

Hope House

Upon checking into our program, a background check will be run. If you are found to have warrants, you will have seven days to turn yourself in and start getting the warrants cleared and must turn in verification that you are doing so.

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

The main purpose and the reason that Hope House and all ministry programs 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 Hope House, which is one of many ministry programs currently operates under the Martinsburg Union Rescue Mission, Inc.

The purpose of the Hope House guest entry is to provide emergency and short-term shelter, food, and clothing. Upon arrival at the Hope House, a Guest intake is given that consists of information gathering of the guest and signature agreement acknowledging requirements in staying at the Hope House. In our guest program, an individual may stay up to seven straight days. During this time, 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 Hope House, attend required classes during their 7 days stay. Guest length of stay is limited to seven days per calendar month and a total of twenty-eight days per calendar year. Extensions may be granted on a case-by-case basis for individuals waiting for housing or transferring to an alternative community program. After assessing an individual's needs, staff can offer the Ministry Program here at the Hope House. If the guest accepts entrance into the RR program, they will start with the ***Hope House Spiritual Recovery Program. A strict, no tolerance of drugs and alcohol atmosphere is maintained. Upon entering Program status each person is required to attend the Discipleship Track entry level classes. The Discipleship Track entry level classes consist of Biblical studies, addiction recovery classes, chapels, the Hope House Support Program, etc. These classes 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 the person completes 60 days of clean and sober and negative testing on both the urinalyses and breathalyzer and they continue in the program they can go on to employment outside the Mission if ready.***

If the guest is not offered or refuses the HHSRP they will be referred to an alternative community program or organization if the person'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.

_____ I authorize the Martinsburg Union Rescue Mission to run a criminal background check using the information provided below. If you do not authorize, you will be ineligible for any of our programs.

Please answer all questions fully. You will not be assigned a bed in any of our programs unless we have a complete form on file.

1. Are you a registered sex offender or do you have any pending sex offense charges?

Yes No

2. Please describe your current spiritual beliefs

3. What part does God play in your life / recovery plan?

4. What is the major problem that has caused you to seek help at this time?

5. How long has this been a problem? _____

6. Why did you decide to seek help at this time? (why not last week? Why not next week?)

7. How long have you been without stable housing? _____

8. Where have you been living during this time? _____

9. Full Name (first, middle and last) _____

10. Email Address _____

11. Cell Phone number (if you do not have one, put none) _____

12. Date of Birth _____

13. Height and Weight _____

14. Hair color / eye color _____

15. Social Security number _____

16. Drivers License number / State issued ID number and state it is issued from

17. Know aliases _____

18. Current mailing address _____

19. Do you have a vehicle? _____ If yes, provide make, model, color 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 EXPENSE.**

20. Emergency Contact Name _____

21. Emergency Contact Phone Number _____

22. Emergency Contact Address _____

23. Relationship Status

Single never married Single Divorced Married Currently in a relationship

24. If married, please list name and phone of wife _____

25. Are you a United States Citizen _____

26. Can you speak English _____

27. Can you speak any other languages? (if yes please list)

28. Do you currently attend a church? (if yes please list name of the church and pastor)

29. Do you currently own a Bible? _____

30. Do you have a high school diploma or GED? _____

31. If no, what is the highest grade level you completed? _____

32. Have you attended college? _____

33. Do you have a college degree? _____

34. If yes, what is your degree in? _____

35. Are you currently serving in the Armed Forces? _____

36. Are you a Veteran? _____

37. Do you have an honorable discharge? _____

38. What branch of the Armed Services did you serve in? _____

39. Are you registered with the V.A.? _____

40. Do you have your DD214? _____

41. Are you receiving SNAP benefits? _____ If yes how much? _____

42. Are you currently registered with West Virginia Workforce? _____

43. Do you currently have insurance? _____ If yes, what kind? _____

44. Do you currently receive Social Security Benefits? _____ If yes, how much? _____

45. Do you currently receive disability of any type? _____ If yes, how much? _____

46. Do you currently receive welfare benefits of any type? _____

If Yes, how much? _____

47. Do you receive Veterans benefits of any type? _____ If yes, how much? _____

48. Do you receive a pension of any type? _____ If yes, how much? _____

49. Do you receive survivor benefits of any type? _____ If yes, how much? _____

50. Do you receive any other benefits? _____ If yes, please list what it is and amount

51. Do you currently owe child support? _____ If yes, please list amount _____

52. If you are admitted into our program, please tell us how you will continue to support your family while participating in the Spiritual Recovery Program

