



APPLICATION FOR  
**WELCOME HOME HOUSE**

(A program of *Welcome Home Ministries*)

1. Name of applicant: \_\_\_\_\_ Today's date \_\_\_\_\_
2. Referral made by: \_\_\_\_\_ Referring agency: \_\_\_\_\_  
 (name)
3. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
4. Race: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ OTHER \_\_\_\_\_
5. Marital Status: \_\_\_\_\_ married \_\_\_\_\_ single \_\_\_\_\_ separated \_\_\_\_\_ divorced
6. Veteran: \_\_\_\_\_ yes \_\_\_\_\_ no
7. S.S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
8. Contact Phone: \_\_\_\_\_
9. Do you have a TN Driver's License or State ID in your possession? \_\_\_\_\_  
 Do you have your Social Security Card? \_\_\_\_\_, Your Birth Certificate? \_\_\_\_\_
10. Current residence: \_\_\_\_\_  
 How long have you been at current residence? \_\_\_\_\_ When must you leave? \_\_\_\_\_  
 How many times have you been to treatment? \_\_\_\_\_
11. Name of Nearest Living Relative: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Emergency Contact Person: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_

12. Please check what best describes your living situation last night.

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|--|--|
| <input type="checkbox"/> Emergency Shelter –or Hotel w/voucher                               | <input type="checkbox"/> Rental Housing/Apartment (no subsidy)               |
| <input type="checkbox"/> Psychiatric Facility  | <input type="checkbox"/> Rental (w/housing subsidy)                          |
| <input type="checkbox"/> Hospital (non-psychiatric)  | <input type="checkbox"/> Rental by client , (w/ <b>VASH</b> housing subsidy) |
| <input type="checkbox"/> Jail or prison  | <input type="checkbox"/> Rental by client, (w/other subsidy)                 |
| <input type="checkbox"/> Nursing Home  | <input type="checkbox"/> Hotel or Motes – No Voucher                         |
| <input type="checkbox"/> Outside/Abandoned Building/Non-Housing (street, park, etc.)         | <input type="checkbox"/> With Family   |
| <input type="checkbox"/> Transitional housing (for homeless)                                 | <input type="checkbox"/> With Friend   |
| <input type="checkbox"/> Substance Abuse Treatment Facility                                  | <input type="checkbox"/> Owned by Client (w/subsidy)                         |
| <input type="checkbox"/> Safe Haven  | <input type="checkbox"/> Owned by Client (no subsidy)                        |
| <input type="checkbox"/> Permanent Housing (for formerly homeless including SHP, S+C or SRO) | <input type="checkbox"/> Subsidized Housing                                  |
| <input type="checkbox"/> Hospital  | <input type="checkbox"/> Other _____   |

13. Please list any medical conditions/disabilities/psychological or psychiatric diagnosis.

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14. Please list any prescribed medications, dosage and reason for taking. \_\_\_\_\_

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15. Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_ Wages: \_\_\_\_\_

Number of hours worked: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

Pay Schedule: \_\_\_\_\_

16. Please give a brief case history of the applicant and include the types of drug/alcohol use.

17. Why do you believe the person has made a sincere commitment to change and/or what have they done to improve their situation?

18. Is this person currently involved in any legal situations i.e. probation, pending litigation, court ordered requirements, etc.? \_\_\_ yes \_\_\_ no If yes, please describe situation and give name \_\_\_\_\_ and phone number \_\_\_\_\_ of probation/parole officer, if applicable.
19. Does this person have access to transportation other than MTA? \_\_\_ yes \_\_\_ no. If yes, what type of transportation?
20. Does the referring agency suggest any follow up or after care procedures? If yes, please describe.
21. Does the applicant have a “sponsor?” \_\_\_ yes \_\_\_ no. If yes, please give name \_\_\_\_\_ and phone number \_\_\_\_\_.
22. How much money does the applicant have saved at time of application? \_\_\_\_\_  
If less than \$165.00, does the applicant have ability to pay first week’s rent in advance?  
\_\_\_ Yes \_\_\_No. Does applicant receive any other income such as Social Security, Disability, or other? Explain & give amounts. \_\_\_\_\_
23. What date does the applicant wish to move into the house? \_\_\_\_\_

**\*\*REQUIRED\*\* If there is any diagnosed mental or physical disabilities, please send documentation...this includes treatment for addiction. A doctor or other health professional must sign it.**

Applicant agrees this and other related information on this application may be shared with the staff of *Welcome Home Ministries*.

Applicant’s signature \_\_\_\_\_ Date \_\_\_\_\_

Referring Case Manager’s signature \_\_\_\_\_ Date \_\_\_\_\_



**WELCOME HOME MINISTRIES  
GUIDELINES FOR  
RECOVERY RESIDENCES & PROGRAM PARTICIPANTS  
(A Recovery Community)**

*"And not many days later, the younger son gathered everything together and went on a journey into a distant country, and there he squandered his estate with loose living...But when **he came to his senses**...he got up and came to his father...this son of mine was dead, and has come to life again; he was lost, and has been found." (Luke 15:13, 17, 20, 24)*

**PERSONAL RESPONSIBILITY & ACCOUNTABILITY**

Welcome Home Ministries acknowledges that there are many pathways to recovery. As such, we encourage recovery housing residents to take ownership, full responsibility and accountability for their own personal recovery with peer support, and encouragement from a dedicated staff.

