

**THE REFUGE OF HOPE**  
**7566 Hwy. 84W      Quitman, Ga. 31643**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear Mr. \_\_\_\_\_,

Thank you for your interest in coming to the Refuge of Hope. We are excited to be a part of God's plan of ministry in these times. The program we have at the Refuge of Hope will focus on **Christian discipleship, education and job training**. Because of limited space, persons with no other place to go will be given priority.

Certain restrictions have been placed on us. At this time we will not be able to accept those with sexual offences, some violent crimes and those who have health problems requiring constant care or mental health issues. There may be a time in the future where some or all of these restrictions are lifted depending on staff and funding.

The program at the Refuge of Hope is intense but the benefits are enormous. Your stay can be the equivalent of a \$15,000 scholarship. Besides you will be in the most loving, Christian environment that we can provide. We will, however, require careful observance of all rules and regulations.

1. Do you have a personal relationship with Jesus Christ? \_\_\_\_\_

If so, explain what that means to you. \_\_\_\_\_

2. Have you ever been arrested for or convicted of a sexual crime in Georgia or any other state? \_\_\_\_\_

3. Have you ever been classified as mental health- now or in the past? If so, please explain.

\_\_\_\_\_

4. Due to past problems we do not take anyone who is 'maxing out'. Do you have a minimum of 9 months between your TPM date and your max out date? \_\_\_\_\_

5. Do you have any medical conditions-(TB, HIV, Hepatitis, venereal disease, heart condition, diabetes, etc.) \_\_\_\_\_

6. Do you take any medication? If so please list. \_\_\_\_\_

7. Are you handicapped in any way or would you be on disability were you not incarcerated? \_\_\_\_\_

8. Do you use any tobacco products now? \_\_\_\_\_ Have you used any tobacco products in the past? \_\_\_\_\_  
What? \_\_\_\_\_ Date of last use? \_\_\_\_\_ How much? \_\_\_\_\_

9. Are you married \_\_\_\_\_ single \_\_\_\_\_ divorced \_\_\_\_\_. Do you have a girlfriend or mother of your children? \_\_\_\_\_  
Who? \_\_\_\_\_ Date of last contact (call, letter, visit) \_\_\_\_\_

In His Service,

Bonnie and Andy Squires

# APPLICATION FOR THE REFUGE OF HOPE

## Personal History

Name \_\_\_\_\_ SS# \_\_\_\_\_

(first) (middle) (last)

2. List all alias names or alternate SS #'s used. Use back for extra room.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Institutional Number GDC \_\_\_\_\_ EF# \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

5. Where did you live when you were arrested?

6. What other cities and states have you lived in previously in your life?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Parent's Name (if living) \_\_\_\_\_

8. Parent's Address \_\_\_\_\_

P.O. Box or Street No. City State Zip

9. If not your parents, who is your emergency contact?

Name Address City St. Zip

10. Are your parents separated or divorced? \_\_\_\_\_ Yes \_\_\_\_\_ No

Reason: \_\_\_\_\_ Were you adopted? \_\_\_\_\_ Yes \_\_\_\_\_ No

11. Other rehabilitation centers attended (other than prisons).

Where \_\_\_\_\_ When \_\_\_\_\_

Where \_\_\_\_\_ When \_\_\_\_\_

12. Number of times you have stayed in a mission \_\_\_\_\_

13. Do you have any medical problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

List and describe all medical problems & all medication you take:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Any physical problems or limitations? \_\_\_\_\_ Yes \_\_\_\_\_ No

List and describe all problems: \_\_\_\_\_

\_\_\_\_\_

Are you classified mental health? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so what is your mental health level? \_\_\_\_\_

15. Do you or have you used alcoholic beverages? \_\_\_\_\_ Yes \_\_\_\_\_ No

16. Do you consider yourself an alcoholic? \_\_\_\_\_ Yes \_\_\_\_\_ No

17. Have you ever attended an AA meeting? \_\_\_\_\_ Yes \_\_\_\_\_ No

18. Do you/have you used any type(s) drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

19. If you are a naturalized citizen, please give the following:

Certificate \_\_\_\_\_  
Date entered the US (month/date): \_\_\_\_\_  
Where issued (city,state): \_\_\_\_\_  
Date of final papers (month/day/year): \_\_\_\_\_

20. Do you receive any of the following:

Social security check \_\_\_\_\_ b. Veterans check \_\_\_\_\_  
Disability check \_\_\_\_\_ d. Other \_\_\_\_\_

**Prison History**

1. Present Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Check one of the following: Will you be on:

Probation \_\_\_\_\_ Parole \_\_\_\_\_ Contract Parole \_\_\_\_\_ Work Release \_\_\_\_\_

Proposed release or parole date \_\_\_\_\_

How long will you be on parole, probation, etc. \_\_\_\_\_

3. How many times have you been incarcerated (list below):

Institution	City	State	Date

4. Give three references in the institution (not inmates):

Name	Position

5. List all charges, convictions, and other depositions received , giving dates,

Places, outcome:

Offense	Place	Date	Sentence

6. Do you have any charges from another state? \_\_\_\_\_

7. Do you have any open warrants- local, state or federal? \_\_\_\_\_

8. Do you have any open probations? \_\_\_\_\_ Where? \_\_\_\_\_

9. Do you have a split sentence? \_\_\_\_\_

10. Have you been to any transitional center in the past? If so, when? \_\_\_\_\_  
Where? \_\_\_\_\_

11. Have you been to any other drug program or aftercare program? \_\_\_\_\_

12. Why were you unsuccessful during previously granted paroles or upon completion of previous sentences to say out of prison? \_\_\_\_\_  
\_\_\_\_\_

**Employment History**

1. What job training did you have before incarceration?

Job corp \_\_\_\_\_ Manpower \_\_\_\_\_ Vocational Training \_\_\_\_\_  
Other \_\_\_\_\_

Explain each training and where:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What was your last legal job before incarceration?

Job Title \_\_\_\_\_ Employer \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Duties performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. What jobs have your worked on in the institution?

Institution \_\_\_\_\_ Job \_\_\_\_\_ How long? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What vocational training program did you participate in?

\_\_\_\_\_  
\_\_\_\_\_

How long? \_\_\_\_\_ Did your receive a certificate \_\_\_\_\_

5. List all courses taken while incarcerated (if shorthand or typing, give speed at course completion) \_\_\_\_\_

\_\_\_\_\_

6. Prior to incarceration, how many hours per day did you work?

\_\_\_\_\_

7. List your preferences of employment:

1<sup>st</sup> preference \_\_\_\_\_

2<sup>nd</sup> preference \_\_\_\_\_

3<sup>rd</sup> preference \_\_\_\_\_

List all skills you have below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. List all machines, equipment, tools you have experience with:

\_\_\_\_\_

9. Have you ever been fired for drinking or quit because of alcohol?

Explain: \_\_\_\_\_

\_\_\_\_\_

10. Have you ever received Workman's Compensation? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Have you ever taken a Civil Service examination? Yes \_\_\_\_\_ No \_\_\_\_\_

**Financial Status**

1. Do you own any property?  Yes  No; List all \_\_\_\_\_  
\_\_\_\_\_
2. Do you have any money in any account in your name or anyone else's name?  Yes  No  
Explain: \_\_\_\_\_  
\_\_\_\_\_
3. Do you have any inheritance that you have or should receive? \_\_\_\_\_
4. Do you owe fines, fees (probation or other) that you legally owe? \_\_\_\_\_  
\_\_\_\_\_
5. Driver's License: Do you have a valid driver's license? \_\_\_\_\_ Is it expired? \_\_\_\_\_  
Is it suspended? \_\_\_\_\_ If you know what you must do and/or how much it will cost you  
to get your license please describe: \_\_\_\_\_
6. Do you owe anything to IRS? \_\_\_\_\_ How Much? \_\_\_\_\_
7. Do you owe any college loans? \_\_\_\_\_ How Much? \_\_\_\_\_
8. Do you owe any child support? \_\_\_\_\_ How Much per month? \_\_\_\_\_  
Past due amount? \_\_\_\_\_

**Family History**

1. Marital Status:  married  single  separated  divorced  widower  
Wife/ Girlfriends's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
2. How long separated? \_\_\_\_\_ How long divorced? \_\_\_\_\_
3. Has your ex-wife remarried? Yes  No   
What was the reason for your divorce? \_\_\_\_\_  
\_\_\_\_\_
4. How long have you been married? \_\_\_\_\_
5. Number of times you have been married \_\_\_\_\_
6. If more than once complete the information below:  

When married	When divorced
7. Reasons for divorce:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Number of children (state which marriage)  
Names \_\_\_\_\_  
Ages \_\_\_\_\_  
Sex \_\_\_\_\_  
Where are your children Now? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. If a widower, what was the date of your wife's death? \_\_\_\_\_

List all brothers/sisters:

Name	Relationship	Age	We are close/get along/not close

**Military History**

1. Have you registered for selective service? \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_
2. Which branch of service have you been with? \_\_\_\_\_
3. Were you drafted? Yes \_\_\_ No \_\_\_ Did you enlist? Yes \_\_\_ No \_\_\_
4. What length of time were you in the Armed Forces? \_\_\_\_\_
5. Which of the following are you? WWII Vet \_\_\_ Korean Vet \_\_\_ Vietnam Vet \_\_\_ Other \_\_\_\_\_
6. Type of discharge \_\_\_\_\_
7. Reserve status: Active \_\_\_ Inactive \_\_\_ None \_\_\_
8. Do you have a service connected disability income? Yes \_\_\_ No \_\_\_
9. Were you ever court-martialed? Yes \_\_\_ No \_\_\_ If yes, please tell why,  
What was the result of your court-martial? \_\_\_\_\_