53. When was the last time you were seen by a doctor or were in the hospital?

54. Who is your current doctor? (please provide name and phone number)

55. Are you positive for Hepatis A? _____

56. Are you positive for Hepatis B or C? _____

57. Do you have cancer? _____

58. Do you have diabetes? _____

59. Do you have cirrhosis of the liver? _____

60. Are you HIV positive? _____

61. Do you take heart medication? _____

62. Do you have any sexually transmitted diseases? _____

63. Do you have seizures? _____

64. Do you have thyroid issues? _____

65. Do you have kidney disease? _____

66. Do you have lung or breathing problems? _____

67. Do you have intestinal or stomach problems? _____

68. Do you have high or low blood pressure? _____

69. Do you have any known allergies _____

70. Do you have back issues? _____

71. Do you have legs issues? _____

72. Do you have arm, shoulder or wrist issues? _____

73. Please list any health issues you currently have not listed above

74. If you answered yes to any question #55-72, please provide a detailed description of the issue including the doctor who has diagnosed you with the problem, how long you have been diagnosed and treatment plans to have the problem managed / corrected

75. Are you under the care of any mental health professional? _____

76. Are you on any pain management plan? _____

77. Please list the name, dosage and pharmacy for ALL MEDICATIONS you are currently prescribed and taking

Please sign and date below to acknowledge you are hereby advised that the Martinsburg Union Rescue Mission is not a medical facility (including psychiatric services) and that we are not obligated to provide you with medical services.

Please note: Should you go to the hospital or medical office while in any of our programs, you are required to supply complete patient discharge paperwork immediately upon return to be admitted back into any Mission program.

Initial acknowledgement of above _____

Prescription Medication will be turned over to staff to be locked up in the Medication file and logged in and out by staff and person that owns the Meds.
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.

78. Are you currently under treatment or in a recovery program for drugs or alcohol?
_____ if yes, please list treatment facility and name and phone number of primary counselor

79. In the past month have you used alcohol in any form? _____

80. In the past month, have you used THC in any form? (including vapes / gummies)

81. In the past month, have you used cocaine in any form? _____

82. In the past month, have you used heroin in any form? _____

83. In the past month, have you used Suboxone in any form? _____
84. If yes to question #83, will you be able to provide the Martinsburg Union Rescue Mission a current prescription under your name for Suboxone? _____
85. In the past month, have you used methadone in any form? _____
86. In the past month, have you used amphetamines in any form? _____
87. Please list any drugs you have taken in the past month not listed above
- _____
89. Have you ever in the past received treatment for any drug or alcohol addiction? ____
90. If yes, please list ALL recovery programs you have been a part of, including locations and dates you were in treatment
- _____
- _____
- _____
- _____
91. Are you currently struggling with a gambling addiction? _____
92. Are you currently struggling with a pornography addiction? _____
93. Are you currently struggling with a sexual addiction? _____
94. Are you currently struggling with anger issues _____
95. Are you currently struggling with eating disorders? _____
96. Do you have a birth certificate? _____
97. Do you have a driver's license / state issued identification card? _____
98. Do you have a Social Security Card? _____
99. Are you currently involved in any legal cases? (civil, traffic, criminal) _____
100. If yes to question #99, please provide: nature of the charges, case number, state where case is pending and any court dates you have upcoming

101. Are you on parole or probation? _____

102. If yes, please provide the city and state you parole / probation is in, the full name of your overseeing officer and their phone number and email address.

103. What is your regular reporting day and your frequency of reporting?

104. Have you been arrested in the past? _____

105. If yes please provide what the charges were, the dates of the charges and what the outcome of the case was.

106. Do you have any outstanding fines which need to be paid? _____

107. If yes, please list all fines outstanding, their amounts and the deadline which they have to be paid

108. Are you currently employed? _____

109. If yes, please list the name of your employer, how long you have been employed there and how many hours a week you work.

