

TRANSITIONAL HOUSE Application



It talks a village

3004 North 27th Street, Kansas City, KS 66104 | 913-291-1600 | villageinitiativeinc.com

The Village Initiative, Inc.,
TRANSITIONAL HOUSE APPLICATION

We are glad you are interested in applying for The Village Initiative Transitional Housing program. Our Mission is to help returning citizens and their families rebuild their lives as they endeavor to reintegrate back into society to become productive citizens.

Transitional Housing Program Overview

The Village Initiative Inc., Transitional Housing is a sober living program for individual men and women coming out of incarceration. The Village Initiative provides a one-stop-shop for reentry needs. With long-term housing and wraparound services; such as clothing and food pantry, documentation, academic and vocational learning, employment, addiction and mental health counseling, mentoring, case management, and personal development skills, our clients can meet their needs, meet their goals and work towards self-sufficiency.

Please complete this application and return it to the Village Initiative. After we review your application, we will contact you within 7 business days. If you are eligible for our program, we will set up an in-person or Zoom interview for a final decision.

Thank you for your interest. We look forward to hearing from you soon!

Eligibility Criteria

Determination of acceptance into the Transitional Housing will be made on a case-by-case basis, based on the following minimum criteria and guidelines.

Eligibility Requirements

- Must be 18 and over
- Prison / Jail experience

Application Procedures and Requirements

- To be a resident of the Village Initiative Transitional House, you will have to fill out the application completely and sign it.
- If you are incarcerated, you have up to three months before release, to submit this application online, by email, or fax to the agency.
- You must have a face-to-face or virtual interview once the application has been received for vetting for placement in the house.
- Agree to meet all admission requirements

Requirements for Admission

- Picture I. D.
- Proof of incarceration.
- Wyandotte County Parole/Probation Officer contact information
- First-month rent and deposit (upon being admitted into the program)
- Basic Intake Application
- Substance use disorder assessment
- Mental Health assessment
- Negative UA upon admission

Dear Applicant,

This is an application for the intent for admission to the Transitional House Program.

Please understand that the questions asked must be answered truthfully.

I, _____, understand that I am expected to truthfully answer all the questions related to the admissions criteria and that failure to comply shall be grounds for dismissal from the program.

Printed Participant Name

Date

Participant Signature

Date

The Village Initiative Staff Signature

Date

INTERVIEW DATE: _____

STAFF INITIAL: _____

Participant General Information

Today's Date: _____

First Name: _____ Last Name _____

Date of Birth _____ Social Security #: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email Address: _____

DOC or BOP # _____ Release Date: _____

Valid ID or Driver's License? Yes _____ No _____

Social Security Card? Yes _____ No _____

Birth Certificate? Yes _____ No _____

Education: 0-12/Non-graduate _____ High School Grad/GED _____ Some College _____

College Graduate _____.

Vocational Training? Yes _____ No _____

If yes, please explain your training _____

Legal History

What is your current criminal justice status?

Incarcerated _____ Probation _____ Parole _____ No Incarceration History _____

Have you been in juvenile detention? Yes _____ No _____ What age? _____

How many times have you been in prison? _____ Total time served _____

Please describe all your past and present convictions below:

Offense Date	What was the charge	Time served

Do you have to register as a sex offender? Yes _____ No _____

Do you have to register as a violent offender? Yes _____ No _____

Do you register as a drug offender? Yes _____ No _____

Employment Record

Date of employment	Employer	Position	Reason for Leaving

Do you want to work? Yes _____ No _____ Are you able to work? Yes _____ No _____

What type of employment are you looking for? _____

Are you interested in furthering your education? Yes _____ No _____

Are you interested in vocational school? Yes _____ No _____

Are you interested in an apprenticeship program? Yes _____ No _____

If yes, tell us on what area _____

Will you have a job upon your release? Yes _____ No _____ What will your wage be? _____

Do you have financial support for rent and other expenses? Yes _____ No _____

If you don't have a job or financial support, how do you plan to pay your rent? _____

Family History and Relationships

Place of Birth: _____ # of Siblings: _____ Birth order: _____

Earliest Childhood memory: _____

Describe Your Mother (any substance abuse): _____

Describe Your Father (any substance abuse): _____

Relationship with siblings (any substance abuse): _____

Sexual Abuse? Yes _____ No _____ If yes, by whom and nature? _____

Emotional Abuse? Yes _____ No _____ If yes, by whom and nature? _____

Who are you closest to? _____

Most trouble with? _____

Worst experience? _____

Happiest time? _____

Current relationship with parents & siblings?