**Education History**

1. What was the last grade you completed? \_\_\_ grade school \_\_\_ Jr. High  
\_\_\_ high school \_\_\_ GED \_\_\_ College

List year and date of graduation: \_\_\_\_\_

2. If you completed college, list your degree (type/year) \_\_\_\_\_

(major/minor) \_\_\_\_\_ (post-graduate) \_\_\_\_\_

3. Did you ever attend any trade schools? Yes \_\_\_ No \_\_\_

What type \_\_\_\_\_

Did you graduate? \_\_\_\_\_

What years did you attend? \_\_\_\_\_

4. List all colleges or trade schools attended: \_\_\_\_\_

5. What specialized training did you receive? \_\_\_\_\_

**Medical History**

1. What is the state of your physical health? \_\_\_ excellent \_\_\_ good \_\_\_ fair \_\_\_ poor \_\_\_ declining

2. What is your height \_\_\_\_\_ weight \_\_\_\_\_ usual weight \_\_\_\_\_

3. List all illnesses for which you are now being treated and the medicine &/or  
medical treatment now being given.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. List all major illnesses or surgeries you have ever had or have:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Are you handicapped in any way? Yes \_\_\_ No \_\_\_ If yes, what type of  
handicap do you have? \_\_\_\_\_

6. Do you have any special profiles? \_\_\_\_\_

7. Are you allergic to any medications? \_\_\_\_\_

8. Do you have any food allergies? \_\_\_\_\_

9. Are there any foods which you cannot or do not eat? \_\_\_\_\_

10. Do you presently have or have you ever had, emphysema, HIV, hepatitis,  
venereal disease (STD), tuberculosis, staph? Yes \_\_\_ No \_\_\_

Which ones? \_\_\_\_\_

11. Have you ever been hospitalized for alcoholism or drug addiction?

Yes\_\_ No\_\_ (Also list related illnesses.)

Where

When

Why

\_\_\_\_\_

12. Have you ever used drugs other than for medical purposes?

What

How old when you began

How long

Where

Smoking \_\_\_\_\_

Alcohol \_\_\_\_\_

Marijuana \_\_\_\_\_

Huffing \_\_\_\_\_

LSD/PCP/Hallucinagens \_\_\_\_\_

GHB \_\_\_\_\_

Estacy \_\_\_\_\_

Cocaine/ Crack \_\_\_\_\_

Heroin \_\_\_\_\_

Meth \_\_\_\_\_

Prescription Drugs \_\_\_\_\_

Other \_\_\_\_\_

13. Have drugs, alcohol or other stressful situations caused you to feel depressed or contemplate suicide? \_\_\_\_\_

Have you ever been committed to a psychiatric hospital? Yes\_\_ No\_\_

Have you admitted yourself voluntarily? Yes\_\_ No\_\_

Where were you admitted? \_\_\_\_\_ Date \_\_\_\_\_

What was the reason? \_\_\_\_\_

14. Have you ever had a severe emotional upset? Yes\_\_ No\_\_

What was the cause? \_\_\_\_\_

15. How have drugs/alcohol affected your mind/thinking? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Religious History**

1. Are you? \_\_\_\_\_ Have you ever been a church member? \_\_\_\_\_

2. What denomination? \_\_\_\_\_ Where? \_\_\_\_\_

3. What is your pastor's name? \_\_\_\_\_ Chaplain's Name? \_\_\_\_\_

4. How often did you attend? \_\_\_\_\_

5. Are you a Christian? Yes\_\_ No\_\_ Not sure\_\_ When did you get saved? \_\_\_\_\_

6. Have you ever believed or professed any other faith? Yes\_\_ No\_\_

If so, what religion? \_\_\_\_\_

7. How often do you read the Bible? \_\_\_\_\_

8. Have you ever been baptized? \_\_\_\_\_

9. Do you pray? \_\_\_\_\_ When? \_\_\_\_\_

10. Please give the religious background of you/your family when you were growing up: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I hereby attest that I have answered all questions honestly and to the best of my ability. Giving false information on the application or it's attachments can constitute being turned down for residence. Should you be accepted and we find that you have lied about critical information you will be dismissed from the program.**

Name \_\_\_\_\_ Date \_\_\_\_\_

**THE REFUGE OF HOPE**  
7566 Hwy. 84W    Quitman, Ga. 31643

Inmate's Information Release Form

In order to better assist you and send a prompt reply to your request for assistance, we ask that you complete this form and return it to our office. We have included a form for your counselor and institution chaplain to complete and return to our office. Please give your permission to release any and all information that we require. I hereby authorize any legally authorized entity to access any criminal history record information pertaining to me which may be in the files of any national, state or local criminal justice agency and which can be accessed lawfully by a non-criminal justice agency in Georgia.

.....