Our guidelines provide structure to promote a healthy sustainable sobriety, and long-term recovery. They are meant to encourage and support individuals that suffer from "substance use disorder," and co-occurring conditions during their journey to recovery, healing, wholeness and self-sustainability.

***Please read; and if you understand and agree to the following guidelines to enter Welcome Home Ministries' recovery housing and recovery support program, then please provide your name, and date of commitment at the end of this comprehensive document.***

**RECOVERY PROGRAM GUIDELINES**

1. I agree to abstain completely from drug and/or alcohol use, or possession, and refrain from using mind-, or mood-altering substances other than medications prescribed by a physician – medication assisted treatment (MAT).
2. I understand that I must attend house meetings that correspond with my current level in the program.
3. I agree to attend the required number of meetings that correspond to my level in the program (i.e. Guest, Freshmen, Sophomore, etc.).
4. I agree to volunteer one hour of my time per week for community service.
5. I understand that I must complete all weekly chores assigned to me by my house manager.
6. I agree to pay a \$25.00 drug screening deposit (*Drug screening is done at random, weekly. Participants are eligible to obtain a \$25.00 refund upon successful completion of WHM's recovery program, if not used, or the test result for alcohol, or drug use is negative*).
7. I will abide by the appropriate curfew, based on my program level.
8. I will obtain a sponsor, who is also in recovery, and maintain a working relationship with my sponsor for the duration of my residency at Welcome Home Ministries.
9. I will refrain from violent, or hurtful language and/or treatment, and will treat all residents with respect.

10. I understand that I must pay rent (\$165 per week), which is due every Friday, collected by my House Manager.
11. I agree to follow all aftercare requirements, or probation/parole expectations when applicable.
12. I will practice a "good neighbor" policy.
13. I understand that if I am in a recovery residence at the time a house meeting is in progress (regardless of level), then I am encouraged to attend the meeting. If I choose not to attend the "non-required" meeting, then I will not in any way disturb, or otherwise interfere with the meeting.
14. I agree not to have or possess any weapon(s) during the entirety of my residency at Welcome Home Ministries.
15. I understand that I must secure employment or have a weekly volunteer schedule (at least 15 to 20 hours per week, should I choose to volunteer, rather than seek employment). However, should I choose to provide volunteer services in the community, rather than seek and find employment, I understand that I must responsibly pay rent on a weekly basis.
16. I agree to attend the Recovery Employment Table meetings for supported employment assistance on a weekly basis, if I am unemployed -- Tuesdays at 9:30 AM.
17. I agree to sign out and sign in when leaving and returning from my recovery residence (applies to "Guest" and "Freshman" levels only).
18. I agree to provide the House Manager with my individual meeting sheet, audio visual sheet, service hours sheet, spending plan sheet, employment form (should my work situation change), and any other required paperwork -- every Friday.

\*\*\* I understand that if I cannot comply with the commitments contained within these guidelines to which I fully agree, then it may be necessary for me to forgo some of the privileges and/or benefits provided by Welcome Home Ministries, until such time I can restore and/or fulfill my commitments. I also understand that I may need to exit Welcome Home Ministries' recovery program as a result of not honoring my agreed upon commitments to consider a more appropriate living environment to meet my needs.

**The Golden Rule:** *"however you want people to treat you, so treat them."* (Matt. 7:12)

## **RECOVERY HOUSING & GENERAL PROGRAM STRUCTURE**

**Welcome Home Ministries** is a recovery community for men who are searching for a new life in recovery from substance use disorder. WHM offers a clean, safe, and affordable living environment in which to recover from substance use disorder and/or co-occurring disorders.

We seek to operate our ministry on Biblical principles. However, we do not require anyone to be a Christian in order to participate in our addiction recovery program.

We ask recovery program participants to make a commitment to completely abstain from drug and/or alcohol use. We also encourage residents to work and pay their own way to promote self-sustainability.

There are six levels in WHM's recovery community, **I** - *Guest*, **II** - *Freshman*, **III** - *Sophomore*, **IV** - *Junior*, **V** - *Senior* and **VI** - *Graduate*. Recovery program participants must remain on each level for the minimum required number of weeks prior to progressing through each level toward graduation. Levels may not be skipped and must be completed in succession.

WHM provides some food, which is included in every participant's rent. However, residents are required to prepare their own meals. Additionally, we offer onsite laundry appliances, cable, Internet, house phone, free membership to the East Nashville YMCA (current residents only), transportation services, and 35% of "on time" rent will be refunded to the resident upon graduation up to \$1,000.

Each resident is asked to pay a drug screen deposit of \$25 upon entry to WHM's recovery support program... Each resident will pay \$165 rent per week, which is due every Friday, collected by the House Manager.

