martinsburg Union Rescue Mission
608 West King St.
P.O. Box 843
Martinsburg WV 25402
Please do not use 608 West King Street or you will not receive mail.
17. You are under direct supervision of the Case Manager. They must be made aware of any medication you are taking. Failure to disclose this information will result in being unable to stay at the Mission in the future.
18. Meals times. (Breakfast 7:00am-7:30, Lunch 11:00-12:00, Dinner 4:00-5:00).
19. If you have guests that you would like to visit with you at your apartment, they must be pre-approved by the Case Manager. If not, they will not be able to visit with you in your apartment or on property. Violation of this policy could result in you being asked to leave the program.

Any families violating these rules will be asked to leave the Mission property immediately.

_____	_____	_____
GUEST Signature	GUEST Print Name	Date
_____	_____	_____
GUEST Signature	GUEST Print Name	Date
_____	_____	_____
MISSION Signature	MISSION Print Name	Date

Internet Use Policy

Ministry program participants are expected to use the Internet responsibly and productively. Internet access is limited to local, state and federal benefits, personal email, job search activities / skills training / bible study only. Job search activities include research and educational tasks that may be found via the Internet that would help in employment search.

All Internet data that is composed, transmitted and/or received by Martinsburg Union Rescue Mission's computer systems is considered to belong to Martinsburg Union Rescue Mission and is recognized as part of its official data. It is therefore subject to disclosure for legal reasons or to other appropriate third parties.

The equipment, services and technology used to access the Internet are the property of Martinsburg Union Rescue Mission and the company reserves the right to monitor Internet traffic and monitor and access data that is composed, sent, or received through its online connections.

All sites and downloads may be monitored and/or blocked by Martinsburg Union Rescue Mission if they are deemed to be harmful and/or not productive to business.

The following is strictly prohibited on the Martinsburg Union Rescue Mission's computers and / or internet access:

- The installation of software such as instant messaging technology
- Unacceptable use of the internet by anyone includes, but is not limited to:
 - Sending or posting discriminatory, harassing, or threatening messages or images on the Internet, any form of pornography (including but not limited to visiting pornographic websites, viewing of sexual / inappropriate videos on social media websites or sending / receiving sexual / inappropriate messages through email / social media websites).
- Using computers to perpetrate any form of fraud, and/or software, film, or music piracy.
- Stealing, using, or disclosing someone else's password without authorization
- Downloading, copying, or pirating software and electronic files that are copyrighted or without authorization.
- Sharing confidential material, trade secrets, or proprietary information outside of the organization
- Hacking into unauthorized websites
- Sending or posting information that is defamatory to the MURM, its products/services, colleagues and/or customers.

- Introducing malicious software onto the MURM network and/or jeopardizing the security of the organization's electronic communications systems
- Sending or posting chain letters, solicitations, or advertisements not related to business purposes or activities.
- Passing off personal views as representing those of the organization

If a participant in the Ministry Program is unsure about what constituted acceptable Internet usage, then he/she should ask his/her supervisor for further guidance and clarification.

All terms and conditions as stated in this document are applicable to users of Martinsburg Union Rescue Mission's network and Internet connection. All terms and conditions as stated in this document reflect an agreement of all parties and should be governed and interpreted in accordance with the policies and procedures mentioned above. Any user violating these policies is subject to disciplinary actions deemed appropriate by Martinsburg Union Rescue Mission.

User compliance

I understand and will abide by this Internet Usage Policy. I further understand that should I commit any violation of this policy; my access privileges may be revoked, disciplinary action and/or appropriate legal action may be taken.

Print Name

Signature

Photo / Video / Likeness Release

I hereby grant the Martinsburg Union Rescue Mission permission to my rights of me. image, likeness, and sound of my voice captured in a photograph, audio, or video in any and all its publications or presentations, including website entries. I understand and agree that these materials will become property of the Martinsburg Union Rescue Mission and will not be returned.

I hereby authorize the Martinsburg Union Rescue Mission to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Martinsburg Union Rescue Mission's programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written. or electronic copy, wherein my likeness or voice appears. Additionally, I waive any. right to royalties, payment or other compensation arising or related to this use.

I am 18 years of age and am competent to contract in my own name. I have read this. release before signing and I fully understand the contents, meaning and impact of this. release.

Print Name

Signature Name

Date

Ministry Program Rules

1. All Ministry Program participants will be given work assignments based on need and abilities if they do not have an outside job. Ministry Program participants will:
 - a. Report to their job assignment on time and on the days scheduled.
 - b. Perform the duties assigned.
 - c. Remain at their job assignment until the shift is over.
 - d. Show respect to coworkers and be courteous.
 - e. Respect the authority of the supervisor.
2. All Ministry Program participants MUST attend their assigned daily discipleship class and evening chapel service every day along with attending a local church service weekly.
3. Smoking is permitted outside in the designated areas ONLY and will be strictly enforced in the fence in yard. Smoking is prohibited in the front of the building.
4. No non-prescription drugs, alcohol, or weapons are permitted. Random checks with a drug dog may occur and prosecution of any offenders will take place.
5. All Ministry Program participants must be in the building by 9:00 PM daily and may not be in the dining room until 6:00 AM.
6. All are welcome to three meals per day (Hours posted on front door)
7. Ministry Program participants are not allowed to have their phones during chapel services or work hours.
8. Any electronic device playing audio is required to have earphones plugged in (i.e., mp3, cell phones, iPads, etc.) while in use outside your apartment.
9. Do not disrupt chapel in any way. Save all comments or questions for the speaker until service is over.
10. Be courteous and mind language throughout the day every day.
11. Shower and change clothes daily.
12. Ministry Program participants may not sit on the sidewalk wall along W. King or Elijah Streets, or Mission Parking lot.
13. Rescue Mission staff has the right to inspect and search all personal property on Mission grounds as needed.

14. At NO time will anyone be able to have Prescription medications of any kind legal or illegal on them or their property while staying here at the Mission. Upon leaving the Mission they may sign out their Meds to take with them. Any Prescription medication left behind after a person leaves the Mission after 30 days will be discarded.

Ministry Program participant signature

Ministry Program participants print name.

Date

MISSION Signature

MISSION Print Name

Date

Information Release

I _____ authorize _____ to obtain information about my stay here at the Martinsburg Union Rescue Mission. I understand this information will only be distributed through the office of the Mission Supervisor or Mission Superintendent.

For the above-named person to obtain information, they must present themselves to the Mission Supervisor or Mission Superintendent in person with proper identification.

Ministry Program participant Signature

Date

I acknowledge that I have been informed that in the morning, I will be woken up at 6:00am to start your day. At this point in time, you will get your family ready for breakfast and your daily schedule for that day. On Sundays wake up time is 7 am. If you don't have a job outside the Mission or other appointments to keep or children's responsibilities, at which point I will be given a job duty to perform in either the warehouse, kitchen, or housekeeping departments.

I further acknowledge that I have watched the check in video, I have been informed of the rules and understand failure to adhere to these rules will result in disciplinary action up to and including removal from the Mission property.

I understand that once I am checked in for the night, I cannot leave the Mission property until 7:00am the next morning, unless I check out with the front desk of my whereabouts.

Guest Print Name

Guest Signature

Front Desk Print Name

Front Desk Signature

Date

_____ ***Photo release form received and signed***

_____ ***Internet use policy received and signed***

_____ ***Guest rules received and sign***

_____ ***Check In Video watched***