

APPLICATION FOR RESIDENCY

Adults applying must have the following to start an interview: a picture I.D. with their legal name. If applicant has no picture I.D., then other forms plus a Felon check from the Jackson Police Department will be accepted. Other forms include a Social Security Card, Insurance card, Birth Certificate, Voters Card, etc. Children accompanying the applying adult must have Social Security Cards or some form of proving the Security Numbers and the adult must have legal custody of each child.

Date _____ Care Center Representative _____

Name _____

Marital Status (circle one) Married Single Divorced Separated Widowed

Age _____ S.S. # _____ D.O.B. _____

Last Address _____ City/Zip Code _____

Date moved in to last address _____ How long did you live there? _____

How did you find out about The Care Center? _____

Members of Household that are applying:

Table with 3 columns: Name, Age, Social Security #. Rows include Child, Husband.

Are you pregnant now? YES/NO How far along? _____

If you are pregnant, do you have normal pregnancies? YES/NO

If you do not have normal pregnancies, you must bring a Doctor's Statement on their letterhead stating that this is an abnormal pregnancy and any limitations. Limitations must be within reason, such as no vacuuming, heaving lifting, etc. If you cannot cook, do house chores, do your own laundry, take care of your own children, The Care Center cannot house you, or will house you only short term depending on special circumstances.

Do you have legal custody of each child with you? YES/NO If no, the child cannot stay with you without special permission from The Department of Human Services. NO EXCEPTIONS!

Have you requested help from any other agency? YES/NO

If you are working with another agency, list the names and phone numbers of who will be contacting The Care Center each week to give us a progress report. The agency contact person must be aware and agree to this. If you refuse or will not give a definite answer, we cannot help you until you do.

Table with 3 columns: Agency, Contact Person, Phone #.

What circumstances have come about that you are requesting shelter? You must give reasons. An answer such as, "Because I don't have a place to stay" is not an answer. If you have been kicked out or evicted you must explain why. If it is abuse, what steps are you going to take to prevent this from happening again?

Blank lines for providing details on circumstances for requesting shelter.

What other shelters have you been in? (List each with the length of stay in each and approximately what month and year.

Table with 3 columns: Shelter, City/State, Length of Stay.

Have you ever been charged with a felony? YES/NO

Have you ever been convicted of a felony? YES/NO

If yes, what felony? (List felony and date charged and/or convicted)

Are you currently on probation? YES/NO

If yes, list charges and the guidelines for your probation. List the name of Probation Officer, their phone numbers, and how frequently you report in.

Is there drug and alcohol testing with your probation? YES/NO

If yes, you need to supply a report from your P.O. of how your tests are during your stay. If the test turns up dirty, then we cannot help you any longer. We want to know how you do at showing up for your visits and if there have been any problems.

If presently on probation - Until what date? _____

Have you ever had a problem with alcohol? YES/NO

Have you ever had a problem with drugs? YES/NO

If the answer is yes to drugs list the type you use/used _____

Have you ever been to a rehab center? YES/NO Where? _____

Did you complete the program? YES/NO

Are you able to pass a drug test right now? YES/NO

Are you able to pass an alcohol test right now? YES/NO

We do not accept anyone presently under the influence or using alcohol and/or drugs without special circumstances.

Have you ever had to undergo counseling for emotional or mental problems? YES/NO

If yes you must explain why. Please include: Where/When/How long/Diagnosis

Was this treatment court ordered or free will? _____

THE CARE CENTER IS NOT WILLING TO HELP THOSE WHO ARE NOT MENTALLY OR EMOTIONALLY STABLE.

Have you ever attempted suicide? YES/NO

How many times _____ Dates: (include month and year) _____

How was each attempt tried? _____

List hospitals for each time and how long the stay was _____

Are you suicidal now? YES/NO

If your children will be visiting or staying at The Care Center at any time during your stay, please answer the following questions.

Has your child ever been abused? Please list each child separately and explain what type of abuse (verbal, physical, sexual) _____

Does your child have any disabilities? Are they on any medication? If the answer is yes to either of these questions, please list each child and give an explanation.

Have you ever lived in public housing? YES/NO

If yes, where and the date and reason why moved out.

Where was the last place you were employed? _____

Date and year of last job. _____

Reason for leaving your job. _____

If it has been over 3 weeks since you have worked, how many applications have you put in? _____
Answer this only if in the past 2-3 weeks you have not been in the hospital, sick, you have started receiving S.S.I. checks, delivered a baby, etc.....

Present occupation _____ Supervisor _____ Work Phone _____

Work Schedule: _____

If this is a part time job you will have to find another part time or full time job. All weekly work schedules must average at least 35-40 hours per week.

How much income do you receive from the following and on what date do you receive this income?