Name: \_\_\_\_\_ I.D.# \_\_\_\_\_

Institution Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_ Date of Sentence: \_\_\_\_\_

Tentative Parole Month: \_\_\_\_\_ Maximum Release Date: \_\_\_\_\_

Marital Status: ( ) Married ( ) Divorced ( ) Single

Name of Nearest Relative: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

**Do you have any other address (other than the Refuge of Hope) to which you can parole?**  
**If so, List** \_\_\_\_\_

**What address or addresses are currently listed with the pardon and parole board as potential Parole addresses?**  
\_\_\_\_\_  
\_\_\_\_\_

**List the persons who are currently on your visitation list, their relationship to you, last visit date.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List anyone you write or call:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Counselor: \_\_\_\_\_ Chaplain: \_\_\_\_\_

Work Experience: \_\_\_\_\_ Education: \_\_\_\_\_

Do you give permission to release information to the Refuge of Hope: ( ) Yes ( ) No

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

**THE REFUGE OF HOPE**

7566 Hwy. 84W Quitman, Ga. 31643 229-263-4034 Fax- 229-263-4035

**Medical Information Request Form**

In order to better assist you and send a prompt reply to your request for assistance, we ask that you sign this form and request that medical records complete and return it to our office. Please give your permission to release any and all information that we require.

I hereby request that the medical records department release all information requested by the Refuge of Hope. This release applies to medical records held by the Department of Correction or any other medical facility or doctor by which I have been treated.

Print Name (Inmate) \_\_\_\_\_

Sign Name (Inmate) \_\_\_\_\_

Date \_\_\_\_\_

**Sign and date this document and give it to your medical department. They must fill it out and submit it to the Refuge of Hope.**

**Chronic Care**– List all illnesses for which the inmate is being treated and medicines and/or treatment required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Infectious/Communicable disease**- (Please note any indication of the below disease even if minimal results)

**HIV**– Yes \_\_\_ No \_\_\_                      **Hepatitis A** \_\_\_ **B** \_\_\_ **C** \_\_\_

**TB**- Yes \_\_\_ No \_\_\_ - Has the inmate been treated in the past? \_\_\_ When \_\_\_\_\_  
Last test given? \_\_\_\_\_

**Venereal Disease**– List disease, treatment, and note if still active.

\_\_\_\_\_

**Surgeries**- (List all past surgeries and any surgeries needed but not performed.)

\_\_\_\_\_

**Allergies** (Food or Medicines) \_\_\_\_\_

**Handicaps?**- \_\_\_\_\_

**Back Problems?**- \_\_\_\_\_

**Mental Health**- Yes \_\_\_ No \_\_\_                      Level \_\_\_ Medication? \_\_\_\_\_

**Other medical issues not listed above** \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_

**THE REFUGE OF HOPE**  
7566 Hwy. 84W Quitman, Ga. 31643

**Chaplain's Form**

The inmate listed below has requested assistance from our ministry. Since we are limited on space, we can help only those who are in need of our services, inmates who have little or no outside support, and agree to enter a Christian oriented program. If possible, please meet with the inmate, then complete this form and return it to our office.

.....  
Inmate Name: \_\_\_\_\_ I.D.# \_\_\_\_\_

Chaplain's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Institution Address: \_\_\_\_\_

When did you meet with the inmate? \_\_\_\_\_

Does the inmate attend Christian services at your institution? ( ) Yes ( ) No  
How often? \_\_\_\_\_

Does the inmate attend additional Bible studies or participate in any Bible courses?  
If yes, please list? \_\_\_\_\_

Does the inmate have an immediate need for our services? ( ) Yes ( ) No

What assistance does the inmate require: \_\_\_\_\_  
\_\_\_\_\_

Does the inmate have any outside support from his family? ( ) Yes ( ) No

If yes please list: \_\_\_\_\_

Do you believe we should provide the inmate with a resident plan? ( ) Yes ( ) No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Comments/Suggestions/Observations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chaplain's Signature \_\_\_\_\_

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

**THIS FORM MUST BE RETURNED BY THE CHAPLAIN IN A SEPARATE ENVELOPE!**

**THE REFUGE OF HOPE**  
7566 Hwy. 84W Quitman, Ga. 31643

**Counselor's Form**

The inmate listed below has requested assistance from our ministry. Since we are limited on space, we can help only those who are in need of our services, inmates who have little or no outside support, and agree to enter a Christian oriented program. If possible, please meet with the inmate, then complete this form and return it to our office.

.....  
Inmate Name: \_\_\_\_\_ I.D.# \_\_\_\_\_

Counselor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Institution Address: \_\_\_\_\_

Nature of Offense(s): \_\_\_\_\_

Tentative Parole Month: \_\_\_\_\_ Maximum Release Date: \_\_\_\_\_

Does the inmate have a resident plan? ( ) Yes ( ) No

Who is listed in his file for resident plan \_\_\_\_\_  
\_\_\_\_\_

Does the inmate have any detainers or holds? ( ) Yes ( ) No

If yes, describe: \_\_\_\_\_

Has inmate had any disciplinary problems during their incarceration? ( ) Yes ( ) No

If yes please explain:(list or attach list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the inmate have a substance abuse problem: ( ) Yes ( ) No

If yes, what type of treatment has he had during his incarceration? \_\_\_\_\_

Does the inmate require any special treatment/attention? ( ) Yes ( ) No

Does he require any medical/ mental health attention? ( ) Yes ( ) No

If yes please list: \_\_\_\_\_  
\_\_\_\_\_

In your opinion, should we accept this inmate: ( ) Yes ( ) No

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments/Suggestions: \_\_\_\_\_

I have reviewed the inmates files and found the above information to be accurate.

