



*An Outreach Ministry of Witness International, Inc.*

## **Policies, Procedures, Consents, and Application**

***Witness International, Inc.***  
**Witness House Of Hope**

### **Witness International History**

Founded in 1992 by Rev. Howard and Dana Travers, Witness International, Inc., is a non-profit, faith-based ministry located in Salisbury, Maryland. Witness International provides ministry resources and services to prisoners, ex-offenders (those newly released from incarceration), and their families. Established in 2001, Witness House of Hope is an outreach ministry of Witness International, Inc.

### **Witness House Of Hope Program Mission**

Through establishment of a Christian transitional living and recovery center, newly released ex-offenders discover help, hope, and healing and are better prepared to live and work in the community as productive and responsible citizens.

### **Witness House Of Hope Program Goals**

- To provide a structured living environment that encourages, promotes, and enhances each resident's recovery and transition.
- Having achieved full-time employment.
- Having fulfilled all financial responsibilities.
- Having achieved a Graduation Equivalency Diploma.
- Having achieved permanent housing upon Program discharge.
- Having received training and experience in (3) marketable job skills.
- Having established an interest-gaining account of \$1,000.00 or more.
- Being an active sponsor, mentor, and / or accountability partner to another.
- Serving as an active and contributing member of a community religious group.

### **Witness House Of Hope Program Interventions**

- Oversight and management of resident activities, duties, and responsibilities with appropriate incentives and sanctions.
- Partnerships with federal, state, and local agencies, and organizations that enhance program functionality.
- Substance abuse education and treatment that encourages healthy recovery.
- Adjunct life-skills programs and activities that help increase self-esteem and self-actualization.

## Witness House Of Hope Criteria For Acceptance

- Applicants must be male, (18) years of age or older.
- Applicants must be in a controlled environment (28) days prior to residency.
- Applicants must be generally in good physical, emotional, and mental health.
- Applicants must be willing to become a productive member of the community.
- Applicants must be willing to commit to the completion of a structured Program.
- Applicants must have demonstrated cooperative behavior throughout incarceration.
  
- Applicants convicted of arson are not accepted.
- Applicants on psychotropic medications are not accepted.
- Applicants with primary mental health deficiencies are not accepted.
- Applicants convicted of adult or child sexual offenses are not accepted.
- Applicants unwilling to submit to authority and direction are not accepted.
- Applicants lacking financial resources and / or reserves are not accepted.
- Applicants lacking motivation toward personal growth / change are not accepted.
- Applicants only seeking a sanctioned home plan for parole release are not accepted.

## Witness House Of Hope Procedure For Acceptance

### 1. Complete The Residency Application With \$200.00 Entrance Fee

*The Witness House of Hope Residency Application shall be printed or typed and shall be completed in its entirety. Incomplete applications shall not be accepted. The Witness House of Hope Residency Application shall be mailed with a \$200.00 Entrance Fee to:*

*Witness International, Inc.  
Post Office Box 2797  
Salisbury, Maryland 21802*

*The Entrance Fee shall not be considered “down payment nor a security deposit.” The Entrance Fee secures placement while the Witness International staff completes its investigation for residency. If residency is denied, the Entrance Fee shall be promptly refunded. If residency is accepted, the Entrance Fee shall be utilized to prepare the residence for occupancy. If residency is accepted, the Entrance Fee shall be non-refundable.*

### 2. Interview

*The Witness International President or another duly designated Witness International staff member shall conduct a personal interview of the potential resident. If the residency candidate is denied residency, the Entrance Fee shall be promptly refunded.*

### 3. Investigation

*The Witness International President or another duly designated Witness International staff member shall conduct a background investigation of the potential resident. This investigation shall include (but shall not be limited to) recommendations, referrals, interviews, and site visits by and with representatives of the court, correctional staff, community supervision employees, Parole and Probation officers, former employers, supervisors, landlords, and any other individual(s) deemed important to the interview process. If the residency candidate is denied residency, the Entrance Fee shall be promptly refunded.*

### 4. Notification

*The residency candidate shall be notified in writing within (72) hours of the investigation of either acceptance or denial of Witness House of Hope residency. If the residency candidate is denied residency, the Entrance Fee shall be promptly refunded. If accepted for residency, the residency candidate shall keep Witness International informed in writing of any and all updates and / or changes in status which may potentially affect residency.*

### 5. Intake

*The residency candidate shall report promptly with minimal necessary personal property to Witness House of Hope on the designated date and at the designated time scheduled for Intake. At the time of Intake, the residency candidate shall submit \$110.00 (first week) or \$440.00 (first month) in Program Fees for residency. Failure to report on the designated date and at the designated time scheduled for Intake (for any reason) shall constitute forfeiture of residency, as shall failure to submit the first week (first month) of Program Fees.*

*I have read and have had opportunity to have Witness International's Procedure For Acceptance Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Procedure For Acceptance Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Witness House Of Hope Policies And Procedures

### I. Bathroom Conditions

*Witness House of Hope residents shall be responsible for maintaining a healthy and sanitary bathroom environment at all times. Common courtesy, respect, and decency demand that universal health precautions be observed before and after use of the facility bathroom.*

A1 - *Witness House of Hope residents shall flush the toilet after each use.*

A2 - *Witness House of Hope residents shall wash their hands after each and every bathroom visit.*

A3 - *Witness House of Hope residents shall use the room deodorizer provided.*

A4 - *Witness House of Hope residents shall be properly adorned when exiting the bathroom. Public nakedness shall not be permitted.*

A5 - *Witness House of Hope residents shall use the bleach concentrate provided under the bathroom sink to disinfect the shower, sink, and bathtub after each use.*

A6 - *Witness House of Hope residents shall clean the bathroom after each use.*

A7 - *Witness House of Hope residents shall store personal hygiene items in their dorm room and not in the bathroom.*

A8 - *Witness House of Hope residents shall utilize the bathroom facilities for bathroom purposes only. Any resident found smoking in a bathroom (or any other part of said residence) or committing any other such act not deemed a bathroom function shall be subject to termination of Witness House of Hope residency.*

*I have read and have had opportunity to have Witness International's Bathroom Conditions Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Bathroom Conditions Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## II. Chores

*Witness International takes pride in the appearance of its ministry facilities. Therefore, cleanliness and organization shall be deemed a priority among Witness House of Hope residents. Dirt, clutter, and disorganization shall not be tolerated. Witness House of Hope residents shall be expected to successfully complete dorm room and household chores on a daily and weekly basis.*

B1 - *Witness House of Hope residents shall be assigned household (common area) chores during the House Meeting conducted on Sunday evenings at 9:00 p.m.*

B2 - *Witness House of Hope chores shall be rotated on a weekly basis.*

B3 - *Witness House of Hope residents shall complete household chores in accordance with the expectations outlined on the Duty Assignment Sheet.*

B4 - *Witness House of Hope residents who refuse to complete dorm room and / or household chores and / or refuse to comply with procedures of general cleanliness and order shall be terminated from Witness House of Hope residency.*

*I have read and have had opportunity to have Witness International's Chores Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Chores Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## III. Confidentiality