### RECOVERY PROGRAM LEVELS

- I. A **Guest** (*two weeks minimum on this level*) is anyone in the first two weeks of our program. While on this level, the resident understands and agrees to remain in the house whenever he is not working, looking for work, attending meetings or has permission from the House Manager to be somewhere else. We encourage residents to find employment within two weeks. Additionally, WHM provides supported employment on a weekly basis to assist residents with an employment action plan. A person may work out of a labor pool during this time; however, one should seek "permanent" employment to encourage long term self-sustainability.

To become a *Freshman*, the resident that enters our recovery support program as a *Guest* agrees to the following:

1. Complete at least 4 hours of Audio/Visual enrichment
2. Attend a minimum of 5 meetings a week (*this includes two in-house meetings*)
3. Faithfully observe an 8 PM curfew
4. Complete at least one community service hour for each week in the program
5. Be employed
6. Be current on rent

Note: If the resident is not working, then he will attend our "recovery employment table" meeting for supported employment assistance -- Tuesdays at 9:30 AM.

- II. A **Freshman** (*six weeks minimum on this level*) is anyone who has successfully completed the *Guest* level requirements. To become a *Sophomore*, one must:
1. Obtain a sponsor
  2. Complete at least 10 hours cumulative of Audio/Visual enrichment
  3. Attend a minimum of 5 meetings a week (*this includes 2 mandatory in-house meetings*)
  4. Faithfully observe a 9 PM curfew on weeknights and a 10:00 PM on weekends
  5. Complete at least one community service hour for each week in the program
  6. Be employed
  7. Be Current on rent

Note: If the resident is not working, then he will attend our "recovery employment table" meeting for supported employment assistance -- Tuesdays at 9:30 AM.

- III. A **Sophomore** (*four weeks minimum on this level*) is anyone who has successfully completed the *Freshman* level requirements. To become a *Junior*, one must:
1. Obtain a sponsor
  2. Complete at least 14 hours cumulative of Audio/Visual enrichment
  3. Attend a minimum of 5 meetings a week (*NOTE in-house meetings optional*)
  4. Faithfully observe a 10 PM curfew on weeknights and an 11:00 PM on weekends
  5. Complete at least one community service hour for each week in the program
  6. Be employed
  7. Be current on rent

Note: If the resident is not working, then he will attend our "recovery employment table" meeting for supported employment assistance -- Tuesdays at 9:30 AM.

- IV. A **Junior** (*four weeks minimum on this level*) is anyone who has successfully completed the *Sophomore* level requirements. Juniors are allowed one overnight pass per month. To become a *Senior*, one must:

1. Obtain a sponsor
2. Complete at least 18 hours cumulative of Audio/Visual enrichment
3. Attend a minimum of 4 meetings a week (*in-house meetings optional*)
4. Faithfully observe a 10 PM curfew on weeknights and a 12:00 PM on weekends
5. Complete at least one community service hour for each week in the program
6. Be employed
7. Be current on rent

Note: If the resident is not working, then he will attend our “recovery employment table” meeting for supported employment assistance -- Tuesdays at 9:30 AM.

- V. A **Senior** (*four weeks minimum on this level*) is anyone who has successfully completed the *Junior* level requirements. Seniors are allowed two overnight passes per month. To become a *Graduate*, one must:

1. Obtain a sponsor
2. Complete at least 22 hours cumulative of Audio/Visual enrichment
3. Attend a minimum of 3 meetings a week (*in-house meetings optional*)
4. Faithfully observe an 10 PM curfew on weeknights and a 1:00 PM on weekends
5. Complete at least one community service hour for each week in the program
6. Be employed
7. Be current on rent

Note: If the resident is not working, then he will attend our “recovery employment table” meeting for supported employment assistance -- Tuesdays at 9:30 AM.

- VI. A **Graduate** is anyone who has successfully completed the *Senior* level requirements. As a *Graduate*, one may:

1. Continue to live in the house, provided it is deemed a “*healthy situation*” If the resident chooses to stay:
  - a. Curfew – midnight on weekdays and 2 AM on weekends
  - b. Meetings – 2 per week
  - c. Service hours – 1 per week in the program
  - d. Overnight passes – 2 per month, more may be given at the discretion of the staff
  - e. Stay current on rent
2. Receive 35% of “on time” rent refunded to the resident upon graduation up to \$1,000 form of deposits, or other startup costs associated with establishing independent living
3. Attend any house activities
4. May become eligible for our “Graduate Recovery Housing”
5. Carry the message of recovery to others
6. Become an Alumnus of Welcome Home Ministries

Note: If the resident is not working, then he will attend our “recovery employment table” meeting for supported employment assistance -- Tuesdays at 9:30 AM.

**IF YOU AGREE TO COMMIT TO THE ABOVE GUIDELINES, THEN PLEASE PROVIDE YOUR SIGNATURE, OR TYPE YOUR NAME AND DATE OF AGREEMENT ON THE APPROPRIATE LINE PROVIDED BELOW.**

**I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE RECOVERY HOUSING AND PROGRAM GUIDELINES CONTAINED WITHIN THIS DOCUMENT:**

**NAME** \_\_\_\_\_

**DATE OF COMMITMENT** \_\_\_\_\_