FAMILY FIRST _____ Disability _____ S.S.I _____

If Disability or S.S.I. is received, what do you receive it for?

If S.S.I. is received, what do you receive it for?

Child support _____ Unemployment _____ Food Stamps _____

Retirement _____ Military _____ WIC _____

Other _____ Other _____

Amount of CASH/CHECKS/SAVINGS you have at present time: \$ _____

Amount of FOOD STAMPS you have at present time: \$ _____

Monthly Bills: You should be able to show receipts for what you pay out for the following. (Please include all past due accounts including what you owe to individuals such as family members, friends, etc.)

Rent _____ Utilities _____ Telephone _____

Cell Phone _____ Is your cell phone on a contract or simply minutes? _____

Your Cell Phone Number _____

Car Note _____ Car Insurance _____ Gas/Oil _____

Do you have a legal driver's license? _____

IF YOU ARE NOT A LICENSED DRIVER, YOU ARE NOT ALLOWED TO DRIVE A CAR WHILE AT THE CARE CENTER.

IF YOU DO NOT HAVE INSURANCE ON YOUR VEHICLE, YOU ARE NOT ALLOWED TO DRIVE THAT VEHICLE WHILE AT THE CARE CENTER

Med. Ins. / Life Ins. _____ Cable _____ Furniture _____

Other _____ Other _____ Other _____

Other _____ Other _____ Other _____

Do you owe fines? YES/NO _____ How much and when is it due? _____

Do you owe probation fees? YES/NO _____ How much and when is it due? _____

Have you received your income tax rebate? _____

Are you current or how far behind? _____

Where has your money gone in the last month or two? _____

Have you ever had or at the present time have any of the following: Herpes, Hepatitis-any type (if yes, type A, B, C), Gonorrhea, Syphilis, Crabs, Lice, HIV + or any other type of infectious diseases or infections?

Type of treatment obtained for each item listed? _____

Remember that you will be sharing facilities with women and children. TAKE NO HEALTH RISKS! NOTHING CONTAGIOUS! If you do have something that is contagious you may leave without any embarrassment. Just thank the person helping you and walk out.

IF YOU STAY IN THIS SHELTER AND YOU DO HAVE A CONTAGIOUS DISEASE AND YOU GIVE IT TO SOMEONE ELSE - YOU WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

THE CARE CENTER IS NOT SET UP TO CARE FOR ANYONE WITH A CONTAGIOUS OR INFECTIOUS DISEASE!!

Do you agree to be checked by a doctor if we deem it necessary? YES/NO

If no, why not? _____

Are you presently taking any medication? YES/NO

If yes, list all medication names, dosages taken, and why you take this medication.

Have your children been kept up with Immunization/Shots? YES/NO

If not, you have three days to have this taken care of and you must be able to show proof that they have had this started.

What kind of medical insurance do you have? _____

In case of emergency whom do we contact?

Name _____ Address _____

Telephone _____ Relationship _____

Name _____ Address _____

Telephone _____ Relationship _____

What job related skills and education do you have that will help you get a job? _____

What are your future plans? _____

Spiritual Condition:

Do you attend church anywhere? _____ Where? _____

Pastor _____ Are they aware of your circumstances? _____

Have you ever accepted Jesus Christ as your personal Savior and Lord? _____

How are you doing living for Him? _____

Before signing this last page of the application you must read the rules. Rules must be agreed to and abided by. Some exceptions to the rules are taken depending on the individual circumstances. Nathan and/or Susan Young must agree upon these exceptions. Some of the rules may be removed or altered based on your individual circumstances. This will be decided by Nathan and/or Susan.

You should read the chore list, budget report, and employment/housing form before signing. The last page of the application must be signed at all five (5) areas listed.

If you have any questions ask before signing the last page. If you will not sign any part, then of course, we cannot allow you to stay here.

I testify that the previous information on the Care Center Application is true to the best of my knowledge. I agree that this and all other information may be shared with other agencies or individuals that The Care Center of Jackson deems necessary.

Applicant Signature _____ Date _____

Counselor Signature _____ Date _____

RELEASE OF LIABILITY

I release The Care Center of Jackson, Inc (called The Care Center) and their agents, officers, directors, employees, and volunteers from all liability arising from any and all claims (including personal injury and property loss claims) which I may have against them and which arose from any of the following: (1) may stay(s) at the Center, (2) transportation provided by the Center, (3) food provided by the Center, (4) guidance requested from the Care Center and/or (5) any other services provided or associated with The Care Center of Jackson, Inc..

Signature

Date

RULES AGREEMENT

I have received a copy of The Care Center Resident Rules. I have read the rules and understand them. I agree to abide by all the rules given to my family and me during my stay at The Care Center. I understand that violation of any of the rules can result in termination of my relationship with The Care Center.