*The confidentiality of resident records shall be strictly protected by Federal and state regulations. Witness International, Inc. shall be prohibited by law from disclosing any information about any Witness House of Hope resident unless the consent is provided to Witness International in writing, the disclosure is allowed by a court order, or the disclosure is given to medical personnel in a medical emergency.*

C1 - *All information regarding Witness House of Hope residents shall be held in strictest confidence.*

C2 - *An exception to disclosing confidential information shall involve instances of homicidal and / or suicidal ideation and / or behavior which might endanger the safety, security, and / or well-being of others.*

*I have read and have had opportunity to have Witness International's Confidentiality Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Confidentiality Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **IV. Computers / Electronic Devices / Televisions**

- D1 - *Only laptop personal computers or IPADs shall be permitted for usage by Witness House of Hope residents. Desktop computers shall not be permitted. Wireless connection is available. Witness International staff shall provide Witness House of Hope residents with the wireless connection key.*
- D2 - *CD players and IPODs shall be permitted for use by Witness House of Hope residents.*
- D3 - *Personal televisions and DVD players shall be strictly prohibited for use.*
- D4 - *The volume for all computers, electronic devices, and television shall be maintained at a level that cannot be heard outside the room.*
- D5 - *In order to conserve energy, Witness House of Hope residents shall ensure that these and all other electronic devices, fans, lights, air conditioners, etc. are turned off upon exiting any room.*

*I have read and have had opportunity to have Witness International's Policy regarding computers, electronic devices, televisions, etc. explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **V. Curfew**

*A curfew time of 9:00 p.m. is established for all Witness House of Hope residents unless employed in a verified work detail or community service project that warrants otherwise.*

- E1 - *Witness House of Hope residents shall be expected to be inside the residence by 9:00 p.m. at which time house and parameter security alarms are activated.*
- E2 - *Witness House of Hope residents shall be expected to be in bed with lights, electronic devices, and television off no later than 12 midnight.*
- E3 - *Repeated violation of curfew regulations by Witness House of Hope residents shall result in sanctions being initiated.*

*I have read and have had opportunity to have Witness International's Curfew Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Curfew Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## VI. Dorm Room Conditions

*Witness House of Hope residents shall be expected to maintain their dorm room in a neat, clean, and orderly fashion at all times. Witness House of Hope residents shall not be permitted to alter or amend their dorm room in any fashion without the expressed consent of the Witness International President.*

- F1 - *Witness House of Hope residents shall be expected to keep all personal property in their dorm room. Personal property located in other parts of the residence shall be confiscated and resold to the resident at a price determined by Witness International staff.*
- F2 - *Witness House of Hope residents shall keep all clothing neatly hung in the closet or neatly folded in the chest of drawers provided. Clothing shall not be permitted to be stacked on the resident's bed, furnishings, or on the floor.*
- F3 - *Wet or soiled laundry and towels shall be maintained in the laundry hamper provided or neatly hung in the closet. Wet or soiled laundry or towels shall not be permitted to be hung on any doors or furnishings.*
- F4 - *Witness House of Hope resident shoes shall be neatly stored in the resident's closet.*
- F5 - *Witness House of Hope residents shall keep dorm room floors clean and clear of clutter at all times.*
- F6 - *Witness House of Hope residents shall keep clothing chests, night stands, curtains, and lamp shades free of trash, clutter, clothing, towels, and other articles.*
- F7 - *Witness House of Hope residents shall not tape, nail, or hang anything on the walls. A bulletin board is provided for pictures, notes, and schedules.*
- F8 - *Witness House of Hope residents shall sleep in their own assigned dorm room and in their own assigned bed. Sleeping on the floor, sofa, recliner, or in any other part of Witness House of Hope shall be strictly prohibited.*
- F9 - *Witness House of Hope residents shall be expected to make their bed daily. Sheets are to be tucked in tightly with pillows arranged in an orderly fashion.*
- F10 - *Witness House of Hope residents shall empty their dorm room trashcan on a weekly basis.*
- F11 - *Witness House of Hope residents shall not be permitted to enter into nor congregate inside any other resident's dorm room.*



*I have read and have had opportunity to have Witness International's Dorm Room Conditions Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Dorm Room Conditions Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **VII. Dress Code**

*Witness House of Hope residents shall be fully dressed when outside the Witness House of Hope residence (for any reason) and shall maintain a clean, neat, orderly appearance.*

G1 - *Witness House of Hope residents shall not be permitted to wear shirts, jackets, tee-shirts, etc. that promote substance use, violence, sex, racism, or negative ideation. This also includes logos and / or pictures or any apparel / colors deemed gang related or associated. Such apparel will be promptly confiscated by Witness International staff.*

G2 - *Witness House of Hope residents shall wear pants at the waist and not down on the hips.*

G3 - *Witness House of Hope residents shall not be permitted to wear sunglasses and / or hats inside the building. Hats shall be worn in the forward position only.*

G4 - *Witness House of Hope residents shall change clothes immediately upon arriving home from work. Residents shall not be permitted to sit upon any furniture unless their person and clothing are clean.*

*I have read and have had opportunity to have Witness International's Dress Code Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Dress Code Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VIII. Entrance Fee**

*A \$200.00 Entrance Fee shall accompany each Witness House of Hope application for residency. The Entrance Fee shall be received prior to consideration being granted for Witness House of Hope residency.*

H1 - *The \$200.00 Entrance Fee shall not be considered a “down payment or security deposit.”*

H2 - *The only reason for which the applicant’s Entrance Fee shall be refunded is if for any reason prior to residency the applicant’s application is denied or rejected.*

H3 - *If the applicant’s application is accepted and approved, the Entrance Fee shall reserve the applicant’s residency at Witness House of Hope and shall be utilized to prepare the residence for occupancy.*

*I have read and have had opportunity to have Witness International’s Entrance Fee Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International’s Entrance Fee Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## IX. Financial Conditions

*Witness House of Hope residents shall understand that Witness House of Hope is a self-pay program. Witness House of Hope residents shall be expected to pay for the transitional living and recovery services provided. Witness House of Hope residents shall be required to submit \$110.00 in cash or money order weekly (\$440.00 monthly) to Witness International. Such fees shall not be considered “rent” but are rather a “Program Fee” for costs associated with resident housing, utilities, limited food, supplies, case management, and supervision.*

- 11 - Witness House of Hope residents shall understand that payment of the weekly (monthly) Program Fee is a priority.*
- 12 - Witness House of Hope residents shall be required to submit said Program Fee a minimum of (1) week in advance of services provided.*
- 13 - Witness House of Hope residents shall be offered the option of having Witness International staff manage their finances. This Program Fee and any other expenses shall be deducted from the resident’s income and applied accordingly. The Witness House of Hope resident shall be provided a weekly statement of financial income and expenses, deductions, savings, etc.*
- 14 - Any Witness House of Hope resident who is in arrears (2) weeks of Program Fees shall be immediately terminated from Witness House of Hope residency without exception.*
- 15 - Witness International legal counsel shall file a court judgment against any present or former Witness House of Hope resident who is delinquent of Program Fees, cleaning fees, storage fees, repair / replacement fees, etc.*

*I have read and have had opportunity to have Witness International’s Financial Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International’s Financial Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## X. Full Disclosure

