



Joppa House Ministries Application for Residency

Joppa House Ministries
801 & 803 State St
Charlevoix, MI 49720

Dear Applicant,

Thank you for your interest in Joppa House Ministries (JHM). Our recovery residence is a Christ centered pathway to recovery. In the New Testament the apostle Paul mentions the city of Joppa quite frequently in the letters that he writes to the Churches, talking about the times he is praying and taking the time to listen to the Lord for the direction he is supposed to go next. We believe that Joppa House Ministries will be that place for you as well and we look forward to praying for you and working with you in your time here.

Our residents work daily on their life skills curriculum that we have here at JHM with daily progress time sheets, recovery meetings, and working through our 6 Outlooks to Independence and Healing. If accepted into the JHM program, you will be expected to also work daily on the JHM program and the assignments you receive at your weekly Case Management meetings.

JHM exists to mentor women, like yourself, by providing safe and secure housing for each of our residents, while working on budgeting, learning life skills, handling life complications in a sober way, and how to manage post acute withdrawal symptoms in your new found sobriety, as well as through peer support as you reach your milestones.

Within the following pages of the application for residency, please know that any information you provide will not be held against you or used against you in a judgmental way. The JHM staff need to know the facts about you and where you are in your life at the moment so we can figure out how we can best help you as a prospective future resident. Honesty is always the best policy. If a question does not apply to you, please mark it with "N/A". Please do not leave a question blank.

Upon receiving your application for residency we will review it and set up an over the phone interview with you. We will not approve your application for residency without that interview. If you are accepted to the program you will receive a written notice via your email or your case manager's email at the facility you are currently at. At that time, you can use the written notice of acceptance and send a copy to your probation officer or legal representative, if applicable.

We look forward to hearing from you soon!

Very truly yours,

~Pastor Ginger Stevens

Director, Joppa House Ministries

joppahouseministries@gmail.com



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Name (First, Middle, Last): _____ Date: _____

Phone #: (_____) _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth (MM/DD/YYYY): ____ / ____ / ____

If you have ever been in the MDOC, please provide your DOC #: _____

Are you currently: (check all that apply) Exiting Incarceration Leaving a Residential Treatment Program
 Receiving Medication Assisted Treatment Services Being discharged from a hospital
 Other (please describe): _____

Driver's License or State ID #: _____ State Issued: _____

Is your Driver's License suspended? _____ If yes, please explain: _____

What are your preferred pronouns? _____ Were you assigned female at birth? _____

Weight: _____ Height: _____ Eye Color: _____ Hair Color: _____

What is your current marital status? Single, never married Married Engaged Separated
 Divorced Widowed In a serious relationship

Check the categories that best describe your Race & Ethnicity:

African American Asian/Pacific Islander American Indian/Alaskan Native White
 Hispanic Non-Hispanic Other (please describe): _____

Are you part of the LGBTQ+ community? Yes No Were you assigned female at birth? Yes No

Do you have a Personal Protection Order in effect against anyone? Yes No Exp date: _____

If yes, what is the Respondent's Name? _____ Relationship to you? _____



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Do you own a car? ___ Yes ___ No

Are you a veteran? ___ Yes ___ No

Children

Do you have any children? ___ Yes ___ No

How many (include adult children)? _____

<u>Name of Child (First, Last)</u>	<u>Age & Date of Birth</u>	<u>Do you have legal custody?</u>

Are you on any type of government or financial assistance such as welfare, SNAP, or SSI? If so, please explain:

Are you in good general health? ___ Yes ___ No If not, please explain: _____

Do you have a medically verifiable disability?* ___ Yes ___ No Please list any physical limitation that you may have as indicated by a physician**:

**JHM Recovery Houses are not ADA accessible. If you are in need of a wheelchair/walker, we will not be able to accommodate you. We are sorry for any inconvenience.*

***Our 801 Campus laundry facilities are on the basement level. You will need to carry out your own laundry duties. If you have a physical limitation for stairs, we will not be able to accommodate you. We are sorry for any inconvenience.*

Note: JHM is not able to provide transportation to appointments outside of Charlevoix County with few exceptions as deemed by staff. Thus, all doctors' appointments will need to be referred to Charlevoix County, or you will need to find your own transportation to and from appointments outside of Charlevoix County.