Signature

Date

I give permission for The Care Center of Jackson, Inc. to pursue a background check to learn any or all legal information from my past.

Signature

Date

I have never been accused of being a sexual predator. I have never been convicted of being a sexual predator. I have never been on the Registered Sex Offender List. I am not currently on the Registered Sex Offenders List. I should not be on the Registered Sex Offender List

Signature

Date

Resident 4 Hour Required Work Sign-up

It is good for a person to invest in the place that you live and are benefiting from for your future.

It is also good to invest in the place that will help the people that come after you.

Each resident is required to do 4 hours of work at The Care Center each week.

You may choose from the list below, but you are not guaranteed that your first pick is what you will receive.

The assignment of work will be as needed and as is appropriate decided by Nathan, Susan, and/or House Monitor

Please pick at least 5 options from the list below as your preferred areas of investment.

- | | |
|---|---|
| <input type="checkbox"/> Sort & organize donations | <input type="checkbox"/> Clean & organize bathroom cabinets |
| <input type="checkbox"/> Sort & organize clothes closet | <input type="checkbox"/> Clean both sides of doors |
| <input type="checkbox"/> Deep clean your entire dorm | <input type="checkbox"/> Help move furniture in rooms |
| <input type="checkbox"/> Clean & organize pantry | <input type="checkbox"/> that need deep cleaning |
| <input type="checkbox"/> Help assemble Applications & other material | <input type="checkbox"/> Clean & wash out refrigerators |
| <input type="checkbox"/> Prepare welcome packets for new residents | <input type="checkbox"/> (pantry and/or kitchen) |
| <input type="checkbox"/> Bring in supplies & food from pantry to stock up | <input type="checkbox"/> Organize dry & canned goods |
| <input type="checkbox"/> Clean out kitchen cabinets | <input type="checkbox"/> Sweep outdoor walkways |
| <input type="checkbox"/> Wash out kitchen cabinets | <input type="checkbox"/> Remove sticks & rocks in yard |
| <input type="checkbox"/> Wash kitchen walls | <input type="checkbox"/> Clean outside furniture |
| <input type="checkbox"/> Wash kitchen cabinets | |
| <input type="checkbox"/> Shampoo carpets | |
| <input type="checkbox"/> Clean fans and/or light fixtures | |
| <input type="checkbox"/> Rotate food in freezers | |
| <input type="checkbox"/> Clean yard | |
| <input type="checkbox"/> Mow yard | |
| <input type="checkbox"/> Rake yard | |
| <input type="checkbox"/> Clean & redo play area outside | |
| <input type="checkbox"/> Clean all indoor toys | |
| <input type="checkbox"/> Wash the outside of lockers | |
| <input type="checkbox"/> Clean inside of empty lockers | |
| <input type="checkbox"/> Weed flower beds | |
| <input type="checkbox"/> Sweep gazebo & patio area | |

- ___ Deep clean bathrooms
- ___ Organize and clean bookshelves
- ___ Watch children in house while mothers bathe,
dress, do chores, run errands, etc. **NATHAN
MUST GIVE PERMISSION**
- ___ Greet new residents & help _____ Name _____
them settle into house
- ___ Deep clean baseboards
- ___ Deep clean walls
- ___ Clean & organize laundry room _____ Date _____
- ___ Wash inside of windows
- ___ Wash outside of windows
- ___ Answer the phone & take messages
- ___ Help with food trucks
- ___ Deep clean windowsills

THE CARE CENTER RESIDENT RULES

We are not a Government or United Way Agency - we hold the right to accept or refuse residency to any we deem necessary.

You can be asked to leave at any time for breaking the rules or agreements that you have made with Nathan / Susan in order to stay at The Care Center. While you are at The Care Center, you must work on your future. If you prove that you are not motivated to work on your future, then you will be asked to leave. It is your responsibility to do the work. We will help if we can, but we cannot do it for you. This is not a “flop-house”. Use this opportunity to develop your future. Do not waste this opportunity.

You will respect all those who work, volunteer, and live here. This means that you should talk to others with manners and treat others with common courtesy. Remember that everyone here has problems including you. You do not know the full extent of the other person’s problems and so some patience with others is certainly appropriate behavior. If you have an attitude problem, then get rid of it. Be helpful, but not nosy. We all live here together and so it is advantageous that we get along. It is not necessary for you to make friends with the people who live here, but it is important to learn to live with those in the house.

When you wish to contact someone upstairs, please either contact a House Monitor or call or text Nathan’s cellphone. There is an intercom function on the portable phones as well.