*Witness International shall not accept individuals for residency to Witness House of Hope who have been convicted of a past or present sexual offense in any form including statutory rape, attempted rape, sodomy, sexual misconduct, sexual assault, indecent exposure, child abuse, or child molestation. Reports of sexual misconduct on the part of any current resident shall be immediately reported to the Witness International President for investigation. Reports may be submitted verbally or in writing.*

*Witness International shall not accept individuals for residency to Witness House of Hope who have a past or present conviction of arson or attempted arson. Any individual found guilty of these crimes either in the past or present shall be immediately terminated from residency at Witness House of Hope. Findings of failure to report such instances either prior to or after residency at Witness House of Hope may result in formal criminal charges being levied against the resident for violation of Witness International's Full Disclosure Policy.*

*I have read and have had opportunity to have Witness International's Full Disclosure Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Full Disclosure Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## XI. Group Activities

J1 - *Witness House of Hope residents shall be expected to remain together as a group at all off-site activities and functions.*

J2 - *Unless otherwise approved, Witness House of Hope residents are not permitted to invite family and / or friends to any scheduled group event.*

*I have read and have had opportunity to have Witness International's Group Activities Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Group Activities Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **XII. Health Policy**

*All residents of Witness House of Hope shall be expected to maintain their physical, emotional (psychological), financial, relational, and spiritual well-being. This involves a healthy diet; exercise; an annual physical; psychological, spiritual, pastoral and financial counseling; budgeting, dental care, and more.*

*All Witness House of Hope residents shall make application to receive Emergency Medical Assistance through the Maryland State Department of Social Services. If proven ineligible to receive Emergency Medical Assistance, Witness House of Hope residents shall make application to secure medical insurance through their employer or an individual health care provider within (28) days of admission to Witness House of Hope. If proven ineligible to receive Emergency Medical Assistance or health insurance benefits through their employer, Witness House of Hope residents shall be expected to pay out-of-pocket for medical and / or emergency treatment.*

*K1 - In accordance with HIPPA mandated requirements, all Witness House of Hope residents shall be expected to submit to Witness International staff documentation of their current physical and mental health status.*

*K2 - Within (24) hours of receiving notification, residents shall be required to submit any information which may jeopardize the health and / or general well-being of other Witness House of Hope residents within the living environment. In cases of a medical emergency, Witness House of Hope residents are advised to call 911 for emergency assistance. **Emergency counseling is also available by calling Life Crisis at (410) 749-4357.***

*K3 - Witness House of Hope residents shall be encouraged to complete a Living Will or Medical Order For Life Sustaining Treatment (MOLST) and either secure these documents in their possession, in the possession of their primary physician, in the possession of their emergency contact person, or in the possession of Witness International.*

*K4 - Witness House of Hope residents shall be encouraged to employ universal health precautions whenever in contact with blood or other bodily fluids.*

*K5 - An emergency kit shall be maintained under the sink in the kitchen of Witness House of Hope.*

*K6 - Spray bottles of bleach / water mix shall be maintained for disinfection of the shower and toilet in the bathroom of Witness House of Hope.*

*K7 - Household cleaning supplies for generalized cleaning purposes shall be maintained under the sink in the kitchen of Witness House of Hope. Residents shall notify Witness International staff when such supplies are in need of replacement. Such supplies shall be replenished with due consideration given to house occupancy.*

- K8 - *Witness International, Inc. shall not be held liable for any communicable or contagious disease(s) which any Witness House of Hope resident may contract, or have contact with, during his enrollment in the Witness House of Hope Program.*
- K9 - *For spiritual health, all Witness House of Hope residents shall be expected to be actively involved in daily and weekly disciplines of prayer, fasting, spiritual readings, etc.*

*I have read and have had opportunity to have Witness International's Health Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Health Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **XIII. Heat and Air Conditioning**

*Witness House of Hope residents shall understand the importance of conserving energy and financial resources whenever and however possible.*

- L1 - *The Witness House of Hope thermostat is to remain at a comfortable (65) degrees. Witness House of Hope residents are expected to regulate their body temperature by adding or removing articles of clothing. The thermostat shall not be adjusted according to personal preferences.*
- L2 - *The door leading upstairs shall be kept open in the Winter and shall be closed in the Summer in order to conserve heating and air conditioning.*
- L3 - *In order to conserve energy, Witness House of Hope residents shall turn off all fans and air conditioners prior to departing the residence.*

*I have read and have had opportunity to have Witness International's Heating and Air Conditioning Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Heating and Air Conditioning Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **XIV. House Meetings**

*Witness House of Hope meetings are for the delegation of household responsibilities, coordination of scheduling, and problem solving. Initiated by Witness International staff, problem solving measures may involve majority rule vote casting by Witness House of Hope residents which (in some instances) may result in residency termination for any individual found to be non-compliant with Witness House of Hope rules, regulations, and guidelines.*

M1 - *Unless otherwise preapproved, all Witness House of Hope residents shall be expected to attend Witness House of Hope meetings.*

M2 - *Witness House of Hope meetings shall be scheduled weekly on Sunday evenings at 9:00 p.m. and / or at other times as deemed appropriate by Witness International staff.*

*I have read and have had opportunity to have Witness International's House Meetings Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's House Meetings Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **XV. Hygiene**

*General good hygiene practices shall be observed by all Witness House of Hope residents.*

N1 - *Witness House of Hope residents shall be expected to shower and shave every day.*

N2 - *Witness House of Hope residents shall apply soap, shampoo, toothbrush, and deodorant daily.*

*I have read and have had opportunity to have Witness International's Hygiene Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Hygiene Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## XVI. Kitchen Conditions

*While limited food and / or drink items may be donated by Witness International from time-to-time, Witness House of Hope residents shall be largely financially responsible for the individual purchase of food and drink items. Witness House of Hope residents shall also be individually responsible for the preparation of, and clean-up after, all meals.*

O1 - *Witness House of Hope residents shall consume food and beverage items in the kitchen of the Witness House of Hope facility only. Consumption of food items elsewhere invites insects, pests, and rodents into the residence.*

O2 - *Witness House of Hope residents shall not be permitted to store food and / or drink items in their dorm room or in any other area outside the kitchen of Witness House of Hope.*

O3 - *Theft of food items shall not be tolerated. Individuals strongly suspected of theft of food items shall be immediately terminated from Witness House of Hope residency.*

O4 - *Witness House of Hope residents shall clean-up after each and every meal preparation and consumption. This includes stove, refrigerator, microwave, floor, and all appliances.*

O5 - *Dirty dishes and utensils shall be washed, dried, and stored after each meal.*

*I have read and have had opportunity to have Witness International's Kitchen's Condition Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Kitchen's Condition Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **XVII. Laundry Room Conditions**

*Witness House of Hope residents shall be offered washer and / or dryer use for \$1.00 per load. Residents shall use HE laundry detergent only. No other laundry detergent and / or substitutes shall be permitted for use.*