Counselor's Signature \_\_\_\_\_

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

**THIS FORM MUST BE RETURNED BY THE COUNSELOR IN A SEPARATE ENVELOPE!**

## Covenant Agreement with the Refuge of Hope

We understand that our most important mission is to enter into a covenant agreement that includes an explanation of our mutual spiritual goals. We are, first and foremost, a Christian ministry. Your signature on this document signifies your understanding and willingness to come to and enter a Christian environment. While we are inter-denominational in nature we do not have staff or means to take each individual to their preferred denominational church of choice. Our desire is to provide you an environment to focus on your spiritual needs and grow spiritually.

Some questions concerning the implementation of this statement have occurred, so we will try to clarify them.

1. All classes are taught from the Biblical viewpoint regardless of the material being covered.
2. Instructors come from various denominational backgrounds. Currently our instructors include the following denominations: Baptist, Methodist, Church of God, and Independent. Instructors are not required to teach anything other than their own beliefs, however, we do not require that anyone who comes to the program believe the way they are taught. However, non-Christian doctrines are not allowed to be part of discussions in any classes.
3. We have not tried to hide our purpose to help those who profess to be Christians or to teach Christian doctrine. We are not funded by the state or federal government. We are totally funded by Christian churches, individuals and companies.
4. When attending services everyone attends the same church at the same time. This allows staff or board members to make sure that rules are being followed. We have visited approximately 30 different churches and have had another 150 various ministers speak at our chapel. These churches and ministers have been from various denominations. The ministers and churches cross almost all races and ethnicities in our area.
5. We are restricted somewhat by distance and trained staff.
6. When visiting various churches respect is required by the resident but participation or agreement with doctrine is not required.

It is true that we provide food and shelter and opportunities for education and jobs but we are not a “half-way house”. We are a “whole-way house”. We want to allow you the opportunity to find wholeness through the love of Christ and the love of our volunteers. This program requires nine months minimum time. (Init. \_\_)

If you desire only to get out of prison, you will come only to find rules, regulations and schedules. These are facts of every persons life– in or out of prison. Freedom comes when we are made free through Christ. We are not a state funded transitional program. We are not under any obligation other than the commands of Christ.

We ask that you submit to us as those who care for your souls. We take very seriously our instructions from Christ. We have no other motive except to love you as Christ loves you. We don't have time and more importantly have no desire to be "hall monitors"- do this, don't do that. We can and will, however, if necessary. Should you prove to be one of those who require constant correction, however, or if you fail to show a cooperative attitude, we will have no choice but to terminate your stay at the Refuge of Hope. As we understand it, failure to complete the program will result in a violation of your parole. We can provide three things for you – accountability, structure and discipline. But we cannot accomplish the spiritual goals we all have without your permission and complete cooperation. Please consider these things carefully. If you have any problems participating in Christian activities (various denominations), if you are not serious about spiritual growth (not just intellectual knowledge but everyday living), or if you want to come to the program with only the desire to rush through and get out, please do not sign this document or continue your pursuit of acceptance to the Refuge of Hope.

I have read the above covenant statement and it is my desire to come and participate in the program at the Refuge of Hope.

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Resident

## Covenant Agreement with the Refuge of Hope:

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I agree to abide by the policies governing the program and the rules of the house realizing that non-compliance will result in disciplinary action or dismissal.

### A. Immediate dismissal:

1. Leaving the Refuge of Hope property or work/school location.
2. Possession of a weapon.
3. Physical abuse of any staff member or other resident. Disputes will be thoroughly investigated, determined by the board and reviewed in a community meeting.
4. Stealing from staff, other residents or the Refuge is forbidden.
5. Bringing illegal drugs or alcohol on the property.
6. Sexual activity is not permitted. The resident will not be allowed to begin or seek relationships with females while at the Refuge. No contact is allowed with females by letters, phone calls, visitation, or other means other than proven family members. No homosexual or overt sexual activity will be tolerated.
7. Terrorist threats can be grounds for immediate dismissal if proven.
8. Residents must carry out all verbal or written instructions/requests from the Refuge staff. Failing to carry out these instructions is a violation of the program rules and regulations and will result in dismissal.
9. An accumulation of 10 disciplinary reports.

**Note:** Violation of any program rule will be reported to your parole officer and may be considered as a parole violation as well.