Do you have any allergies? ___ Yes ___ No If yes, please list: _____

JHM is a spearmint free campus due to staff allergies. We are sorry for any inconvenience.



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List any and all medications that you take:

<u>Medication Name</u>	<u>Dosage</u>	<u>Reason for taking?</u>	<u>For how long?</u>

List all past surgeries or medical hospitalizations (include dates where possible):

_____	_____
_____	_____
_____	_____

Do you use tobacco products (cigarettes, vapes, smokeless tobacco)? Yes No

Do you have any dietary restrictions? Yes No Do you have a special diet? Yes No

Have you been diagnosed with a seizure disorder? Yes No Diabetes? Yes No

Do you have any sleeping problems? Yes No Do you have any dental problems? Yes No

Do you have any behavioral issues we need to know about? Yes No If you answered yes, please explain: _____

Do you have a learning disability? Yes No If you answered yes, please explain: _____



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Past Counseling & Treatment Experience

Have you ever experienced a life altering traumatic event that still affects you? Please explain:

On a scale from 1 (worst) to 10 (best), how would you evaluate your life? _____

Have you tried to commit suicide? ___ Yes ___ No Why? _____

Have you ever been to counseling? ___ Yes ___ No Are you still in counseling? ___ Yes ___ No

Have you ever received psychiatric care or been in a psychiatric hospital? ___ Yes ___ No

<u>Psychiatric Hospital Name</u>	<u>Location</u>	<u>Date of Discharge</u>

You may be asked to sign a release form from the above facilities and forward records to Joppa House Ministries.

Sexual Health

Have you ever been tested for an STD? ___ Yes ___ No When? _____ Results? _____

Have you ever been tested for Hep C? ___ Yes ___ No When? _____ Results? _____

Have you ever been tested for HIV/AIDS? ___ Yes ___ No When? _____ Results? _____

Have you ever been diagnosed with MRSA? ___ Yes ___ No When were you diagnosed? _____

Have you ever been diagnosed with Scabies? ___ Yes ___ No When were you diagnosed? _____

Legal Background

<u>Date</u>	<u>Charge</u>	<u>Legal Outcome</u>	<u>Current Status</u>



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Do you have any pending court dates? Yes No Explain: _____

Are you currently incarcerated? Yes No Where: _____

Are you on an ankle bracelet or will you be on an ankle bracelet? Yes No

Are you presently on probation? Yes No If so, what county? _____

For what charge are you on probation? _____

Name of Probation Officer: _____

PO Phone #: (_____) _____ PO Email: _____

Are you a registered sex offender? Yes No Are you a victim of domestic violence? Yes No

Is there a PPO or Restraining Order out on you? Yes No Any acts of arson? Yes No

Do you have a history of violence toward yourself, others, or property? Yes No

If you answered YES to any of the above questions, please explain: _____

Past & Current Substance Use

Have you ever experimented with the following substances?

- | | | | |
|---------------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Hallucinogenic (Acid, LSD, etc) | <input type="checkbox"/> Morphine | <input type="checkbox"/> Inhalants |
| <input type="checkbox"/> Crank | <input type="checkbox"/> Amphetamines (Uppers) | <input type="checkbox"/> Opiates | <input type="checkbox"/> Crack |
| <input type="checkbox"/> Crystal Meth | <input type="checkbox"/> Barbiturates (Downers) | <input type="checkbox"/> Heroin | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Meth Amphetamines | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Ecstasy |
| <input type="checkbox"/> Spice (K2) | <input type="checkbox"/> Fentanyl | <input type="checkbox"/> Kratom | <input type="checkbox"/> Inhalants |
| <input type="checkbox"/> Ketamine | <input type="checkbox"/> Khat | <input type="checkbox"/> Peyote | <input type="checkbox"/> Oxy/Percs |
| <input type="checkbox"/> Mushrooms | <input type="checkbox"/> Roofies | <input type="checkbox"/> Bath Salts | <input type="checkbox"/> PCP (Angel Dust) |
| | | | <input type="checkbox"/> GHB |
| | | | <input type="checkbox"/> Speed |



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Drugs of Choice

<u>Name of Drug of Choice</u>	<u>Frequency of Use</u>	<u>Date of Last Use</u>

Have you ever been in an alcohol, drug, or detox program? ___ Yes ___ No If yes, where and when?