- P1 - *The facility washer and / or dryer shall be for resident use only.*
- P2 - *Witness House of Hope residents shall utilize the facility washer and / or dryer for personal laundry only.*
- P3 - *Witness House of Hope residents shall use HE laundry detergent only. Use of other materials and / or products shall constitute misuse of laundry equipment and shall constitute residency termination.*
- P4 - *Witness House of Hope residents shall not overload the washer and / or dryer with clothing in excess of capacity. Modest laundry capacity only.*
- P5 - *Witness House of Hope residents shall wash wet or soiled laundry or towels weekly.*
- P6 - *Witness House of Hope residents shall wash sheets and pillowcases every (3) weeks.*
- P7 - *Witness House of Hope residents shall be prohibited from dyeing any clothing or materials.*
- P8 - *Witness House of Hope residents shall promptly remove any and all clothing from the washer and / or dryer and from the laundry room after the last cycle.*
- P9 - *Witness House of Hope residents shall be expected to clean the washer, dryer, and filter after each load cycle.*
- P10 - *Witness House of Hope residents shall be expected to keep the laundry room neat, clean, and organized at all times.*
- P11 - *Any Witness House of Hope resident found mishandling, misusing, or vandalizing the washer or dryer shall be terminated from Witness House of Hope residency. Repair and / or replacement of laundry equipment shall be accessed accordingly in addition to legal charges as appropriate.*

*I have read and have had opportunity to have Witness International's Laundry Room Conditions Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Laundry Room Conditions Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **XIII. Mail And Packages**

*Witness International shall institute a uniform practice for delivery of mail and packages to residents of Witness House of Hope.*

Q1 - *No postal mail or packages shall be delivered to the Witness House of Hope residence.*

Q2 - *All incoming and outgoing mail shall be addressed to:*

*(Resident's Name)  
c/o Witness House of Hope  
Post Office Box 2797  
Salisbury, Maryland 21802*

Q3 - *All incoming packages addressed to Witness House of Hope residents shall be opened for inspection by Witness International staff prior to delivery to residents.*

Q4 - *Any suspicious letter shall be opened by Witness International staff for inspection prior to delivery to any Witness House of Hope resident.*

Q5 - *All mail addressed to Witness House of Hope residents shall be hand-delivered by a Witness International staff member to the resident it is addressed to. No mail and / or packages shall be delivered to any individual other than the addressee.*

Q6 - *Any and all mail and / or packages addressed to former Witness House of Hope residents shall be promptly returned to the sender without exception. Witness International shall not retain mail from former residents for pick-up or delivery.*

*I have read and have had opportunity to have Witness International's Policy regarding mail and packages explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **XIX. Medications**

*All residents of Witness House of Hope shall be expected to abide by prescribed mandates in regards to medications and administration of medications. Generally, other than over-the-counter medication, no other medications shall be permitted on Witness International property (this includes medications contained within privately owned vehicles parked at or on Witness International property) unless specifically approved in writing by the Witness International President.*

*R1 - Narcotics, muscle relaxers and enhancers, cough syrup, psychotropic medications, steroids, and any other prescribed remedies that are of the addictive quality or nature (as deemed so by Witness International staff) are strictly prohibited. Any Witness House of Hope resident found in possession of such unauthorized substances either on his person, in his dorm room, or in his property, shall have such substances confiscated by law enforcement or Witness International staff and his residency terminated.*

*R2 - All approved medications shall be maintained in their original dispensary form and shall be clearly labeled as belonging to the resident, shall be in the resident's name, with prescribed dosage, frequency of administration, and date of usage. Any loose medications and / or dispensary bottles found in the possession of any resident which are not clearly labeled as being prescribed to the resident and / or within date of usage shall be promptly confiscated by law enforcement or Witness International staff and the resident shall be terminated from residency. **Criminal charges for possession of unauthorized medications on ministry property may apply.***

*I have read and have had opportunity to have Witness International's Medication Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Medication Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## XX. Personal Property And Vehicles

*Witness International shall be responsible to provide a reasonably safe and secure living environment for its residents. Witness International, Inc. shall not be deemed responsible for items lost or stolen while in the possession of Witness House of Hope residents.*

- S1 - *Witness House of Hope residents shall be expected to maintain in their possession a minimal amount of personal property and only as much as is strictly necessary for residency and employment.*
- S2 - *Witness House of Hope residents shall be encouraged not to store or maintain items of value on Witness International property.*
- S3 - *Witness House of Hope residents shall be personally responsible for the safety, security, and well-being of their personal property.*
- S4 - *Witness House of Hope residents shall not be permitted to store excess personal property on the premises. Excess personal property not deemed necessary for residency or employment shall be confiscated by Witness International staff and sold for ministry purposes.*
- S5 - *Witness House of Hope residents shall be encouraged to secure and / or maintain personal property in a secure fashion.*
- S6 - *In order to maintain a personal vehicle on Witness International property, Witness House of Hope residents must possess a valid driver's license, vehicle registration, and proof of insurance. Any vehicle on the property not registered in the name of the Witness House of Hope resident shall be accompanied by a letter from the registrant permitting the resident's usage of the vehicle while a resident of Witness House of Hope.*
- S7 - *In order to maintain a personal vehicle on Witness International property, Witness House of Hope residents must ensure personal vehicles are properly tagged, operable, and must be maintained in good working condition at all times.*
- S8 - *Personal vehicles not maintained in good working condition shall be towed off Witness International property at the owner's expense.*

*I have read and have had opportunity to have Witness International's Personal Property and Vehicles Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Personal Property and Vehicles Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**XXI. Pets**

*No personal pets of any kind shall be permitted on or in any Witness International property except by special permission from the Witness International President.*

*I have read and have had opportunity to have Witness International's Pets Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Pets Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**XXII. Religious / Self-Help / Twelve-Step Attendance**

*A mandatory component of Witness House of Hope residency shall be weekly attendance and participation in religious, self-help, and twelve-step group meetings. Witness House of Hope residents shall be strongly encouraged to identify a "home group" and church / religious order for purposes of accountability and emotional and spiritual growth.*

T1 - *Witness House of Hope residents shall be mandated to attend and participate in weekly religious, self-help, and 12-step group meetings and activities.*

T2 - *Witness House of Hope residents shall submit weekly documentation of meeting attendance and participation as mandated.*

T3 - *Failure to submit documentation of meeting attendance and participation or submitting forged / manipulated documentation of such attendance and participation shall result in termination of Witness House of Hope residency.*

*I have read and have had opportunity to have Witness International's Meeting Attendance / Participation Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Meeting / Attendance Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **XXIII. Resident's Rights Policy**

- U1 - *Witness House of Hope residents shall have the right to be informed of Program rules, requirements, and expectations within (24) hours of admittance to Witness House of Hope.*
- U2 - *Witness House of Hope residents shall have the right to have these rules, requirements, and expectations explained to them in clear, concise, and non-technical terms and to have a copy of these rules given to them in writing.*
- U3 - *Witness House of Hope residents shall have the right to be treated with dignity and respect.*
- U4 - *Witness House of Hope residents shall be afforded personal privacy and confidentiality as prescribed by local, state, and federal regulations.*
- U5 - *Witness House of Hope residents shall have the right to a reasonably safe living environment that is protected from the invasion of illicit contraband and is free from physical or sexual harassment or exploitation.*
- U6 - *Witness House of Hope residents shall have the right to practice their religion within the constraints of the Witness House of Hope requirements. Such religious freedom shall be granted to the degree that the expressed practice of such religion does not create an undue burden upon Witness International staff or property nor imposes upon the rights and privileges, religious or otherwise, of other Witness House of Hope residents.*
- U7 - *Witness House of Hope residents shall have the right to refuse participation in research projects, public relations activities, media interviews, or promotional events without prejudice.*
- U8 - *Witness House of Hope residents shall have the right to terminate involvement in the Witness House of Hope program without prejudice, and to do so with the understanding that Witness International, Inc. is obligated to inform legal and judicial authorities and representatives who may have ordered completion of this Program.*