**The Refuge of Hope staff will call legal authorities and charges will be made against any resident who commits any illegal act. This will include theft from the Refuge or other Refuge residents or staff members. Also, anyone bringing any drugs or alcohol onto the property of the Refuge or it's vehicles, or any vehicles, personal or otherwise that enters the Refuge property.**

**Audio visual equipment is installed in the dorm and other buildings on the property. These may be visible or hidden.**

### B. Other rules resulting in disciplinary report, fines, jail time and/or possible dismissal.

(Fines can range from \$50 to \$500. Should the parole officer recommend jail time, the Refuge will determine whether the resident returns to the program. )

1. Cooperate fully with the staff. Refusal to follow instructions, attempts to disrupt class, complaining And causing discord with others at the Refuge will be a sign that you were not serious when you Committed to come to the Refuge and change your life with Christ's help. As soon as we recognize These signs we will take disciplinary action that can lead to dismissal from the program.
2. Attend and participate in all program meetings and workshops.
3. Meet with Refuge administrations as required.
4. Work toward your personal short-term and long-term goals.
5. Meet established deadlines.
6. **Follow the three phases of progress at the Refuge. I understand that I will be assessed before proceeding to the next stage. Persons with repeat problems or who otherwise do not show real progress in attitude or actions may be dismissed at this point.**

**FRESH START**–The first four months is a probationary period. Activities off campus will be group lead activities and supervision is required constantly. Classes outlined must be taken and completed. Residents will not sleep in class or in any other manner disrupt the class. Class participation is required.

Residents will not proceed to the next level until the board reviews and approves this step.

**SEEKING GOD'S PLAN**– Approximately three months. During this time you begin an outside job, begin 4 hour/8 hour passes. (See pass rules.) You can be unsupervised if you remain on Refuge of Hope property, during educational classes and, of course, at work. During work/school hours any change in Schedule (leaving early, change of plans) must be reported. If a phone is unavailable stay at your assigned Location until transportation arrives.

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

## Covenant Agreement with the Refuge of Hope:

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NEW BEGINNINGS-(After seven months) You continue to work. We help you with plans to leave the Refuge. A job, home and place of worship is sought in the area of your choice. You may purchase a car and drive it provided you have a valid driver's license and insurance. You must log in and out of the property. You will be allowed adequate driving time to and from work. Stops other than for fuel without prior approval is not acceptable. Final curfew for drivers is 6:30 pm unless pre-approved for work or class. Keys must be kept at the Refuge admin. office at night. Vehicles will be regularly inspected. Failure to follow the rules & time limitations & attend required activities will result in revocation of these privy leges. You will be eligible for 24/48 hour passes. (Of course, all rules of the Refuge must be upheld while on campus or off campus.)

7. Attend morning prayer and devotion every morning.
8. Church on Sunday and other scheduled Bible Studies or weekly services must be attended.
9. Until you go to work you will be advanced (loaned) the \$30 parole fee each month and \$5 per week should you not have any other gifts or income. We will also advance uncovered medical expenses and other absolutely necessary expenses that cannot wait until a job is obtained. **All gifts and income must be reported.** Once you have a source of income, you may keep \$20 per week for personal expense. You will pay 10% weekly to the Refuge of Hope for program expenses. We consider this to be tithe. The balance will be placed in an escrow account to pay fines, fees, child support and save money towards housing, driver's license, and transportation. Since we are bearing the expense of shelter and food (except where government programs can assist with these expenses), we reserve the right to make sure that savings are spent for these stated expenses. Signed receipts will be given and money is held in an established trust fund for the individual.
10. No resident will be allowed to be self-employed during the program. Also those paid by cash must have the employer turn in a document with each pay period showing the hours worked, amount paid and signed by the employer. Parole policy says that full time employment is 33+ hours per week.
11. Due to abuse of the program the board has made the following changes to the financial requirements.
  - A. The Refuge will assess a \$400 per month fee for every resident. This will be shown as a deduction on the residents financial record. **However if a person completes the program this debt will be forgiven. This is a gift to the resident who completes the program.**  
If a person leaves or is dismissed before completion of the program the \$400 monthly fee will be deducted from any assets at the Refuge. If a balance is due, legal action will be taken to assure payment of balances owed.
  - B. If a person absconds, any personal property will become the property of the Refuge of Hope. If a person returns to jail while at the Refuge of Hope they will have 30 days to have their personal property picked up.
  - C. The resident will be required to pay a \$50 one time room maintenance fee upon leaving the Refuge.
12. Residents are not allowed to sell, barter, loan or trade anything.
13. Make every effort to live in harmony with the other residents. Persons causing discord among the residents of the program will not be tolerated.
14. Verbal abuse of staff or other residents is forbidden.
15. Alcohol and illegal drugs are forbidden. Random drug tests can be required. Failure to pass a drug test and/or obvious intoxication could result in dismissal or restarting the program in Phase 1.
16. **No use of tobacco products is permitted. This applies on or off the premises.** The first infraction of This rule will result in (1) DR. The second infraction will result in (5) DR's. The third infraction of this rule will require automatic dismissal or restarting the program in Phase 1.
17. You must fill out a call/visitors/mail list. **Only those approved persons on the list will be allowed Visitation (after 30 days), mail privileges, or phone calls to or from you.** Personal phone calls are limited to 15 minutes no more than twice a week.
18. All mail coming to or leaving the property must come through administration and will be opened and inspected when coming in or going out. No post office boxes or sending/receiving mail at any other address. Failure can result in dismissal.