Marital Status: Married ____ Single ____ Separated ____ Divorced ____ Widowed ____

Number of children: _____ Ages of Children: _____

Do you owe child support? Yes ____ No ____ Total child support amount: _____

Current relationship with Children: _____

Current relationship with Spouse or significant other: _____

Physical & Mental Health

Do you have any disabilities or health issues prohibiting you from working? Yes ____ No ____

Have you recently applied for disability or SSI? Yes ____ No ____

Do you plan to apply for disability or SSI? Yes ____ No ____

Are you on medication? Yes ____ No ____

If yes, are you taking your medications as prescribed? Yes ____ No ____

Please list medications: _____

Have you ever been diagnosed, and/or treated for (check all that apply)?

None _____	Suicide Attempt _____	Bi-Polar Disorder _____	ADD or ADHD _____
---------------	--------------------------	----------------------------	----------------------

Mental Health Condition _____	Depression _____	Schizophrenia _____	Other _____
----------------------------------	---------------------	------------------------	----------------

Alcohol / Drug History & Status

(CIRCLE ALL APPLICABLE RESPONSES)

Used:

Beer Wine Liquor Type of drugs: _____

Patterns:

Evenings Weekends Daily Periodic Other _____

Location:

Home Bars Outdoors Street Alone
Friends Strangers Casinos Hotels Parties

Used alcohol and drugs for:

Nerves Boost Anger Tiredness Inferiority
Guilt Sex Forget Troubles Socializing
Boredom Sleep After Arguments

Began at age: _____ Problems at age: _____ Lost Control at age: _____

I.V. drug user: Yes _____ No _____.

Have these symptoms occurred?

Hangovers Blackouts Shakes Convulsions Morning Use

Has Alcohol/Drugs caused trouble?

Job Health Family Finances

Admitted addiction at age: _____

Date & Length of sobriety: _____

Definition of Addiction: _____

Describe the consequences of your drinking or using:

AA/NA Affiliations? Yes _____ No _____

Prior Treatments of Therapy History:

DETOX	ANTABUSE	OUTPATIENT COUNSELING
RESIDENTIAL TREATMENT	PSYCHIATRIC CLINIC	GENERAL HOSPITAL
AA/NA – 12 STEP	HALFWAY HOUSE	OXFORD LIVING

Behavior / Personality

Self-Appraisal

My strongest points are: _____

My weakest points are: _____

My greatest accomplishment is: _____

My biggest problem is: _____

What areas would I like to change the most? _____

Financial Obligations and Benefits

Obligations:

- Child support _____
- Court fees _____
- Restitution _____
- Other _____

Benefits

- Social Security _____
- Retirement _____
- V. A _____
- Unemployment _____
- Disability/pension _____
- Food Stamp _____

GENERAL RULES

1. NO curfew violations
2. NO destructive behavior
3. NO destruction of property
4. NO disrespecting other residents, or staff either on or off the property
5. NO breach of resident confidentiality at any time
6. NO gambling
7. NO lying
8. NO pornography of any kind
9. NO racial, ethnical, or sexual slurs
10. NO profanity or obscenities
11. NO refusal to attend mandatory meetings while you are in the program
12. ROOM & ASSIGNED AREAS MUST BE KEPT CLEAN AND ORDERLY

I have read or had read to me and understand the contents of the contents of the above information. I understand that violations of said rules may result in my immediate discharge from the Transitional House

Resident Signature: _____ Date: _____

Resident's Printed Name: _____

Staff Signature: _____ Date: _____

SMOKING POLICY AGREEMENT

I, _____, have been informed that the Transitional House has been designated a **SMOKE-FREE HOUSE**.

I understand that I may smoke only in designated areas outside of the house, and must use the receptacles provided for ashes and discarded cigarettes. I further understand that the use of smokeless tobacco products at any time while at the house is not permitted for use indoors.

I recognize that the Transitional House has the right to require that I abide by this condition while I am a resident in their program, just as I would have the right to require others not to smoke in my home if I so desired. I have been informed that I may be administratively discharged from the program for not adhering to this policy.

