



Restored180 Ministries

RESTORED180 Residential Program

(Formerly known as *Restoring Joy Ministries, International*)

Thank you for your interest in Restored 180, International's **Restored180** Residential Program. **Please read all the information carefully before answering.**

Mission Statement and Organization:

- Vision: Restored180 Residential Program exists to restore and empower the hurting, broken, addicted, abused and hopeless women that come through our doors through faith in Jesus Christ.
- Mission: To establish an organization with a support system that equips women to break the cycle of poverty and establish a better quality of life through Biblical living, education, accountability, and a relationship with Jesus Christ.
- Organization: The residential program is part of Restored180 Ministries—an independent, non-denominational Christian ministry.

Our Program:

- Restored180 Ministries offers an income-based program for women to have an opportunity to live in a safe and supportive Christian environment while going through Bible and faith-based classes, furthering their education, and attending other classes all designed to bring about restoration needed in their lives.
- Restored180 Residential Program is tailored on a 9 month stay. However, this IS NOT a definite length of stay. Many stays are longer depending on the needs of the resident. The 12-month **Restored180** program must be completed for the resident to graduate the program.
- Restored180 Ministries incorporates partnership with many community resources and programs (not just churches).
- Our program does require attendance of church services and classes while in the program.
- Our program incorporates physical, emotional, and spiritual needs from the beginning to the end. Initial needs for shelter, clothing, personal documents, will graduate to Biblical and academic education, counseling, life applications, overcoming addictions, and parental training in the first 6 months. In the last 3 months residents will receive financial management training, continue education classes and complete attainment of personal transportation and housing with all necessary household items if applicable.



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Our Commitment:

- Restored180 Ministries does not accept everyone, but we are willing to assist each applicant in finding services more fitting to their needs
- Our residents are treated as joint heirs to the throne, adopted daughters of God according to the word of God. Each one is a princess in her own right!
- We will teach each woman what it means to thrive, not just survive and to live the abundant life God promised us through living a life in Jesus Christ.
- Restored180 Ministries is committed to each woman and her family. In return, each woman should have a true desire to commit to change and growth under the covering of Restored180 Ministries.

Costs:

- Restored180 Ministries exists largely on the generosity of the community, churches, and individual donors. Restored180 Ministries asks that each resident pay a **one-time, non-refundable entrance fee of \$250. The program fee is \$500 per month to help offset the cost of living and ministry operations. We are a nonprofit organization, and every payment is considered a donation. All payments are non refundable.**
- Restored180 Ministries residents with unearned income (child support or SSI for example) can use it to help with the monthly fee to help offset the cost-of-living expenses and need for more sponsorship.

Acceptance and Dismissal:

- Acceptance and dismissal are determined by a team of residential program staff members, and then presented for approval by the Executive Directors. It is done with prayer and never completed with haste.
- Once a resident has applied, interviewed and been accepted, she has 48 hours to move into her new room. After 48 hours, the room may be given to another applicant.
- Residents may not move in unless all drug tests are negative including alcohol and synthetic cannabinoids (K-2).
- Residents may not expect to move in on weekends.
- If a resident is dismissed, residential program staff will hold a resident's personal items for 48 hours. If the resident does not return to pick them up, they will be donated.



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Graduation:

- Graduates will receive a “180” Ring upon graduation of the Restored180 Program.
- Graduates will show the following growth to qualify:
 - Resident will be grounded in the Word of God with evidence of a personal relationship with Jesus Christ
 - Resident will prove the ability to live independently with evidence of skills in self-discipline and self-motivation including 1) personal care/grooming 2) parenting if applicable 3) care and responsibility towards their living environment
- Resident will have advanced academically by having obtained their GED, a Certification, or be enrolled in college classes and then establish their own personal residence.



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INFORMATION RELEASE WAIVER

APPLICANT – Read the following passages and sign below:

I hereby authorize any caseworker, parole officer or probation officer, or attorney to provide all information regarding my case to the staff of Restored180 Ministries. Furthermore, I waive all privacy rights provided to me and protected by HIPPA and any other state/federal laws and give my permission to allow any staff of Restored180 Ministries to speak with any and all medical facilities, doctors, nurses, or otherwise any medically authorized personnel about any medical related issues I may have; this includes past and present diagnoses and treatments, prescribed medications, and possible future medical needs.