Form A: You must turn in a daily resident report form each day Monday through Friday. Five applications for employment are required Monday through Friday on a daily basis initially. If you do not find a job within a reasonable length of time, then you will be asked to place additional applications each day. If employment is not

applicable to your situation (disabled, etc.), then the search for housing will begin sooner. All of the forms are in folders in the bottom right hand side desk drawer. Get them as needed.

Form B: Nathan, Susan, or the House Monitors will assign chores on a daily basis. If you have a scheduling conflict, then let the House Monitors know and they will schedule your portion of the chores appropriately. Chores are to be finished by the appropriate times stated on Form B. Everyone is expected to do their fair share during your stay. Someone will check throughout the day to see that your chores are being done both timely and correctly. If a person is not responsible with their chores, then they will be required to do all of the chores. If they refuse, they will probably be asked to leave. **YOU MUST CLEAN UP AFTER YOURSELF AND CHILDREN!!!**

Form C: On Friday night or Saturday morning every week, you are to turn in a budget sheet: (how much money you have; what you spent it on and show a receipt for everything, how much you have saved, etc.) This form is to be turned in whether you have a job or not, any money or not, food stamps or not, etc. **THERE ARE NO EXCEPTIONS. ALL MUST FILL OUT FORM C.**

Do not get into the mailbox without permission from Nathan or Susan.

NO Animals allowed.

No eating or drinking in any of the rooms except for the kitchen. During Bible Study in the morning you may bring in a cup of coffee, glass of water, etc. if there are no children present. This is not allowed when this sets an example for children to eat or drink wherever they choose.

A safe is available if needed.

You are allowed one night each week to stay out with a friend or relative. You must let us know before 7:00 PM on the night you will be staying out. Do not ask for any more than one night in a seven-day period. The next seven-day period begins on the same night that you spent out.

When leaving for the day let Nathan, Susan, or one of the House Monitors know what time you plan on being back: this will help to prevent anyone from being locked out and allow the door to be locked behind you. This also helps you to be accountable for your time and whereabouts.

If there are any disagreements or problems that arise, please try to solve these in a peaceful, quiet, polite manner. If this cannot be accomplished, then notify a House Monitor or Nathan. A House Monitor or Nathan will deal with them on a problem-by-problem basis. If you try to handle the problem incorrectly on your own, you will be disciplined.

NONE OF THE FOLLOWING ARE PERMITTED DURING YOUR STAY HERE:

Drinking of alcoholic beverages, alcoholic candy, etc., Weapons, Fighting / Arguing, Stealing, Illegal Drugs, Lying, Cursing, Smoking in any of the buildings or after curfew, or abandonment of children.

YOU ARE NOT ALLOWED TO GIVE ANY PRESCRIPTION MEDICATION TO ANYONE. YOU ARE NOT ALLOWED TO RECEIVE PRESCRIPTION MEDICATION FROM ANYONE EXCEPT YOUR PHYSICIAN. YOU ARE NOT ALLOWED TO ASK ANYONE TO GIVE OR RECEIVE PRESCRIPTION MEDICATION.

WAKE UP:

Monday through Friday - All residents are to be out of bed by 6:00 AM. The only exceptions to this rule will be those who work late (after midnight) the night before. These residents who work late will be allowed to sleep in until 7:30 AM unless given special permission by Nathan or Susan. You should get up and get ready for the day

unless you have special permission from Nathan or Susan. We do not allow naps during the day unless you have special permission from Nathan or Susan. You should be using the day to work on your future.

Saturday & Sunday – All residents are welcome to sleep in until 8:30 AM, but must be out of bed by 8:30 AM. On Saturday and Sunday, naps are allowed after the house responsibilities are accomplished.

CURFEW: 10:00 PM Sunday night through Thursday night
11:00 PM Friday & Saturday ONLY!

DO NOT GO OUT AFTER CURFEW UNTIL DAYLIGHT THE NEXT MORNING. BE IN WELL BEFORE CURFEW... ALL CHILDREN ARE TO BE QUIETED DOWN BY 8:00 PM so adults can rest and relax. ALL CHILDREN'S BEDTIMES ARE 9:00 EVERY NIGHT OF THE WEEK EVEN THOUGH THERE IS A CURFEW. NO EXCEPTIONS. MOTHERS WITH CHILDREN ARE TO BE ON THE PREMISES IN TIME TO HAVE THEIR CHILDREN PLACED IN BED.

Unless otherwise instructed, please answer the phone. Many of the phone calls are for the residents and not for Nathan and Susan. PLEASE USE YOUR MANNERS when talking to the person who has called. If the person is not able to take the phone call either because they are not available or they are not here, then take a message for that person. Messages should be written on the message pad and they should include the name of the person that has called and the phone number. It should also include any other important information. If the message is for Nathan or Susan, then place that message in the box on the shelf and let Nathan know. IF THE MESSAGE IS AN EMERGENCY, THEN TAKE THE MESSAGE AND CALL NATHAN ON HIS CELL PHONE. DO NOT GIVE OUT NATHAN'S CELL PHONE NUMBER TO ANYONE WITHOUT PERMISSION. Children under 12 years old are not allowed to answer the phone or if they prove to be irresponsible.