Release from Personal Responsibility Agreement

I, _____, release the Transitional House, The Village Initiative, its staff, directors, and other agencies from all responsibility for any loss resulting from fire, theft, and/or personal injury while a resident in the Transitional House Transitional Program, and that the above said parties do not assume responsibility for my personal property on or off the premises.

I have read or had read to me and understand the contents of the above information.

Resident Signature: _____ Date: _____

Resident Printed Name: _____

Staff Signature: _____ Date: _____

Consent to Search and Seizure

The Transitional House Transitional Program reserves the right to search personal belongings, as well as the resident, at any time deemed necessary by the Transitional House Staff. Any items found in the possession of the resident that are to be contraband and/or controlled substances dangerous to the resident, resident community, and the program staff will be confiscated and disposed of according to the program guidelines. Any possession of contraband or controlled substance represents a RULE VIOLATION and will lead to a review of the resident's treatment status, after which a decision will be made to administrative disciplinary action and/or discharge of the resident/participant.

The following list is in no way intended to be all-inclusive, but rather an example of the types of items deemed contraband and/or controlled substance:

1. Alcoholic beverages and illegal drugs
2. Medication without a prescription, not approved by medical staff
3. Firearms
4. Mouthwash containing alcohol
5. Pornographic literature and pornographic pictures

I have read or had read to me and understand the contents of the above information.

Resident Signature: _____ Date: _____

Residents Printed Name: _____

Staff Signature: _____ Date: _____

Urinalysis and Other Drug Testing Agreement

The Transitional House Transitional Program EXPECTS THAT ALL RESIDENTS WILL REMAIN CHEMICALLY FREE during treatment, and while a resident at the Transitional House, and hopes that you choose to remain free of chemical dependency. To ensure this, specific criteria for requiring residents to submit to drug testing have been established.

Urinalysis or other drug testing may be performed on a resident/participant at any time. The Village Initiative Transitional Program reserves the right to demand a drug test to be performed on a resident/participant, and that refusal to submit could result in the resident being discharged from the Transitional House. Counseling services could be accessible through the Village, and are encouraged to seek support from group participation, and sponsors.

The following list is in no way intended to be all-inclusive, but rather an example of the types of reasons to be asked for drug/alcohol testing.

1. Behavior suggesting the possibility of drug/alcohol use
2. Alcohol and/or drugs found in the possession of the resident's personal belongings
3. Report by others that the resident's behavior shows signs of use
4. The smell of alcohol/drug in areas of the resident's space or of self
5. Staff believes that resident is under the influence of alcohol/drugs
6. Transitional House Director and Drug & Alcohol Counselor authorized random tests

I have read or had read to me and understand the contents of the above information.

Resident Signature: _____ Date: _____

Residents Printed Name: _____

Staff Signature: _____ Date: _____

Waiver and Release of Claims and Hold Harmless Agreement

Please note that by signing and participating in the Transitional House Program, along with The Village Initiative, Inc. you are waiving and releasing all claims for injuries arising out of these programs that you or any other named participant in the programs. In registering for these programs, you are agreeing to the following:

1. As a participant in this program, I, _____, recognize and acknowledge that there may be certain risks of physical injury, and I agree to assume the full risk of any injuries, damages, or loss with I may sustain as a result of participating, in any manner, in any activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential bodily harm/contact are hazardous recreational activities and may involve substantial risks of injury.

2. I agree to waive and release any claims that I may have as a result of participating in these programs against The Village Initiative, Inc. and/or Transitional House, any participating or cooperating governmental unity, all independent contractors, and any other persons and entities, of whatever nature, that might be directly liable for any injuries that I might sustain while participating in these programs (The parties described in preceding sentence are referred to as "Released Parties" in the remainder of this agreement).

3. I do hereby fully release and discharge the Transitional House Transitional Program, The Village Initiative, Inc., and the other Released Parties from any claims resulting from injuries, damage, or loss due to fire, theft, and/or recreational activities which I may have occurred to me due to my participation in these programs.

4. I further understand and agree that the terms such as "participation", and "activities" referred to in the agreement include all exercise and physical movements of any nature while I am participating in these programs, and further include the provision of any equipment, vehicles, tools, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to and from events, and services.