110. Please list any employment you have had in the last 5 years, including name of employment, location and how long you were there.

111. What is your longest stretch of continual employment? _____

112. Have you ever lost a job because of substance or alcohol abuse? _____

113. Have you ever attended any trade school? _____

114. Do you have any trade licenses? _____ if yes please list

115. Please list any special skills you have

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 Hope House.

Print Name _____

Signature _____ Date _____

FOR Hope House USE

For Verified By _____
PRINT NAME SIGN NAME

Ministry Programs

The Hope House Spiritual Recovery Program. A strict, no tolerance of drugs and alcohol atmosphere is maintained. Upon entering Program status each person is required to attend the Discipleship Track entry level classes. The Discipleship Track entry level classes consist of Biblical studies, addiction recovery classes, chapels, the Hope House Support Program, etc. These classes 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 the person completes 60 days of clean and sober and negative testing on both the urinalyses and breathalyzer and they continue in the program they can go on to employment outside the Mission if ready.

The Hope House **Support Program** is the primary program that Women enter. It is a Christian-based recovery program that restores structure and order through work assignments. These assignments include Hope House helpers that assist in our Thrift Store helpers, 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, and facilities and grounds maintenance.

The Hope House **Employment Program** is a halfway program that allows a person that is in the program at the Hope House 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 Hope House. Once a woman enters the Employment Program, she is encouraged to find housing within one hundred eighty days. After ninety days a staff member will conduct a review of the person's financial stability. This requirement may be waived until the person is physically, mentally, and financially capable of living outside of the Hope House structured environment.

The Hope House **Staff Program** is designed to allow women to continue in the 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 are no length of stay limitations for any of the Hope House ministry programs. However, the general purpose of all the ministry programs is still to prepare individuals to return to the mainstream of our society and become responsible productive members of that society.

I, _____ **RECOGNIZE MY NEED** for assistance hereby apply for admission to the Hope House which is a Ministry program of the Martinsburg Union Rescue Mission, Inc. to be a part of their **Guest Entry**. A successful negative drug test and breathalyzer test is 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 chapel services at 6:55pm, participate in daily work recovery program, and attend required classes. If I choose not to participate in the daily work recovery program, I understand I must take all my belongings with me every morning by 8:00am when I leave Hope House property.

I, _____ **RECOGNIZE MY NEED** for assistance hereby apply for admission to the Hope House which is a Ministry program of the Martinsburg Union Rescue Mission, Inc. to be a part of the **Ministry 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 Hope House, to hold said Hope House and the MURM free of and harmless from any and all liability in connection therewith and do indemnify the said Hope House, MURM, 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 Hope House, I desire to abide by the Ministry Rules which I have signed.

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

I acknowledge I shall remain drug and alcohol free while on Hope Houe property, failure to do so will result in Disciplinary action. Disciplinary action examples could be placed in daily recovery program classes, must go to a Detox program, and complete it and show proof of a Completion certificate, termination from the program, hospital visit to make sure your clear from any health emergencies to stay at the Hope House, or another 30 days given and tested again for a second time, etc. The disciplinary action will be overseen by the Case Manager or Executive Director. A urinalysis and breathalyzer test will be conducted while I am in the program. A negative test will be required for re-admittance into the Ministry Program. If you test positive a second time upon your stay in the program, you will be asked to leave and not return for 30 days. Refusal to have urinalysis and breathalyzer test administered will result in immediately being asked to leave the program.

I acknowledge that I have received a briefing on the rules, regulations, and guidelines of said Hope House. I hereby agree that if I am unwilling to respond to the program of the said Hope House or if I conduct myself in such a manner as to break the rules or to bring reproach upon said Hope House, that after a hearing before the Hope House 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 ____/____/____