Regarding the foregoing disclosures, I hereby agree to release any person, company, or other entity from all causes of action that otherwise might arise from supplying Restored180 Ministries with information as requested pursuant to this release. I also agree that a photographic copy of the waiver is as valid as the original.

Print Full Name

Signature

Date

Witness Name Printed

Witness Name Signature

Sr. Executive Director Authorization

With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying Restored180 Ministries or Restoring Joy Ministries, International with information as requested pursuant to this release. I also agree that a photographic copy of the waiver is as valid as the original.



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DRUG SCREENING AUTHORIZATION AND RELEASE

I understand that for me to be considered for acceptance into Restored180 Residential Program, I must submit to random drug and alcohol testing that consists of a urine test to determine the presence of any abused or illegal drugs. I may be asked to submit to this test at any time prior to admission in the program and during my residency at the discretion of the staff of Restored180 Ministries. I understand that if the results of this test are positive, there will be consequences up to and including being my removal from the residential program immediately. I also understand that Restored180 Ministries also doesn't allow the use of synthetic cannabinoids and a drug test indicating the use of synthetic cannabinoids will result with the same consequences of illegal drugs or the misuse of prescription drugs and alcohol.

I hereby agree to submit to a urine sample or saliva swab upon request and I hereby release Restored180 Ministries, its staff, cooperating ministries, any physician, hospital, laboratory, or medical center and any employee of the above from all liabilities arising from the release of such information to Restored180 Ministries. I also agree that a photographic copy of the waiver is as valid as the original.

Signature

Date

Print full name



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CRIMINAL HISTORY INFORMATION RELEASE WAIVER

APPLICANT – Read the following passages and sign below:

I hereby authorize Restored180 residential program to conduct any necessary criminal history investigation.

Regarding the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying Restored 180 Ministries with information it may request pursuant to this release. I also agree that a photographic copy of the waiver is as valid as the original.

Signature

Date

Print full name

Social Security Number

____/____/____
Applicant Birthdate



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Application

If application is not filled out completely, it WILL NOT be considered. Please be certain to write clearly so your information can be processed. Honesty will most likely help you, not hurt you when your case is evaluated.

Full name: _____ Preferred name: _____ Phone: _____

Current address: _____

Birth date: _____ Social Security # _____ Number of Children: _____ List children below:

Name _____ Age: _____ Gender: _____

Name _____ Age: _____ Gender: _____

Name _____ Age: _____ Gender: _____

Name _____ Age: _____ Gender: _____

Where do your children currently reside? _____

Where will your children reside while you are in the program? _____

If your children do not currently reside with you, do you have scheduled visitations with your children? Y/N

If yes, how often? _____

Are these visitations required to be supervised? Y/N

Please list all addresses you have lived at in the last 3 years.

Address: _____

City: _____ ST: _____ Zip: _____ Apt.# _____

Name of Apartment complex (if applicable): _____

Move in Date: _____ Moved out date: _____

Address: _____

City: _____ ST: _____ Zip: _____ Apt.# _____



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Name of Apartment complex (if applicable): _____

Move in Date: _____ Moved out date: _____

Address: _____

City: _____ ST: _____ Zip: _____ Apt.# _____

Name of Apartment complex (if applicable): _____

Move in Date: _____ Moved out date: _____

Address: _____

City: _____ ST: _____ Zip: _____ Apt.# _____

Name of Apartment complex (if applicable): _____

Move in Date: _____ Moved out date: _____

Address: _____

City: _____ ST: _____ Zip: _____ Apt.# _____

Name of Apartment complex (if applicable): _____

Move in Date: _____ Moved out date: _____

Highest level of education: _____

How did you hear about Restoring Joy Ministries, International? *Check all the apply*

Parents Church Internet Court Other _____

Have you applied to Restored180 Ministries in the past? _____



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Have you ever lived in a shelter, rehab, or transitional home? If so, list below with additionally requested information.