I have read or had read to me and understand the contents of the above information.

Resident's Signature: _____ Date: _____

Resident Printed Name: _____

Staff Signature: _____ Date: _____

House of Hope House Rules

1. Housekeeping, includes sweeping and mopping the floors, cleaning dishes, the oven and stove, cleaning the bathtub and toilet, and so on. Common area chores will be routinely assigned by staff.
2. All furnishings and other property on the premises that belong to House of Hope will not be damaged or removed. No structural changes may be made to the premise either inside or outside. Any maintenance or repair needs, damages, or hazards will be reported immediately to the House Manager or a staff member. Burning candles and incense are not permitted.
3. Curfew – For new residences, the curfew for the probation period of the first 30 days is 7:30 pm. The House of Hope should be secured each evening by curfew. Curfew is 10:30 p.m., Sunday-Thursday nights. On Friday and Saturday nights, the curfew is 11:30 p.m. Employment or a pass is the only exception to this rule. If you are not working past these hours and come in after the set curfew without previous arrangements, you will be given a written warning.
4. No women are allowed on property anytime for any reason.
5. No overnight guests.
6. Men guests in the men's house and women guests in the women's house are allowed in the living room or outside only. No guests are allowed in individual bedrooms.
7. No weapons of any kind on the property.
8. No Gambling on the property.
9. No sexual relationships of any kind with other residents or staff.
10. Absolutely no smoking permitted inside the House of Hope. If you do smoke outside, do not throw butts on the ground. Use proper receptacles.
11. Residents are not allowed to use alcohol or illegal drugs or misuse prescription drugs either on or off the property while residing at the House of Hope. Staff will perform random drug tests, If the test is positive, staff will recommend an appropriate drug treatment facility and after three positive tests, the resident will be asked to leave immediately.
12. No profanity or obscene language. Physical and verbal abuse is not allowed at the House of Hope. If you are having difficulty with how you deal with negative feelings, staff will try to help you learn better-coping skills.
13. Residents need to dress appropriately at all times when outside their bedroom: Clothing depicting drug/alcohol or sexually explicit materials is not to be worn.
14. Mandated meetings for the Transitional House are three 12-step meetings a week for those with substance use disorder.
15. Recommended meetings while staying at House of Hope are the 12-Step Recovery Support Group meetings on Tuesday and Saturday from 6:00 to 7:00 p.m., Bible Study on Wednesday from 6:00 to 7:00 pm, and Returning Citizens Support Group on the second Saturday of the month, from 5:00 to 7:00 pm.

16. Daily routine for the unemployed, call the office every day by 10:00 am and volunteer at the Village Initiative for at least three days.
17. Rent is due on the 5th day of the month, on the 6th day of the month a late fee of \$20 will be added, and after the 6th day of the month, a \$1 a day will be added until payment is made in full.
18. Make rent payments at the Village Initiative office with cash or money order. Request a receipt for cash payments. If you have difficulties making payments talk to the house manager.
19. Residents are totally responsible for all personal belongings, including but not limited to medications, IDs, money, personal appliances, etc. Residents may own their own personal lock box for such items.
20. You are responsible for the cleanliness of your assigned area, your bed, and your living space. Clean up after yourself. Keep personal belongings in your room.
21. You are reminded that you are residing at the House of Hope, and a participant of the Village Initiative, and you are not to bring disrespect or discredit upon this program.
22. All books, linens, supplies, etc., issued to you must remain at the House of Hope or Village Initiative before your exit date. You are entitled to keep gifts given to you.
23. If you plan to leave the program before your exit date, please give the House of Hope staff at least 7 days of notice.
24. You shall be responsible for any damages and destruction to the property of:
 - The House of Hope
 - The Village Initiative
 - Roswell Church of Christ

Restitution must be made for said damages if the deposit doesn't cover the repair, or legal actions against you will be taken.

The Village Initiative Inc. reserves the right to terminate your residency due to violations of any of the house rules.

Office Use Only

Accepted into Transitional Housing? Yes_____ No_____

If yes, the date applicant was notified: _____

Date accepted/ move-in: _____

Was the applicant placed on a waiting list? Yes_____ No_____ If yes, date: _____

If not accepted, the date the applicant was notified: _____

Reason for denial: _____

Other referrals/assistance given? _____