*I have read and have had opportunity to have Witness International's Resident's Rights Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Resident's Rights Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## XXIV. Restricted Areas

*Unless otherwise permitted by a Witness International staff member for specific purposes, the Witness International Ministry Office and staff residence (807 E. William Street) is considered out-of-bounds and off-limits to all Witness House of Hope residents.*

*I have read and have had opportunity to have Witness International's Restricted Areas Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Restricted Areas Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## XXV. Rule Infractions And Sanctions

### The Following Rule Infractions Will Result In Immediate Termination Of Residency

- 1 - *Harm or injury to a Witness International K9 (Criminal charges shall be filed)*
- 2 - *Intentional bumping, pushing, shoving, or hitting someone with intent to hurt, harm, maim, or injure (Criminal charges shall be filed)*
- 3 - *Violence or any threat of physical violence (Criminal charges shall be filed)*
- 4 - *Malicious damage or destruction of Witness International property (Criminal charges filed)*
- 5 - *Tampering with or disengaging a fire alarm or security camera (Criminal charges filed)*
- 6 - *Possession of a weapon or firearm (Criminal charges shall be filed)*
- 7 - *Possession of unauthorized medication(s) (Criminal charges shall be filed)*
- 8 - *Refusal to follow Program rules and requirements*
- 9 - *Refusal to submit to a random breathalyzer or urinalysis*
- 10 - *Use of illicit drugs and / or alcohol (Criminal charges shall be filed)*
- 11 - *Refusal to submit weekly Program Fee in a timely manner*
- 12 - *Sexual harassment*
- 13 - *Sexual relations with another resident or non-resident on the property*
- 14 - *Stealing or receiving stolen property (Criminal charges shall be filed)*

*I have read and have had opportunity to have Witness International's Rules For Termination of Residency explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Rules For Termination of Residency as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Following Rule Infractions Will Result In:

- A Verbal Warning (1<sup>st</sup> Offense)
- Written Warning (2<sup>nd</sup> Offense)
- Termination (3<sup>rd</sup> Offense)

- 15 - *Failure to comply with Bathroom Conditions Policy and / or Procedures*
- 16 - *Failure to comply with Dorm Room Conditions Policy and / or Procedures*
- 17 - *Failure to comply with Kitchen Conditions Policy and / or Procedures*
- 18 - *Failure to comply with Laundry Room Conditions Policy and / or Procedures*
- 19 - *Refusal to attend weekly mandated meetings (12-step, religious, self-help, etc.) and / or to submit verifiable documentation of attendance / participation*
- 20 - *Neglect of dorm room or household chores*
- 21 - *Private contracts that result in cover-up of confidential information-sharing*
- 22 - *Arguing or confrontation with a Witness International staff member*
- 23 - *Open disrespect or aggressive actions toward other Witness House of Hope residents*
- 24 - *Smoking in a non-designated area and / or disposal of a cigarette either on the ground or in an unauthorized manner*
- 25 - *Failure to properly dispose of trash in accordance with policy and / or procedures*
- 26 - *Gambling*
- 27 - *Possession of pornography or sexually seductive materials* (Witness International definition)
- 28 - *Use of foul or vulgar language*
- 29 - *Failure to exercise or comply with universal health precautions*
- 30 - *Pet(s) on the property*
- 31 - *Unauthorized visitor(s) on the property*

32 - *Out of bounds - in restricted areas of Witness International property*

33 - *Telephone abuse and / or misuse*

34 - *Misuse of general household or cleaning supplies*

35 - *Violation of mail / package policy and / or procedures*

36 - *Violation of a written Witness House of Hope policy or procedure*

*I have read and have had opportunity to have Witness International's Rule Infraction Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Rule Infraction Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **XXVI. Security**

*Witness International shall ensure a reasonably safe and drug / alcohol-free living environment for Witness House of Hope residents.*

V1 - *Security cameras and security alarms are utilized in all common areas in and around Witness House of Hope.*

V2 - *The security alarm shall be set and disarmed at a time duly established by Witness International staff.*

V3 - *Certified drug detection K-9 animals are utilized in and around Witness House of Hope. Witness House of Hope residents shall be notified when K-9 animals are being utilized inside Witness House of Hope and shall congregate in a common area until the K-9 search is complete. Residents shall not interfere with K-9 animals operating within their course of duty. All K-9 search and seizures are legal, binding, and admissible in court. Disciplinary action, sanctions, and / or legal action shall be waged against any resident found in possession of illegal substances.*

V4 - *Witness House of Hope residents shall ensure that all doors and windows are locked and window shades closed prior to exiting the house.*

*I have read and have had opportunity to have Witness International's Security Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Security Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## XXVII. Sexual Harassment And Misconduct

*Witness International adopts the PREA (Prisoner Rape Elimination Act) policy and procedures in regards to sexual harassment, misconduct and reporting.*

- W1 - *Sexual harassment in any form shall not be tolerated. Unwelcome sexual advances, requests for sexual favors, hostile conduct of a sexual nature or jesting in a sexual nature constitutes sexual harassment.*
- W2 - *Sexual relations in any form (including fondling, oral, or anal intercourse) between residents and / or non-residents shall be strictly prohibited in any form, at, or on any Witness International property. (This includes at, on, or inside any private vehicle parked at, or on Witness International property or upon the public street in front of or behind Witness International and Witness House of Hope).*
- W3 - *Witness International shall be a legally mandated reporter of sexual harassment and / or misconduct either on or off Witness International property. Reports of sexual harassment and / or misconduct shall be immediately reported to the Witness International President either verbally or in writing for investigation.*

*I have read and have had opportunity to have Witness International's Sexual Relations Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Sexual Relations Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## XXVIII. Smoking

*Cigarette smoking (only) shall be permitted on Witness International property and only in designated smoking areas. Cigarette smoking in any other area shall not be permitted. Smoking of any other product of any other nature (including vapor cigarettes) shall be strictly prohibited.*

- X1 - *All residents shall be expected to smoke outside, in the rear of the property. No smoking shall be permitted on the front of the property.*
- X2 - *No smoking shall be permitted inside the residence. This includes smoking inside the bathrooms, inside the porch, or inside the laundry room. Smoking in any other area of the property is a fire safety issue and shall be strictly prohibited.*
- X3 - *All residents shall be expected to dispose of cigarette butts in the disposal can provided outside the property and shall not be permitted to be disposed of on the ground. Violation of this policy shall result in confiscation of all resident cigarettes.*
- X4 - *Continual smoking violations shall result in confiscation of cigarettes, smoking privileges, and / or termination of residency. Smoking cessation classes are available for Witness House of Hope residents.*