NO information assisted phone calls, assisted call back, or call back busy assistance. If you get caught, you will be put out. Long-distance phone calls are free except to Hawaii and Alaska. You are allowed to make or receive up to and no more than two personal phone calls each day. Calls out may be made during wake up to curfew each day and are allowed to be accepted during the hours of 9 AM - 7 PM only. Keep personal phone calls to 10 minutes in length. Personal calls do not include calls concerning jobs, medical, DCS or CPS, Probation, Drug Recovery Court, etc. If the call is for you, then you will be notified or a message will be taken. This will be done as appropriate. If you misuse your phone privileges, you will lose these privileges. **Please tell your friends about the times, because they may cost you your phone privileges if this rule is violated too many times.**

Cell phones are allowed with special permission only. If you already own a cell phone and it is under contract, then you will be allowed to fulfill your contract at the minimum cost possible. If you simply purchase minutes, then you will not be allowed to renew the minutes without special permission. A home is more important than a cell phone. Some of the special circumstances might be: the need to contact children that are outside the normal calling area, job requirements, etc. Cell phones are to be turned off at 7:00 PM and should not be turned back on before 8:00 AM. They are not to be used during these hours unless you are off the premises and then it would be appropriate to turn them on, but they must be turned off when you return. Violation of these guidelines will probably result in your cell phone being taken away from you and locked in the House Locker until you move out of The Care Center or until your privileges are restored.

You are allowed to open the door for anyone that is a current resident, a delivery person, police, etc. Residents must be in before curfew or arriving from their approved work schedule. Do not answer the door if you are not familiar with the person on the other side of the door or if they appear threatening, jittery, etc. The outside kitchen and back bedroom doors are for emergencies ONLY!

NO MALE visitors allowed in the house. They may use the front porch only during day light hours only with permission from Nathan or Susan.

If you have children, you are the one responsible for them, we don't provide baby-sitting services or transportation. All children are to be kept under control. No yelling or running through the house.

We provide food and snacks if available. Please make out a menu that will last until the next pantry day and give it to the House Monitors in the morning of the pantry day immediately following Bible Study. Anything that is **necessary**, but not supplied by The Care Center may be purchased.

Bible Study is Monday at 7:00 AM and Tuesday - Friday at 8:00 am. Please try not to be late. Everyone has busy schedules in the morning. Bible Study is mandatory unless work or other important schedules prohibit.

Dorms are to be cleaned every day.

Bathe or Shower every day.

Keep your laundry washed, dried, and put away.

Television Privileges: Anything except for Horror Shows, Witchcraft, Astrology, anti-Christian or cult religious, Music Channels, Soap Operas, Jerry Springer type shows or any program that is "trashy". We do not allow movie rentals or purchases. You are not allowed to bring movies into the house to be watched that are not approved by Nathan or Susan. All programs are subject to inspection by Nathan or Susan. No TVs are allowed in any dorm rooms. If you own movies, you can bring them with you and you may watch them if they are rated G, PG, or PG-13 and they do not violate The Care Center rules for television programming.

Music Privileges: We allow only Christian (all types), classical, and orchestral arrangements. We do not allow secular rock-n-roll, country, hip-hop, blues, etc. Music should be played at volume levels that do not interfere with the lives of others around you. You are allowed private music devices if you already own them, but they will be checked spontaneously and the type of music complies with The Care Center rules. If you are not obeying the rules about music, then you will not be allowed to have the device. You may not use the personal music device if it interferes with your ability to hear the phone or normal function.

Reading material: Nothing is allowed in the house that would violate the areas listed for the television. All reading material is subject to inspection by Nathan or Susan.

IF YOU ARE PREJUDICE, KEEP IT TO YOURSELF OR YOU CANNOT STAY HERE!

THE STAIRS ARE OFF LIMITS TO EVERY RESIDENT. PLEASE KEEP CHILDREN OFF OF THEM ALSO.

Don't give any information about other residents who stay here. If anyone wants to know about any resident, they are to be referred to Nathan or Susan.

BE DRESSED MODESTLY AT ALL TIMES A Dress Code is part of self-respect and discipline in the lives of the women that The Care Center shelters. A Dress Code shows proper respect for God and for self. It is a good example to all women and young girls. All women are adults and therefore are accountable for how they are dressed. Children (all who are under the age of 18) are under the responsibility of their mother and their mother is accountable for how the children are dressed. House Monitors will be good examples to

all new/current residents. They will address residents immediately (if possible) when they are not dressed properly. Dress Codes also allow residents to help one another be appropriate.

