Resident Application Packet

SSM is a structured, recovery-focused residential ministry dedicated to helping women build stability, healing, emotional wellness, sobriety, accountability, and healthy community living.

This application helps staff understand each applicant's background, recovery needs, support systems, and goals to determine appropriate placement and support within the program.

Religious or spiritual participation is entirely the resident's choice. It is voluntary and is not a requirement for admission or continued participation in Safe Haven.

Personal Information

Full Legal Name: _____

Preferred Name / Nickname: _____

Date of Birth / Age: _____

Phone Number: _____

Email Address: _____

How to complete and return this packet

1. Print this packet and complete the applicant sections. Leave staff-use sections blank.

2. Review the court coordination information and resident agreement at the end of the packet. Ask SSM about anything you do not understand before signing.

3. Visit **sistersinserviceministry.org** and contact Sisters in Service Ministry to arrange a private way to return your completed packet.

Protect your privacy: Do not post your completed application or personal information in public website comments or on social media.

Living Situation, Contacts & Wellness

Current Address: _____

City: _____ State: _____ ZIP: _____

Current Living Situation

Are you currently experiencing homelessness? [ ] Yes [ ] No

Do you currently have reliable transportation available? [ ] Yes [ ] No

Emergency Contact Information

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Alternate Phone Number: _____

Mental Health & Wellness

How would you describe your current emotional and mental well-being?

_____

_____

_____

Are you currently receiving counseling, therapy, or medical care? [ ] Yes [ ] No

Current medications (if applicable):

_____

_____

_____

Recovery & Support Information

Have you experienced significant trauma, abuse, neglect, or violence in your life? [ ] Yes [ ] No

You may share as much or as little as you feel comfortable sharing.

_____

_____

_____

Are you currently experiencing thoughts of self-harm or suicide? [ ] Yes [ ] No

Recovery & Support Information

Please list substances you have struggled with in the past or present:

_____

_____

_____

Date Last Used: _____

Have you previously participated in treatment, counseling, or sober living?

_____

_____

_____

What recovery supports or coping tools have helped you most in the past?

_____

_____

_____

Legal & Program Information

Are you currently involved with probation, parole, court supervision, diversion services, or drug court? [ ] Yes [ ] No

If yes, please explain briefly:

_____

_____

_____

Probation / Parole Officer Name: _____

Important court requirements or restrictions:

_____

_____

_____

Additional Information

Is there anything you would like us to know about you?

_____

_____

_____

_____

Resident Agreement & Program Expectations

• Maintain sobriety and comply with program expectations.
• Treat staff, volunteers, and fellow residents respectfully.
• Refrain from violence, threats, harassment, bullying, or disruptive behavior.
• Participate in required program meetings and shared household responsibilities.
• Follow curfew, transportation, visitation, and accountability expectations.
• Maintain healthy boundaries and respectful relationships.
• Cooperate with appropriate support plans and referrals. Religious or spiritual activities remain entirely voluntary.

Applicant Acknowledgment & Staff Review

Applicant Acknowledgment

I understand that SSM's Safe Haven is a recovery-focused residential program designed to promote sobriety, accountability, emotional wellness, personal growth, personal responsibility, and healthy community living.

I understand that program participation requires honesty, cooperation, respectful conduct, and compliance with program expectations. Religious or spiritual participation is entirely my choice.

I understand that failure to comply with program expectations may result in corrective action, increased structure, temporary restrictions, or dismissal under the Safe Haven Rules & Regulations.

Applicant Name: _____

Applicant signature: _____ Date: _____

Staff Use Only

Interview Completed By: _____

Interview Date: _____

Recommendation / Notes:

_____

_____

_____

_____

_____

_____

_____

Court & Probation Friendly Intake

Program Overview

Safe Haven is a structured, recovery-focused residential program of Sisters in Service Ministry, Inc., a nondenominational ministry. It supports women through healing, sobriety, accountability, emotional wellness, personal growth, and community reintegration. Safe Haven is not a medical or treatment facility.

The program may work with probation officers, parole officers, courts, counselors, churches, treatment providers, and referral agencies when appropriate and with proper written consent from the resident. Its goal is a safe, supportive environment encouraging long-term recovery, personal responsibility, stability, and positive life change.

Religious or spiritual participation is entirely the resident's choice. It is voluntary and is not a requirement for admission or continued participation in Safe Haven.

Compliance & Supervision Information

Current involvement: [ ] Probation [ ] Parole [ ] Diversion Program
[ ] Drug Court [ ] Other Court Supervision [ ] None

If yes, explain briefly:

_____

Probation / Parole Officer: _____

Agency / Department: _____

Officer Phone / Email: _____

Court Requirements or Conditions: _____

Next Court Date (if applicable): _____

Communication Authorization

Do you authorize SSM to communicate with probation officers, parole officers, courts, counselors, treatment providers, or referral agencies regarding attendance, participation, progress, and program compliance? [ ] Yes [ ] No

If yes, applicant initials: _____. Complete the appropriate separate signed Communication Authorization, identifying authorized recipients and information, when required for agency coordination.

Emergency Contact

Name / Relationship: _____

Phone / Alternate Phone: _____

Applicant signature: _____ Date: _____

Staff verification - name: _____ Date: _____

Resident Agreement & Program Expectations

Purpose

This agreement supports a safe, structured, respectful, recovery-focused living environment. Residents are expected to cooperate with program guidelines and contribute to the safety and well-being of the household. Detailed requirements are in the Safe Haven Rules & Regulations, Rules 1-37.

Recovery, Respect & Participation

• Maintain sobriety and follow the drug- and alcohol-free policy and testing requirements.
• Take prescribed medications only as directed by a healthcare provider; residents manage their own medication.
• Attend required program meetings, appointments, classes, and productive activities as applicable.
• Work toward recovery, employment or education when appropriate, personal growth, and life skills.
• Communicate honestly and respectfully with staff about concerns, schedules, and progress.
• Refrain from violence, threats, harassment, bullying, theft, and disruptive conduct.
• Respect personal boundaries, shared living spaces, belongings, and resident privacy.

Outside counseling, treatment, or other services may be coordinated when appropriate; Safe Haven does not provide medical or substance-use treatment. Religious or spiritual participation is entirely the resident's choice. It is voluntary and is not a requirement for admission or continued participation in Safe Haven.

Household, Visitors & Travel

• Maintain hygiene, keep personal and shared areas clean, and complete assigned chores.
• Follow visitation, relationship, electronic-device, curfew, and approved-outing requirements in Rules 1-37.
• Obtain staff approval for visitors and travel when required.
• Transportation depends on availability and is not guaranteed for every request.
• Follow safety procedures and cooperate with staff during emergencies.

Resident Program Contribution

The program contribution is $800 per month per resident, including housing and ordinary utilities: electricity, water, heating, and laundry-facility use. Food is not included. Residents purchase and prepare their own food and retain control of their EBT cards, PINs, and SNAP benefits. Safe Haven does not accept SNAP benefits toward fees or other charges. Any approved hardship arrangement must be documented under Rule 33.

Accountability & Policy Changes

Violations may result in corrective action, restrictions, program review, or dismissal under Rules 2 and 31-32. Material rule changes require Board approval under Rule 34, and residents will be informed of significant changes. Residents may raise concerns through the grievance procedure in Rule 22.

Resident Acknowledgment

I have received and reviewed this agreement, had an opportunity to ask questions, and understand the expectations and contribution terms. I will receive and acknowledge Rules 1-37 separately. Religious or spiritual participation is my choice.

Resident Name: _____

Resident signature: _____ Date: _____

Staff signature: _____ Date: _____