

# New Jerusalem Missions Residential Application

Thank you for applying for housing at New Jerusalem Missions. If you have any questions, please contact us at (316) 282-2101

\*Required

\*Full Name: \_\_\_\_\_

\*Last Known Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Phone Number: (\_\_\_\_\_) \_\_\_\_\_

\* Email: \_\_\_\_\_

\* Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Age: \_\_\_\_\_

\* Relationship Status (*Circle only one*):      Married      Single      Divorced      Widowed

\* Number of Dependents: \_\_\_\_\_

\*Income (*Circle only one*):    Employed    Unemployment    Social Security    Disability    Waiting on Disability

\* Employers Name, Address & Phone Number: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

\* Do you have proper identification to secure employment? (Photo ID, Birth Certificate, Social Security Card)

(*circle only one*)      Yes      No

\* Emergency Contact (*Name & Phone Number*): \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

\* What is your highest level of education? \_\_\_\_\_

**MEDICAL INFORMATION**

\* Have you been diagnosed with a medical condition? (circle only one):      Yes      No

\* What medical conditions have you been diagnosed with?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* What medications are you on? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Do you have any medical issues that would prevent you from participating in house hold chores? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Have you been diagnosed with a mental health issue or disorder (circle only one):      Yes      No

\* What mental health issue or disorder have you been diagnosed with? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Do you currently take medication for your mental health? (circle only one):      Yes      No

\* What medications are you on for your mental health? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Are you seeing a doctor for your mental health? (circle only one)      Yes      No

\* Name of doctor or clinic: \_\_\_\_\_

\* Do you have a therapist you are seeing? (circle only one)      Yes      No

## LEGAL

- \* Are you involved in the legal system in any way? *(circle only one)* Yes No
- \* Do you have to report to parole, corrections or probation? *(circle only one)* Yes No
- \* What is the name and contact information for your corrections, parole or probation officer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \* Do you have fines or child support that significantly impacts your finances? *(circle only one)* Yes No

## HOUSING

- \* What are your housing needs? *(circle only one)* Transitional Living (3 months +) Waiting on Treatment Bed  
Medically Underserved Emergency Housing
- \* What is the reason for your housing need? \_\_\_\_\_
- \* Can you afford the \$300 monthly rent among? *(circle only one)* Yes No

## ADDICTION SUPPORT

- \* How long have you been clean and sober? (Please include date of last known use) \_\_\_\_\_
- \* What was your substance of choice? \_\_\_\_\_
- \* Have you been in treatment in the past? *(circle only one)* Yes No
- \* Have you successfully completed treatment? *(circle only one)* Yes No
- \* Do you go to support meetings? (NA, AA, CR or CA) *(circle only one)* Yes No
- \* Do you have a sponsor? *(circle only one)* Yes No
- \* Are you currently in out-patient treatment? *(circle only one)* Yes No



# Emergency Information

Date: \_\_\_\_\_

## **PERSONAL INFO**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Language Spoken: \_\_\_\_\_

Gender: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Blood Type \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Organ Donor: \_\_\_\_\_

## **EMERGENCY CONTACTS**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **DRUG ALLERGIES**

Allergy

Reaction


## **FOOD, INSECT, & OTHER ALLERGIES**


**FOOD, INSECT, & OTHER ALLERGIES**

Allergy

Reaction


**MEDICAL CONDITIONS**


**MEDICATIONS**


**MEDICAL PROVIDERS/DPOA**

PCP/Family Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Specialists: \_\_\_\_\_

Do you have a Durable Power of Attorney (DPOA) ?    Yes \_\_\_\_\_    No \_\_\_\_\_

If YES, please provide Name & Contact Number. \_\_\_\_\_


Welcome to New Jerusalem Missions. We are here to help in your journey. In order to help you succeed and to help you live in community we have a few rules.

### **Community Living-**

Be kind, understand everyone has their own battles. We are to fight for each other, not against each other. The TV in the living room is communal, please share who picks what's on and keep volume at a reasonable level. We are Christian facility, be careful what you watch on the TV. Clean up after yourself.

#### The Rules

1. Do your chore, it changes weekly you are responsible for checking when it changes, if you have any questions on your chore please ask.
2. The TV is off from 9am to 5pm and 11pm to 6am Monday-Friday.
3. Quiet hours are 10pm to 7am
4. No smoking in the stairwell, (Kenny is the only exception) smoking area is at the top of stairs and to the left, No smoking between 10pm to 5am
5. Rent is due the first of the month, payment arrangements can be made if needed.
6. Curfew is 8pm Sunday-Thursday and 10pm Friday-Saturday
7. If you are going to miss curfew due to work or AA/NA /Celebrate Recovery
8. meeting you must let an RA BEFORE curfew.
9. Prescribed medication is locked up and coordinated by staff. You are responsible for making sure you have your medication for the evening before dinner and for the weekend before Friday dinnertime
10. No pets allowed
11. No visitors in the bedroom areas, no overnight guests.
12. No arguing with staff or other residents
13. Rooms are to be kept clean and you are responsible for your own laundry, wash your sheets weekly.
14. No tobacco use inside, no vaping inside. Vape in designated smoking area
15. If you have conflict with another resident please speak with them, if not able to resolve it bring it to staff.

### **Rules that are grounds for immediate discharge**

1. Being under the influence of any drugs not prescribed to you by a physician, alcohol or any illicit substances
2. Possession of alcohol, illegal drugs, drugs not prescribed to you, pornography
3. Possession of any weapon, including gun, knives (without permission)
3. Physical violence or threats of violence to staff or other residents

4. Failure to submit to UA or breath test when requested by staff
5. Missing curfew without letting anyone know you will be in late, other unaccounted for time.
6. Lying
7. Stealing from other residents, staff or the mission
8. Any criminal activity
9. Possession or use of pornography
10. Not meeting financial obligations in a timely manner
11. Destruction or damage of other resident's property, staff property, the Mission building, facilities, etc

### **Infractions**

Breaking any of the rules under community living although serious is not necessarily grounds for immediate discharge. There will be consequences decided on a case by case basis.

### **House Restriction**

House Restriction is the most severe penalty. It is usually the last opportunity for a resident to keep from being removed. House restriction means the resident will only leave the house with permission. The resident must give an account for any time they are permitted to leave the house. Valid reasons are work, AA/NA/Celebrate Recovery meeting, medical appointments. Any unpermitted activity will result in immediate removal. The resident must show they are responsible and compliant during the house restriction. Any infractions during house restrictions will result in immediate removal. Arguing with staff, showing a negative influence on others, endangering another's sobriety while on restriction will result in immediate removal

Signature \_\_\_\_\_

Date \_\_\_\_\_