Hope House Program Rules

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

1. Registered sex offenders may eat but not stay. Prospective guests will have their name checked against the sex offender registry.
2. All guests MUST attend chapel services at 5:00 pm each day and discipleship classes should you choose to stay and be part of the work therapy program.
3. No non-prescription drugs, alcohol, or weapons permitted. Random checks through Urine analysis test, Breathalyzer and if necessary, with a drug dog may occur and prosecution of any offenders will take place.
4. **Prescription Medication will be locked up in your Personal locker in your room and logged in by staff and person that owns the Meds. Once in the program and you are given new meds they must be logged in by the Caseworker or staff.**
At NO time will anyone be able to have Prescription medications of any illegal Drugs on them or their property while staying here at the Hope House. Upon leaving the Hope House they may sign out their Meds to take with them. Any Prescription medication left behind after a person leaves the Hope House after 30 days will be discarded. There is NO sharing of Prescription Medication of any kind. This will result in immediate discipline/possible termination of your stay here at the Hope House.
5. Must be in bed by 10:00 PM, may not be in the dining room until 6:00 AM Monday – Saturday.
6. Wake up is at 6:00 AM Monday through Saturday.
7. Wake up is at 7:00 AM Sunday. May not be in dining room until 7 am.
8. All are welcome to three meals per day.
9. No food or drink permitted in the rooms.
10. All Ministry Program participants will all be given work assignments based on need and abilities. 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.
11. All Ministry Program participants MUST attend their assigned daily discipleship class and evening chapel service every day.
12. Smoking is permitted outside in the designated areas ONLY and will be strictly enforced.
13. 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.

14. All Ministry Program participants must be in the building by 9:00 PM daily, lights out by 11:00 PM.
15. No food or drink permitted in the rooms.
16. Ministry Program participants are not allowed to have their phones during chapel services or work hours. ***There are to be NO cell phones or electronic devices in the dorms in ANY way.***
17. Any electronic device playing audio is required to have earphones plugged in (i.e., mp3, cell phones, iPads, etc.) while in use.
18. Do not disrupt the chapel in any way. Save all comments or questions for the speaker until service is over.
19. Shower and change clothes daily.
20. Hope House staff has the right to inspect and search all personal property on grounds as needed.
21. 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 (5pm) or work hours Mon-Fri (8am to 10 pm). Program ladies may have their phones with approval from staff for appointments from 8 am to 4:30 pm.
22. Cell phones are permitted by Staff on Saturday and Sunday 10 am to 10 pm exception, not during chapel time.
23. You are to sign in and sign out when leaving the Hope House at any time for any reason.
24. Guests may not sit on the sidewalk or parking lot.
25. Hope House staff has the right to inspect and search all personal property on grounds as needed.
26. Guests are to use proper English during your stay. This means no swearing or bad language.
27. **Guests have no mail privileges with the Hope House. Guests are not permitted to receive mail at Hope House, nor will they be issued a letter of Ministry Program Entry until they are officially signed onto the Ministry Program.**
28. You are under direct supervision of the staff of the Hope House. They must be made aware of any medication you are taking. Failure to disclose this information will result in my being unable to stay at the Hope House in the future.

Any guests violating these rules will be asked to leave the Hope House property immediately.

GUEST Signature

GUEST Print Name

Date

Staff Signature

Staff 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 Hope House computer systems is considered to belong to Hope House 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 Hope House 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 Hope House if they are deemed to be harmful and/or not productive to business.

The following is prohibited on the Hope House 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 Hope House, its products/services, colleagues and/or customers.
- Introducing malicious software onto the Hope House 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 Hope House 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 Hope House.

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

I hereby authorize the Hope House to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Hope House 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

Information Release

I _____ authorize _____ to obtain information about my stay here at the Hope House which is a program of the Martinsburg Union Rescue Mission. I understand this information will only be distributed through the office of the Hope House and Case Manager and staff.

For the above-named person to obtain information, they must present themselves to the Case Manager and staff of Hope House 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 and at 8:00am I will have a choice to make. I can decide to stay on the Hope House property, at which point I will be given a job duty to perform in either the Hope House duties, and classes, kitchen, or housekeeping departments. If I choose not to do this, I am to leave the Hope House property completely, taking all my personal belongings with me. Should I choose this option, I will not be able to check back into the Hope House until 4:00pm the same day.

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 Hope House property.

I understand that once I am checked in for the night, I cannot leave the Hope House property until 8:00am the next morning, and if I do so, I will forfeit my night's eligibility in the Guest Program.

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 signed.***
- _____ ***Check In Video watched.***