*I have read and have had opportunity to have Witness International's Smoking Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Smoking Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **XXIX. Substance Abuse Treatment and Testing**

*All residents of Witness House of Hope are expected to be actively involved in recovery. This includes Intensive Out-patient Program (IOP) treatment, attendance at, and active participation in, substance abuse group therapy meetings, 12-Step Support Group Meetings, and / or substance abuse counseling.*

Y1 - *Any Witness House of Hope resident who refuses to be actively involved or to remain actively involved in recovery or in a substance abuse treatment program during his tenure at Witness House of Hope shall be terminated from residency.*

Y2 - *Witness House of Hope residents shall provide weekly official documentation of recovery as provided by the specified treatment provider and / or 12-Step recovery group.*

*In order to ensure the sanctity of the transitional living and recovery environment and the sobriety of all Witness House of Hope program residents, Witness International staff shall randomly perform breathalyzer and urinalysis testing. Any resident found to be actively engaged in drug and / or alcohol use shall be subject to termination of Witness House of Hope residency.*

Y3 - *The results of all random breathalyzer and urinalysis testing shall be considered final and conclusive as determined by test results performed by Witness International staff. Said results shall not be deemed open for interpretation or retesting either by Witness House of Hope residents, Witness International staff, or by an outside agency or source.*

Y4 - *Refusal to submit to a random breathalyzer and / or urinalysis shall be considered a "positive reading" and shall be grounds for immediate termination of Witness House of Hope residency.*

*I have read and have had opportunity to have Witness International's Substance Abuse Treatment and Testing Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Substance Abuse Treatment and Testing Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**XXX. Supplies**

*Witness International shall provide a reasonable amount of general household and cleaning supplies to Witness House of Hope residents on a monthly basis in accordance with household occupancy. Such supplies are for general household and cleaning purposes only and not for the personal use of any Witness House of Hope resident. Careful monitoring of general household and cleaning supplies prevents shortages. Witness House of Hope residents shall purchase specific household items as needed or desired. However, such items remain the property of Witness House of Hope for said usage.*

*I have read and have had opportunity to have Witness International’s Supplies Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International’s Supplies Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AA. Telephones**

*Witness International shall provide Witness House of Hope residents with a landline telephone for purposes of electronic monitoring and emergencies. Witness House of Hope residents shall respect the use of the telephone. Witness House of Hope residents shall also be aware that telephone conversations utilizing the Witness House of Hope communal landline telephone may be monitored or recorded for legal purposes.*

Z1 - *The Witness House of Hope phone shall be used for local calls (Salisbury area) only. No long-distance or international calls are permitted.*

Z2 - *Telephone conversations on the Witness House of Hope phone shall be limited as to not impose upon others waiting to utilize the telephone.*

Z3 - *Personal cell phones may be utilized inside the Witness House of Hope residence.*

Z4 - *Witness House of Hope residents shall ensure that Witness House of Hope staff are apprised of their most recent cell phone number.*

Z5 - *Cell phones shall be utilized in “vibrate” mode or turned off after 12:00 midnight.*

Z6 - *Cell phones shall not be utilized in any fashion during House Meetings.*

*I have read and have had opportunity to have Witness International’s Telephone Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International’s Telephone Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BB. Termination**

- A1 - *Election to terminate further residency and participation in the Witness House of Hope Program shall be given to the Witness International President, in writing within (24) hours of moving out of the transitional living and recovery center.*
- A2 - *A Witness International staff member shall accompany any resident terminating involvement in the Witness House of Hope Program in retrieving and removing any and all personal property from the residence.*
- A3 - *All personal property shall be removed entirely and completed from the property within (24) hours of submission of written intent. Any personal property remaining after (24) hours of written intent shall become the property of Witness International, and shall be subject to storage costs and retrieval fees.*
- A4 - *Former Witness House of Hope residents shall not be permitted to return to any Witness International property or to reenter any Witness International building at any time, under any condition without the expressed consent of the Witness International President. A violation of this policy shall result in criminal prosecution on trespassing charges.*
- A5 - *Any Witness House of Hope resident who is personally unavailable to remove his personal property from Witness House of Hope shall have his property removed by a Witness International staff member.*
- A6 - *Any Witness House of Hope resident who is personally unavailable to remove his personal property from Witness House of Hope and who does not have a designated individual retrieve such property shall have his personal property placed in storage for (1) week from the time of termination or leave choice.*
- A7 - *Any Witness House of Hope resident with personal property in storage after (1) week of termination or leave choice shall be assessed storage costs and retrieval fees at a rate of \$15.00 per day.*
- A8 - *Any Witness House of Hope resident with personal property in storage after (1) week of termination or leave choice shall not have his personal property returned until such time that all fees and fines are paid and agreed conditions of residency met.*
- A9 - *Any Witness House of Hope resident who elects to terminate his involvement in the Witness House of Hope program shall have any and all refunds paid via check within (7) business days of termination, minus any outstanding fees or fines assessed.*



*I have read and have had opportunity to have Witness International’s Rules For Termination of Residency explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International’s Rules For Termination of Residency as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CC. Trash Collection**

*Witness House of Hope residents shall maintain a clean living environment at all times. Failure to comply with trash collection and disposal shall be considered a health issue and rule violation.*

B1 - *Trash receptacles shall be conveniently located on and around Witness House of Hope. Witness House of Hope residents shall be responsible for ensuring that all trash, both inside and outside the facility is disposed of properly and in accordance with Witness International policy.*

B2 - *When full, trash shall be collected from all Witness House of Hope trash receptacles and shall be placed in the outside receptacle.*

B3 - *The outside trash receptacle shall be taken to the street (5 feet from the telephone pole with the opening to the street) no later than 8:00 a.m. Thursday morning for trash collection.*

B4 - *Witness House of Hope residents shall not harbor trash or clutter in, on, or around Witness International property. Failure to properly dispose of trash in accordance with Witness International policy shall constitute a rule violation.*

*I have read and have had opportunity to have Witness International’s Rules For Trash Collection explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International’s Rules For Trash Collection as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DD. Visitation**

*Witness House of Hope shall be considered a safe house. Visitors to Witness House of Hope are strictly restricted to only briefly transporting residents on or off the property. No visitors (official or unofficial) are permitted inside Witness House of Hope without the expressed permission of the Witness International President.*

C1 - *Witness International, Inc. shall not be held liable for the injury, illness, or death of any visitor while upon Witness International property.*

C2 - *Visitation with family and / or friends shall be arranged off-site - that is off Witness International property.*

C3 - *No trespassing signs shall be prominently displayed on Witness International property. Loitering on Witness International property shall be strictly prohibited. Violators shall be formally charged with trespassing and shall be prosecuted to the full extent of the law - without exception.*

*I have read and have had opportunity to have Witness International's Visitation Policy explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Visitation Policy as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EE. Work Conditions**

*Witness House of Hope shall be deemed a "working" program whereby each resident shall be financially responsible for his own housing and recovery. Witness House of Hope residents shall be required to contact the Witness International President in the event that any unusual conditions or changes arise in their work, schedule, or financial condition. Refusal to work or to remain employed shall constitute termination from the Witness House of Hope Program.*