<u>Date of Entry</u>	<u>Program Name</u>	<u>Location</u>	<u>Date of Discharge</u>	<u>Did you stay the full time?</u>

Monthly Income

Please share your monthly income (if more than one option is in a box, circle the income source):

<u>Source of Income</u>	<u>Amount of Monthly Income</u>
Alimony Child Support	
Unemployment	
Employment – Where do you work?	
Retirement Pension FIA VA Benefits	
School Loan Welfare Unemployment	
Social Security Social Security Disability Income	
Bridge Card Cash SNAP WIC	
Other Income Source: _____	
Other Income Source: _____	



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Do you have a bank account in your name? ___ Yes ___ No

Do you have a savings account? ___ Yes ___ No

Monthly Expenses

Indicate below what expenses you have and what the monetary value of those are on a monthly basis.

<u>Type of Expense</u>	<u>Monthly Payment \$</u>	<u>Type of Expense</u>	<u>Monthly Payment \$</u>
Rent or Mortgage		Heating and/or Fuel for Car	
Internet		Electricity and/or Water	
Phone		Streaming Services	
Credit Card(s)		Medical Insurance	
Car Insurance		Medication Expenses	
Bank Loan		Home Equity Loan	
Doctor/Hospital/Dentist Bill		Vehicle Loan	
Child Care		Child Support	
Other: _____		Other: _____	

About You

How did you hear about Joppa House? _____

Why are you interested in living at Joppa House? _____

Joppa House Ministries is a community-living situation that requires consideration and respect for others. You will be sharing living and common spaces for the purposes of sleeping, meal preparation/clean-up, dining, leisure, and work activities. Those with whom you share space with may be of different social, ethnic, racial, and cultural backgrounds. Do you understand the need for consideration and respect for others in this shared living situation? ___ Yes ___ No ___ Other, please explain: _____

Describe your current recovery goals: _____



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What do you expect to gain from living at a Recovery Residence? _____

Describe what you have done for your recovery that has been successful: _____

Describe what you have done for your recovery that has NOT been successful: _____

Do you have individuals in your life that are open to helping you establish recovery? If so, who? _____

Are there people in your life who might be unsupportive of your recovery journey? If so, who? _____

What are the best ways we can support you to help you establish long-term recovery? _____

Please provide 3 references (friends, family, sponsors, clinicians, etc):

<u>Name</u>	<u>Relationship to You</u>	<u>Phone # or Email Address</u>

I verify that all information provided as part of this application is truthful and accurate. I also understand that failure to disclose correct information could lead to my disqualification for residency.

Applicant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____



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Joppa House Ministries Agreement

Living at Joppa House Ministries is a privilege and a blessing. The guidelines and values stated on our website in our living agreement are for your benefit, growth, and safety. You are free to leave at any time if you no longer see JHM as a blessing or desire to live outside the guidelines and values of the ministry.

I have read the values for living at JHM and I agree to live by these values. I understand that my case managers will meet with me weekly on Wednesdays in an effort to provide the best care for me and work with me to provide an action plan as I move through the JHM program. I understand that I must participate in the JHM program and if I do not, I will be asked to leave. I understand that the JHM staff are here to help me and want the best for me. I agree to work with them, even if I do not understand the immediate benefit and will do my best to trust the process.

If at any time I no longer desire to abide by the values of JHM, I agree to move out without causing division with backbiting or talking badly about staff, volunteers, or other residents. I understand that if I want to leave, or if I am asked to leave, I will be given seven (7) days to do so, with the understanding that I will agree to maintain involvement with the program and abide by the guidelines, will continue to be caught up with my financial obligation, and agree to maintain my sobriety and peace in the home. I understand that if I do not abide by these guidelines I will be asked to move out within 24 hours.

Applicant Signature: _____ Date: _____

AUTHORIZATION FOR ICHAT BACKGROUND CHECK

I, the undersigned, understand that the above information is required by the central records division of the Michigan State Police, Lansing, Michigan. I authorize Joppa House Ministries to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search. Joppa House Ministries will also be checking the sexual offender registry website. I understand that it is necessary to have a background check done before I am considered for residence at Joppa House Ministry campuses. I understand that the result will not be held against me or prevent me from being considered for residency, but is for confirmation purposes only. I further understand that in certain circumstances the results may also be shared with Joppa House Ministries staff and volunteers. All results expire after one year.

Applicant Signature: _____ Date: _____