We understand that modesty is somewhat different for each person, but The Care Center does have some basic minimum requirements. Modesty includes how you handle yourself. Please act like ladies. Your past does not have to dictate your future. We also understand that residents may not have clothes when they come to The Care Center, but little by little, the basic requirements should be met.

DRESS CODE

When residents are in their bedrooms, then basic sleeping attire is appropriate. No sleeping naked or in sheer clothing.

Once a person enters the public areas (anywhere but bedrooms and bathrooms) of The Care Center, then the following rules apply.

Women must be dressed from 8 AM - 8 PM instead of pajamas and robes.

Clothing must be appropriate and modest for all assigned tasks. Examples of inappropriate: tops showing bras, cleavage, belly, or back when bending over or lifting upward. Panties exposed or the backside when walking, bending or lifting. Low rise pants/jeans/shorts: Tops must either long enough or tucked in so that when bending over, lifting, or sitting with legs propped up that backside/belly are not exposed.

Leggings: Not to be confused with tights. Tops must cover at least the buttocks when bending and lifting.

Shorts/skirts/wide legged shorts/dresses: should be at least lower mid-thigh in length. They should be able to cover you correctly when you are in any position. If it does not, then some type of biker short or an equal substitute should be worn.

NO: backless tops/dresses, spaghetti strap, or anything that will reveal undergarments, low cut necklines or backlines, or tube tops.

Bathing suits must be worn under appropriate house clothing when leaving and entering The Care Center property.

Boys should not allow their pants to sag and undershirts may not be worn as shirts. T-shirts are allowable as long as they do not have any inappropriate pictures or sayings. Nathan, Susan, or the House Monitors will decide what is appropriate.

During your stay here at The Care Center, if you know of anybody breaking any of these rules please tell Nathan or Susan. Sooner or later we will find out and you may receive the same discipline as the guilty party that you protected from punishment. Your behavior could be considered an attempt to deceive Nathan and Susan. It is not helpful to the other residents to allow them to continue breaking the rules. You are simply sending the message that people can do whatever they want no matter what the authorities that are over them say is correct behavior. This is wrong.

If you cannot work, you must show proof and you will be given extra chores to keep yourself busy throughout the day. You are not allowed to come and sit and do nothing during your stay unless there are special circumstances approved by Nathan.

The Laundry Room key is on a chain is kept at the front desk. The Laundry Room is in the shed. Please put it back when you come back in. Keep the shed locked and the lights turned off when you leave the laundry room.

If we have absolutely no problem with you and/or your family during your stay here, you have whatever necessary days are reasonable to begin your new life. Nathan decides this time period.

Remember: SAVE...SAVE...SAVE...YOUR MONEY...FOOD STAMPS...AND YOUR RECEIPTS!!! Any Questions?

RESIDENT CONTRACT

Each resident will be required to submit a contract 4 days after being accepted to The Care Center. This contract will define the resident's stay at The Care Center. Items that should be included are:

- Purpose for staying at The Care Center
- What agreement have you made with Nathan about your stay at The Care Center?
- If you are here to find a job, then state how long you believe it will take you to find a job.
- If you are here to work on yourself emotionally, mentally, and/or physically, then state what you are planning to work on in each appropriate area. Then clarify how many hours a day you expect to invest in that work.
- How you will spend your time when you are not looking for work, working, working on yourself, etc.
- Are there any special restrictions or alterations from the normal rules? These adjustments might come from Nathan or they could come as a requirement of another organization.
- Are there other programs that require your time? IOP, Drug Recovery Court, Probation, Counseling, etc. If yes, then explain in detail what will be required of you.
- How long do you expect to stay at The Care Center in order to accomplish your goals?
- Do you believe that your goals will change during your stay at The Care Center? If yes, then how will they change?
- Are there any special health issues that need to be dealt with now or in your future?
- If you have children, what complications or challenges do you face in order to complete the requirements of your contract? How do you plan to solve these problems?

When you believe that you have the basic requirements thought through and are ready to submit your contract, then Nathan and/or a House Monitor will help you adjust anything that is not correct.

FORM A

Work and Housing Report

This report is due each day Monday through Friday unless you are told otherwise.

Five applications for full time work are required. To place an application means to completely fill out the application and then leave the completed application with the Place of Employment. This does not mean pick up applications to bring home with you. You may

bring home applications to be completed and taken to the place of employment at a later date, but this will not count for what is required of you today. Again, to place an application means to completely fill out the application and then leave the completed application with the Place of Employment.