*I have read and have had opportunity to have Witness International's Work Conditions explained to me. By affixing my initials, I hereby understand and agree to comply with Witness International's Work Conditions as it relates to my residency at Witness House of Hope.*

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness House Of Hope Application**

*(Please Print)*

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

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

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

Best Telephone Contact Number(s): \_\_\_\_\_

DOC / SID Number *(If applicable)*: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License Number *(If applicable)*: \_\_\_\_\_

Year / Make / Model Of Vehicle *(Or vehicle you have permission to operate)*: \_\_\_\_\_

Last Community Address: \_\_\_\_\_

Last Landlord Name and Address: \_\_\_\_\_

Religious Preference: \_\_\_\_\_

**Emergency Contact:**

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

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

Best Contact Number: \_\_\_\_\_ Relationship To You: \_\_\_\_\_

**Education**

1. Highest education completed *(circle one)*:

Elementary Middle / Jr. High High School College Graduate School GED

2. Do you have plans for continuing your education? Yes No

• If yes, explain: \_\_\_\_\_

3. Military Service? Yes No

• If yes, duty and / or specialized training: \_\_\_\_\_

• If yes, were you honorably or dishonorably discharged: Honorable Dishonorable

• Are you eligible for Veteran's benefits? Yes No

• Explain your answer: \_\_\_\_\_

**Incarceration History**

4. **Age and offense when first arrested:** Age: \_\_\_\_\_ Offense: \_\_\_\_\_

5. **Most recent date of incarceration** (*Enter date*): \_\_\_\_\_

6. **Facility name, address, and contacts where you were last incarcerated:**

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

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

Case Manager's Name (*If known*): \_\_\_\_\_

Chaplain's Name (*If known*): \_\_\_\_\_

Medical Director / Nurse's Name (*If known*): \_\_\_\_\_

Psychologist's Name (*If known*): \_\_\_\_\_

Social Worker's Name (*If known*): \_\_\_\_\_

Tier Officer's Name / Officer In Charge (*If known*): \_\_\_\_\_

7. **Past and present legal convictions** (*List all. Attach paper if needed*):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

8. **Scheduled release date** (*Enter date*): \_\_\_\_\_

9. **When was your last parole appearance?** (*Enter date*): \_\_\_\_\_

10. **What was the Parole Board's recommendation?** (*Attach paper if needed*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. **When is your parole currently scheduled to end?** (*Enter date*): \_\_\_\_\_

12. **Name of Parole Agent** (*If known*): \_\_\_\_\_

13. **Programs completed during incarceration** (*Attach paper if needed*):

<u>Program Name</u>	<u>Institution</u>	<u>Length Of Program</u>	<u>Year Completed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. List your greatest challenge upon release: \_\_\_\_\_

15. List your greatest need upon release: \_\_\_\_\_

16. How can Witness International best assist you upon release (*Attach paper if needed*):

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

**Employment History**

**17. Present / Last Employer**

**Dates Employed:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Company Telephone Number:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Reason For Leaving (*If applicable*):** \_\_\_\_\_

**18. Previous Employer (*Most recent*)**

**Dates Employed:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Company Telephone Number:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Reason For Leaving:** \_\_\_\_\_

**19. Previous Employer (*Next recent*)**

**Dates Employed:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Company Telephone Number:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Reason For Leaving:** \_\_\_\_\_

20. List the employable job skills you possess: \_\_\_\_\_

21. What type of work do you most enjoy performing? \_\_\_\_\_

22. List your recreational activities / hobbies / interests you enjoy when not working: \_\_\_\_\_

23. What are your career goals? (Attach paper if needed) \_\_\_\_\_

### Health Information

24. How would you describe your physical health?    Excellent    Good    Average    Poor

- If average or poor, describe condition(s): \_\_\_\_\_
- Date of last physical: \_\_\_\_\_
- Date of last Hepatitis testing: \_\_\_\_\_ Results: Negative    Positive
- Date of last Tuberculosis testing: \_\_\_\_\_ Results: Negative    Positive
- Do you have any physical condition that risks the health of others living in a communal environment with you?
 

Yes      No
- Do you smoke tobacco?    Yes      No
  - If yes, how much (per day)? \_\_\_\_\_
  - If yes, do you wish to quit smoking?    Yes      No
  - If yes, do you wish to attend smoking cessation classes?    Yes      No
- Do you have a physical disability that prohibits you from being employed?    Yes      No
  - If yes, describe your physical disability: \_\_\_\_\_
  - If yes, are you / will you be receiving disability income?    Yes      No
  - If yes, how much disability income are you / will you receive per month? \_\_\_\_\_
- Sexual Preference: \_\_\_\_\_
  - Age of first sexual experience: \_\_\_\_\_
  - Have you ever been sexually abused, molested, or raped?    Yes      No
  - Date of last HIV testing: \_\_\_\_\_ Results: Negative    Positive
  - Date of last STD testing: \_\_\_\_\_ Results: Negative    Positive
- Do you agree to invoke universal health precautions while at resident at Witness House of Hope?
 

Yes      No
- Do you have a medical power of attorney?    Yes      No
  - If yes, who (Include name and relationship): \_\_\_\_\_
- Do you have a Living Will or Medical Order For Life Sustaining Treatment (MOLST)?
 

Yes      No      If yes, indicate where it is: \_\_\_\_\_

25. How would you describe your psychological / emotional health? Excellent Good Average Poor

- If average or poor, explain why: \_\_\_\_\_
- Are you now or have you ever been suicidal? Yes No
  - If yes, explain: \_\_\_\_\_
- Do you have now or have you ever had thoughts of self-harm? Yes No
  - If yes, explain: \_\_\_\_\_
- Have you ever been diagnosed with a mental health disorder(s)? Yes No
- If yes, describe your mental health disorder: \_\_\_\_\_
  - If yes, are you / will you be receiving disability income? Yes No
  - If yes, how much disability income are you / will you receive per month? \_\_\_\_\_
- What is your self-view? What should we know about you? (*Attach paper if needed*)  
\_\_\_\_\_
- What are your thoughts about your future? (*Attach paper if needed*) \_\_\_\_\_  
\_\_\_\_\_
- List your personality strengths: \_\_\_\_\_  
\_\_\_\_\_
- List your personality weaknesses and what you wish to improve: \_\_\_\_\_  
\_\_\_\_\_

26. How would you describe your spiritual health? Excellent Good Average Poor

- Explain why you gave it this rating: \_\_\_\_\_
- Explain your views about God (*Attach paper if needed*): \_\_\_\_\_  
\_\_\_\_\_
- What is the name, address, meeting days / times of your church or religious order?  

Name	Address	Meeting Days / Times	Leader's Name
_____			
_____			



- Do you understand that Witness International and its transitional living and recovery center, Witness House Of Hope, is a Christian ministry operation?

Yes No

- Do you agree to attend a weekly religious service / activity of your choice and provide Witness International with official documentation of your attendance?

Yes No

- Do you understand and agree that refusal to attend weekly religious activities and refusal to provide Witness International official documentation of your attendance is grounds for residency termination?