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

19. **NO CELL PHONES ALLOWED!**
20. ALL RULES OF THE REFUGE apply to anyone who might be allowed to visit you at the Refuge.  
**NO VISITORS ALLOWED WITHOUT EXPRESS PERMISSION. All visitors will be required to show ID and log in at the office.**
21. We will provide transportation to and from work at appropriate times. A cost of 20 cents @ mile is charged for out of town transportation. (This can be adjusted as gas cost rises or goes down.)  
Transportation will be provided to and from Refuge required activities. Any other transportation may be provided if deemed necessary for the health and well being of the resident and if practical for the Refuge staff. The cost of this transportation must be paid for by the resident.
22. All prescribed and over the counter medication must be surrendered to the director for monitoring. Some standard medication may be issued weekly. The resident must request a 24 hour dosage of all other medication by 7:30 PM each evening, All medication will be logged out and signed for.
23. The Refuge of Hope will require that each resident sign a document giving the Refuge and it's authorized staff permission to obtain any and all medical records that pertain to the resident from hospitals, doctors, pharmacies and other service providers. This document will also give the Refuge of Hope access to information concerning any legal matters that are active during the term of their residency. The term of this document will expire upon completion or dismissal from the program.
24. Curfew- All residents are required to observe curfew. Sunday through Thursday, curfew is 10:00 PM. Friday and Saturday curfew is 11:00 PM. No one is permitted to leave the residence without express permission. The television must be off and bedrooms are to be quiet after curfew.
25. You will have work assigned each day and must be completed.
26. You will be required to sign a release of indemnity form holding the Refuge of Hope harmless in case of injury or illness.
21. Should you have complaints or requests you must fill out the available forms, they will be reviewed by the board and you will receive a reply.
22. All volunteers are required to report disciplinary problems, complaints or requests to the administration. Volunteers may not give the residents anything or receive anything from a resident except as designated by the Refuge at Christmas or graduation.
23. Credit for completion of classes will not be given for attendance only but must include cooperation and participation.
24. Weekly and weekend menus and grocery lists must be turned in by Friday at supper for the next week. Failure to do so in writing will automatically result in a DR.
24. On occasion you may be required after assessment to have special sessions with counselors or ministers regarding specific needs whether they be personal in nature or due to some disciplinary problem. We reserve the right to alter your classes or program structure after discussion with you to suit your needs.
25. Before graduating from the program any resident wishing to obtain new address and leave the program MUST discuss this proposed change with his parole officer at least 15 days prior to the planned departure.
26. Four hours of community service can result in being given a merit. This can be a prescribed activity by the Refuge staff or it can be extra duties performed by residents beyond the normal required work schedule. This could include work on Saturdays when not otherwise scheduled as a work day. Merit can be used to cancel demerits but cannot cancel automatic dismissal rules.
27. Any resident seeking an extension beyond the normal nine month program period will be required to petition the board six weeks prior to the end of his program period. The board (minimum of three members) will meet personally with them and make a determination of their request. If accepted the resident will be required to sign a covenant extension. Basically the covenant will be the exact same rules and regulations as before and the resident would be subject to return to DOC custody should they fail to keep the covenant the same as in the original nine month covenant period. Also they would be required to pay a sum of approximately \$300 per month during the additional time period. \_\_\_\_\_(initials)

# PASSES

## Passes are a privilege not a right.

### 1. Pre-Requisites

- A. Must be completely cooperating in class and work assignments.
- B. Must be pre-approved by parole office for overnight visits.
- C. No out of state passes are allowed.
- D. Must willingly submit to drug test on return from all passes.
- E. Must be an approved environment.
- F. Must have a predetermined purpose.
- G. Transportation will be the responsibility of the resident.
- H. Abuse of times, places and purposes of passes will guarantee that no further passes will be granted.
- I. Your parole officer will be notified immediately of any infraction of the pass rules. No exceptions.
- J. You must request passes at least two weeks in advance to allow for approvals unless a family emergency arises.
- K. One family member will be designated to be responsible for you while on pass. You should be with this person at all times. They must go thru orientation before you leave the premises. You must continue to abide by all rules while on pass.

### 2. Provisions

- A. After 3 months– 4 hour pass– Sat. only– once per month.
- B. After 4 months- 8 hour pass- Sat. only- once per month
- C. After 5 months– 12 hour pass– Sat. only-once per month
- D. After 6 months- 24 hour pass will be allowed from Fri. (5pm)- to Sat. (5 pm)- \*\*
- E. After 7 months- 48 hour pass will be allowed from Fri. (5pm)- to Sun. (5pm) once per month. \*\*
- F. After 8 months– 48 hour pass will be allowed from Fri. (5pm)- To Sun. (5pm) once. \*\*

\*\* A phone call is required from the resident and responsible party upon arrival at destination and before 9:00 am on Sat and/or Sun. for 24 and 48 hour passes. Additional time may be allowed for travel or work relocation.