Part-time work is a good beginning, but a person cannot live on part-time pay. Please understand that if you accept a part-time position, you will need to add more hours at that position within a reasonable time, you will have to work at least 2 part-time jobs, or you will have to find other employment that offers enough hours to provide for you and your family.

This daily document is to be kept to follow-up on the applications that have been placed. This completed document is to be available for inspection at any time by a House Monitor or Nathan and / or Susan.

| | <u>Place of Employment</u> | <u>Name of Person Spoke to</u> | <u>Phone #</u> |
|----|----------------------------|--------------------------------|----------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

I understand what is required of me and agree to do as required.

If I do not complete the above requirements, I understand that I may be asked to leave The Care Center.

Signature

Date

FORM B

THE CARE CENTER CHORES

Ladies – Even if your name is not assigned to all of the chores – IF YOU USE THE KITCHEN, CLEAN IT – if you use the bathroom, CLEAN IT, etc. Please do not leave messes for other to clean. Everyone must do their share.

CHORES WILL BE CHECKED DAILY - IF THE CHORES ARE NOT BEING DONE CORRECTLY, THEY WILL BE ASSIGNED. IF YOU DO NOT DO YOUR PART, YOU WILL BE ASSIGNED EVERYONE'S CHORES. IF YOU FAIL TO DO THOSE ASSIGNED CHORES, YOU WILL BE ASKED TO LEAVE. OTHERS ARE NOT EXPECTED TO PICK UP AFTER YOU AND WE WILL NOT ALLOW THIS.

IF YOU CHECK SOMEONE'S CHORE OR SIGN YOUR NAME TO THE CHORE SHEET STATING THAT THE CHORE WAS DONE WELL AND IT WAS NOT DONE WELL, THEN YOU WILL BE EQUALLY GUILTY OF NOT DOING THE CHORE. CHECK BEFORE YOU SIGN YOUR NAME AND IF IT IS NOT DONE CORRECTLY, PLEASE ASK THAT PERSON TO DO THE CHORE CORRECTLY.

****ALL MORNING CHORES ARE TO BE DONE BEFORE LEAVING FOR THE DAY and SHOULD BE COMPLETED BEFORE 12:00 PM****

****ALL EVENING CHORES ARE TO BE DONE BEFORE GOING TO BED and SHOULD NOT BE DONE BEFORE THE EVENING MEAL HAS BEEN COMPLETED****

MORNING KITCHEN CLEAN UP:

- Clean out the refrigerator.
- Wash, dry, and put away dishes. Please include the dishes that are taken from the refrigerator.
- Clean out the microwaves.
- Wash counters, table, chairs, top of refrigerators, etc.
- Sweep and mop the floor. This includes moving the chairs, trashcans, etc. Do not use food storage containers as mop buckets.
- Take out the trash to the dumpster and do not put trash in trashcans outside. If you do, you will be required to remove this trash and place it in the dumpster. Place new garbage bag in trash container.
- Kitchen Laundry

BOTH BATHROOMS, (UNLESS OTHERWISE NOTED):

- Thoroughly clean the toilets (inside and out).
- Clean the sink and counters.
- Clean the bathtub, showers, and the shower walls.
- Sweep and mop the floor.
- Empty the trash cans appropriately.
- Make sure all shelves are clean.

HALLWAY:

- Vacuum the floor in the morning.
- Vacuum the floor in the early evening.
- If donations are brought in and put in the hall, please keep them bagged up until Susan or Nathan gives instructions on how to deal with them.
- Clean and dust the desk.

SOCIAL ROOM:

- Dust the furniture and TV.
- Pick-up the toys and put them away correctly.
- Vacuum the floor.
- Clean the couches and straighten all covers.
- Wash off the mantle and the heater – dry both.
- Clean the TV screen
- Sweep and mop the black marble on each side of the heater.

FRONT PORCH:

- SMOKERS – empty the cigarette ashtray.
- Sweep the porch, the steps, and the sidewalk if needed.
- Mop the porch if needed.
- Clean off the chairs
- Water the plants in the morning, if needed.

TRASH:

- Check all trashcans and empty if needed. (Half full or more needs emptied.)
- Put trashcan liners back in all emptied cans.
- Check the laundry room for trash as well.
- Pick-up trash around in the yard, around the dumpster, and around the entire house.
- All trash goes in the dumpster.

BACK PORCH:

- Sweep and mop the floor.
- Donations put in back of big truck.
- Keep everything neat.

CARE CENTER LAUNDRY AND LAUNDRY ROOM:

- Wash, dry, and put away any house laundry.
- If there are unmade empty beds from people that have moved out, the bed linens and towels need to be washed, dried, and returned to the front desk.
- Keep lint traps cleaned out in the dryers.
- Do not leave your clothes in the machines. This is disrespectful to others.
- Do not tear up the machines. Many must use them.
- Keep the laundry room side of the shed in clean order. Many must use the facility.