Yes No

27. Are you presently taking any prescribed medication? Yes No

- If yes, list the names, dosages, and frequency of all medication(s) currently prescribed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Substance Abuse History**

28. What is your first drug of choice? \_\_\_\_\_

- Frequency: \_\_\_\_\_
- How much / often per day / week: \_\_\_\_\_
- Last Date Used: \_\_\_\_\_

29. What is your second drug of choice? \_\_\_\_\_

- Frequency: \_\_\_\_\_
- How much / often per day / week: \_\_\_\_\_
- Last Date Used: \_\_\_\_\_

30. What is your third drug of choice? \_\_\_\_\_

- Frequency: \_\_\_\_\_
- How much / often per day / week: \_\_\_\_\_
- Last Date Used: \_\_\_\_\_

31. Age of first alcohol / drug use: \_\_\_\_\_

32. List your substance abuse triggers (Attach paper if needed): \_\_\_\_\_

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

**33. Do you understand and agree that Witness International staff randomly performs breathalyzer and urinalysis testing to ensure the sobriety of all residents?**

Yes      No

**34. Do you hereby understand and agree that the results of all random breathalyzer and urinalysis testing is final and conclusive as determined by test results performed by Witness International staff and not open for interpretation or retesting by an outside agency or source?**

Yes      No

**35. Do you hereby understand and agree that refusal to submit to a random breathalyzer and / or urinalysis is considered a “positive reading” and grounds for immediate termination of Witness House of Hope residency?**

Yes      No

**36. Do you hereby agree to submit to any and all random breathalyzer and urinalysis testing as performed and conducted by Witness International staff?**

Yes      No

*(While Witness International understands that relapse is a part of recovery, any resident found to be actively engaged in drug and / or alcohol use is subject to the sanction and termination of Witness House of Hope residency.)*

**37. Do you hereby understand and agree that if you are found to be actively engaged in drug and / or alcohol use either on or off Witness International property through random breathalyzer and / or urinalysis testing conducted either by Witness International staff or another locally approved and recognized agency or source, you will be terminated from Witness House of Hope residency?**

Yes      No

**38. List all treatment programs you have completed**

*(Include name of program, location, and date of completion - if completed):*

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**39. Are you required to participate in a substance abuse treatment program?    Yes      No**

- If yes, what treatment program are you required to participate in? \_\_\_\_\_

**40. What is the name / location / meeting days and times of your 12-step “home group?”**

<u>Name</u>	<u>Location</u>	<u>Meeting Days / Times</u>	<u>Sponsor’s Name</u>
_____	_____	_____	_____
_____	_____	_____	_____

*(All residents of Witness House of Hope are expected to be actively involved in recovery. This includes Intensive Out-patient Program (IOP) treatment, attendance at substance abuse group therapy meetings, 12-Step Support Group Meetings, and substance abuse counseling.)*

**41. Do you hereby agree to be actively involved in a substance abuse treatment program during your residency at Witness House of Hope?**

Yes      No

**42. Do you hereby agree to provide documentation to Witness International regarding your recovery progress and support group meeting attendance?**

Yes      No

**43. Do you understand and agree that at such time you are not actively involved in recovery either through IOP, substance abuse counseling, or attendance at 12-Step Support Group Meetings and / or can provide authorized documentation of such, you will be terminated from Witness House of Hope residency?**

Yes      No

### Family History

**44. Biological father's name:** \_\_\_\_\_

- Is your biological father alive?    Yes      No
- What is / was your relationship with your biological father?    Good      Fair      Bad
- Explain your answer: \_\_\_\_\_

**45. Biological mother's name:** \_\_\_\_\_

- Is your biological mother alive?    Yes      No
- What is / was your relationship with your biological mother?    Good      Fair      Bad
- Explain your answer: \_\_\_\_\_

**46. Name(s) of individual(s) who raised you:** \_\_\_\_\_

- Is / Are the individual(s) who raised you alive?    Yes      No
- What is / was your relationship with the individual(s) who raised you?    Good      Fair      Bad
- Explain your answer: \_\_\_\_\_

**47. Give details of a negative traumatic event from your childhood that impacted you deeply:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



52. Do you know how to prepare a financial budget? Yes No

53. Do you know how to balance a check book? Yes No

54. Would you like Witness International to manage your finances and pay your bills for you?

Yes No

(Witness International requires a \$200.00 Entrance Fee with the submission of this Application and Agreement.)

- Do you understand that the \$200.00 Entrance Fee is not a “down payment or security deposit” but rather a means of securing placement upon your acceptance into the Witness House of Hope Program?

Yes No

- Do you understand that if your application for Witness House of Hope residency is denied the \$200.00 Entrance Fee will be promptly refunded to you?

Yes No

- Do you understand that if your application for Witness House of Hope residency is accepted that the \$200.00 Entrance Fee is non-refundable?

Yes No

- How do you intend to pay the \$200.00 Entrance Fee? (Attach paper if needed):

\_\_\_\_\_

(Witness International requires a weekly Program Fee payment of \$110.00 (\$440.00 monthly) for housing, utilities, limited food, supplies, case management, and supervision.)

- Do you understand that prompt payment of your weekly (monthly) Program Fee is priority over all your other expenses?

Yes No

- Do you understand that your housing is a priority and negligence in submitting your weekly (monthly) Program Fee (regardless of reason) will result in your termination from the Witness House of Hope Program, eviction, and legal action being taken against you by Witness International for non-payment?

Yes No

- How do you intend to pay the \$110.00 weekly (monthly) Program Fee? (Attach paper):

\_\_\_\_\_

- If your weekly (monthly) Program Fee will be sponsored by another, please provide name, address, contact information, and relationship to you.

<u>Name</u>	<u>Address</u>	<u>Contact Information</u>	<u>Relationship To You</u>
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\_\_\_\_\_

\_\_\_\_\_



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**Witness International, Inc  
Post Office Box 2797  
Salisbury, Maryland 21802  
(410) 749-1343**

**Release Of Information Statement**

I, \_\_\_\_\_ hereby authorize any and all correctional institutions, hospitals, medical facilities, health care providers, present and past employers, financial institutions, religious institutions, and / or family members to release to:

Witness International, Inc.  
Post Office Box 2797  
Salisbury, Maryland 21802

any and all personal, professional, and privately held records related to me for the specific purpose of background investigation in obtaining transitional living and recovery services at Witness House of Hope, Salisbury, Maryland.

I understand that my authorization will remain effective from the date of my signature until \_\_\_\_\_ , and that the information gathered by Witness International, Inc., will be handled confidentially and professionally in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent and / or given, and that I may revoke the authorization at any time by written, dated communication. I have read and understand the nature of this release.

**Printed Name:** \_\_\_\_\_ **DOC / SID Number:** \_\_\_\_\_

**Institution (If applicable):** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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**Interviewer's Recommendations**

57. Would you recommend the applicant for residency?    Yes        No

• Explain your response: \_\_\_\_\_

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

• Follow-up involves: \_\_\_\_\_

\_\_\_\_\_  
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• Additional Comments: \_\_\_\_\_

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Interviewer's Printed Name: \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_