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

# House Rules

1. You will have an assigned room. This room will be occupied by yourself and one other resident. Do not rearrange it or put anything up on the walls.
2. You will be required to keep your room and your personal items clean and neat at all times. Hampers will be provided for dirty clothing. Shoes will be stored neatly under the head of the bed.
3. You will rotate with other residents on general housekeeping duties and cooking responsibilities (Assigned by the resident manager and approved by staff.) However, when you use any part of the house and make a mess YOU are required to clean it up.
4. All articles in the house have “a place”. You will be required to return them to their place when you finish using them.
5. YOU must clean the shower, sink or toilet (as needed) after personal use. Towels, washcloths, soap and any other personal items are to be put away after use. Please limit your time in the bathroom to allow everyone opportunity to shower, shave, etc. in a timely manner.
6. NO food or eating in the bedrooms or living room.
7. No dishes are to be left in the sink. They should be rinsed and put into the dishwasher to be sanitized.
8. Menus and grocery lists will be prepared on Friday for the following week (Monday-Sunday). The menu will be cooked each day by those assigned. There will be plenty of variety. Should you choose not to eat the assigned meals that is your choice but you will not be allowed to prepare other food.
9. CLEAN all appliances after EACH use. Make sure the dryer vent is cleaned before EACH use.
10. DO NOT overload the washer or dryer or wash a load so small that it is a waste of electricity (i.e. a pair of pants and one shirt.). A washing schedule is posted by room. You may wash and dry clothes on that day only unless the person in the assigned room gives you permission.
11. CONSERVE ENERGY by keeping lights off when not in the room.
12. This is a CHRISTIAN FACILITY. Videos must be approved by staff and should not be rated more than PG-13. Television watched should have no profanity, not be sexually oriented nor contain any references to witchcraft or the occult. The television should be kept low enough to be heard in the living room only and should be turned off at curfew and when not in use.
14. Music should not contain any profanity, hate language, sexual references. **Therefore, you will only be allowed to listen to Christian music.** This applies on or off the premises.
15. DO NOT go into anyone else’s room. DO NOT “borrow” anything that does not belong to you.
16. Each person’s identity and any information shared by them is to be kept confidential. Do not disclose any information about residents to anyone outside the residence..

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

17. The dormitory WILL BE QUIET and LIGHTS WILL BE OUT after curfew.
18. Appropriate dress is required at all times.  
Work days– Jeans or other work pants with belt fastened **at the waist, (this means the bottom of your belt must be above the highest point of the hip bone)** shirt or t-shirt (No Tanks), work boots or tennis shoes, hat or cap (not inside the building.)  
Chapel Services– Jeans, khaki's, shirt (buttoned or pull over– no t-shirts), tennis shoes or loafers.  
Church Services (off campus)- Dress trousers/ khaki's– button-up shirt, dress shoes.
19. Hair must be kept neat and the length should not exceed the collar of a dress shirt. No earrings or other jewelry items will be allowed other than a simple gold chain or chain with a cross.
20. Due to limited space and availability of clothing and in the interest of treating each individual equally clothing will consist of the following-  
 6 pair of underwear, 6 undershirts, 6 pr. of work socks, 3 pair of dress socks, 6 pair of work pants, 6 work shirts or pull overs, 1 pair of dress shoes, 1 pair of work shoes and one pair of tennis shoes, a work coat, dress coat, a suit & tie if possible and/or 3 pair of dress pants and 3 dress button-up shirts and a bath robe. While the Refuge of Hope is not required to provide all of these items we will make every effort to obtain them for you. They will not all be new but will be in good usable condition.
21. Everyone is to be out of bed and dressed for the day as scheduled. You must shower and shave at least once each day (morning or evening as scheduled). You will be required to wear your bathrobe to and from the shower. Brush your teeth a minimum of twice per day. Beards/mustaches are allowed. Please keep neat and clean.
22. REPORT ANY INJURY OR SICKNESS IMMEDIATELY. We want to make sure that anyone needing medical care is taken care of immediately.
23. The residence is clearly marked with EXITS. Fire extinguishers are provided. Also a sprinkler system is installed. Please leave immediately if a fire occurs. Do not attempt to remove personal items. Assemble at the front of the residence so that everyone can be accounted for..
24. Personal conflicts between residents should be brought to the directors attention immediately.
25. Personal vehicles will only be allowed once a valid driver's license is obtained and proper insurance is purchased. This step will occur in the NEW BEGINNING phase as your are preparing to leave the Refuge of Hope.

**I agree to discuss my situation with my parole officer and depart immediately from the facility in the event that the staff determines that I am not fulfilling the terms of my agreement at the Refuge. I have read, understand and agree to abide by the above rules.**  
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**Resident's Signature**