EVENING KITCHEN CLEAN UP:

- All food must be put away in proper containers.
- Do not leave food on table, refrigerator tops, or counters unless it is normal to store in this fashion. (Example – Cake) If food is left on the counter, make sure it is correctly covered.
- Wash, dry, and put away the dishes.
- Clean off and wipe down the table, chairs, and counters.
- Sweep the floor and mop the floor.
- Trash is to be taken out and put a liner back in the can.
- Windex the glass door.

ALL FOOD IS TO BE PUT AWAY PROPERLY. NO FOOD IS TO BE ON THE COUNTERS UNLESS NECESSARY. NO POTS OR PANS IN THE REFRIGERATOR.

DO NOT KEEP FOOD OVER 3 DAYS AFTER IT HAS BEEN COOKED UNLESS IT WAS FROZEN SHORTLY AFTER COOKING.

FORM C

THE CARE CENTER OF JACKSON, INC.

WEEKLY BUDGET RESIDENT REPORT

THIS FORM IS TO BE COMPLETED AND TURNED IN ON SATURDAY MORNING EACH WEEK BY ALL RESIDENTS. THERE ARE NO EXCEPTIONS TO THIS RULE.

NAME: _____ DATE: _____

PLACE OF EMPLOYMENT: _____

GROSS CHECK AMOUNT: \$ _____

AMOUNT OF MONEY SPENT ON: _____

RECEIPT AMOUNT: _____

\$ _____

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL AMOUNT OF MONEY OR STAMPS SPENT THIS WEEK: \$ _____
(If not enough spaces have been provided, then please use the back of this form)

LIST THE TOTAL AMOUNT RECEIVED FOR EACH OR ANY OF THE FOLLOWING:

MONEY OBTAINED FROM FRIENDS OR RELATIVES \$ _____
WAGES EARNED (NET) \$ _____
DISABILITY / S.S.I CHECKS \$ _____
CHILD SUPPORT: \$ _____
A.F.D.C.: \$ _____
FOOD STAMPS \$ _____
W.I.C.: YES / NO
TOTAL AMOUNT OF INCOMING MONEY COMBINED TOGETHER: \$ _____
TOTAL AMOUNT OF MONEY SPENT THIS WEEK: \$ _____
TOTAL AMOUNT OF FOOD STAMPS SPENT THIS WEEK: \$ _____
TOTAL AMOUNT OF MONEY SAVED FROM PRIOR WEEKS: \$ _____
TOTAL AMOUNT OF MONEY SAVED ALL TOGETHER: \$ _____

NEXT WEEK'S WORK SCHEDULE IS: SUNDAY:
MONDAY: TUESDAY: WEDNESDAY:
THURSDAY: FRIDAY: SATURDAY:

His master said to him, 'Well done, good and faithful servant. You have been faithful over a little; I will set you over much. Enter into the joy of your master.'
Matthew 25:23

Special Conditions for Residents

Resident's name _____

Order of Protection (Circle one) Yes No

List people who are not allowed to contact you and their phone #

No Man (relationship) Rule Assigned by _____

No men allowed period (Circle one) No men at all Some male contact allowed

Only family members (Circle one) Yes No

List family members that will be calling and their phone #

House Arrest

Assigned by what person or organization _____

How long before consideration _____

Must obtain permission from Nathan, Susan, or House Monitor before leaving (Circle one) Yes No

Must sign in and out (Circle one) Yes No

Must be accompanied by another resident or person of trust (Circle one) Yes No

List all person's of trust _____

Where allowed to go _____

Drug Treatment Court

Which Court _____

Special Restrictions _____

Contact person _____ Contact person's phone # _____

Probation (Circle one) Yes No

Parole (Circle one) Yes No

Contact person _____ Contact person's phone # _____

Contact person's address _____

Letter required (Circle one) Yes No

How often (Circle one) Weekly Monthly Quarterly

Phone call required (Circle one) Yes No

How often (Circle one) Weekly Monthly Quarterly

Child Protective Services or Department of Human Services

Investigator _____ Investigator's phone # _____

Case worker _____ Case worker's phone # _____

What county _____

Special restrictions for mother _____

Special restrictions for children _____

Disability (Circle one) Yes No

What type (Circle one or more) Physical Mental Emotional

What is your disability (list only the disabilities that can be proven by a doctor and the disability board)

Restrictions imposed by doctor (You may have to prove any and all restrictions with written documentation from your doctor)

Special medication that you take because of your disability (list all medications and why you take them)

Notes _____

Resident's Signature _____

Care Center Representative's Signature _____