Name of Organization	City and State	Dates you lived there	Phone number

Marital status (circle or underline one): Single Married Divorced Separated Dating



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Please answer the following to better explain your personal status. DO NOT SKIP THIS PART. It will result in your application being discarded.

In your own words, please state what you have been going through for the last six months. You may go back further if necessary. (You may use the back of this page for more room.)

Completion of this form will allow us to determine the amount you may contribute to the general household fund and/or food pantry.

Income and Benefits:

Source	Amount	Source	Benefit
EXAMPLE	\$000.00	CCMS	FREE CHILDCARE
SSI			
Food Stamps			
Child Support			
TANF			
Social Security			
Disability			
Spousal Support			
Other: _____			
TOTAL INCOME			

Restored180 Ministries requires that you use 80% of your total food stamp income for the purpose of buying groceries for the general pantry. In return, we encourage you to retain 20% of these benefits for personal use. You will be provided a personal space in the pantry for your personal groceries. Are you willing to comply with this for the benefit of the entire ministry? _____ (please initial)



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Items YOU must supply:

Before your application can be evaluated fully for acceptance into Restored180 Residential Program you must provide all of the items listed below (when applicable). If you are unable to supply an item please explain why in writing at the bottom of the page.

_____ Verification of education (one of the following)

- Copy of High School Diploma or GED
- Copy of college transcripts if you have attended college or technical school

_____ Copy of orders from courts, probationers, and CPS if applicable

_____ Copy of current driver's license or state issued I.D.

_____ Copy of car insurance (when applicable)

_____ Shot records of each child who may be a visitor at Restored180 Ministries (part of application)

Please read and initial if you understand the following expectations for acceptance to the Restored180 Residential Program.

_____ You will attend MANDATORY educational classes, Church services, Bible studies, counseling and case management meetings (if applicable). (You are not required to be a Christian to be accepted into Restored180 Residential Program, but you do have to be willing to commit to these activities.)

_____ You will participate in furthering your education.

_____ You are willing to take responsibility for and be accountable in your part of keeping the living area and ministry area environment clean and organized inside and out and complete assigned weekly chores.

_____ You are willing to accept and adhere to our NO DATING policy, NO SOCIAL MEDIA policy, and NO CELL PHONE policy.

_____ You will not use alcoholic beverages, illegal drugs, or abuse prescriptions. This also includes K-2 or other similar synthetic cannabinoids. Zero tolerance!

_____ You will submit to random drug and alcohol tests.

_____ You are willing to speak openly to Restored180 Ministries staff about information we obtain from any of your caseworkers, probation officers, etc.



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____ You are willing to submit to the leadership of Restored180 Ministries and to the Restored180 Program staff and Admin Staff

____ You are willing to abide by all rules and regulations as outlined in the Policies and Procedures Handbook.

____ You are willing to leave your personal vehicle somewhere else if it is not currently legal to drive. Your further understand that driving privileges are only obtained after 90 days in the program and still at staff discretion.

____ You understand that if staff witnesses the neglect or abuse of a child, or you should test positive for any abused substance including alcohol, we will report it to CPS.

____ You understand that any out-of-date medications or medication bottles without appropriately marked medication bottles will be disposed at check-in.

Medical:

*Medical needs do not necessarily disqualify applicants from being accepted to the program, however failure to disclose medical needs/conditions or falsifying medical information can lead to dismissal from the program.

Are you currently pregnant or suspect you are? _____ Projected due date: _____

Do you have any physical limitations preventing you from performing chores such as mopping or sweeping? Disabilities? Health concerns?

Have you ever been a mental health patient at an in-patient facility? _____ If Yes, please state where and when: _____

Please circle any diagnosis that applies to you currently or in the past:

- | | | | |
|-----------------------|-----------------|------------------------|----------------------|
| Bipolar | Depression | Paranoid-Schizophrenia | Eating disorder |
| Anxiety | OCD | Panic Disorder | PTSD |
| Separation Anxiety | Sexual Disorder | Tourette's | Stuttering |
| ADD | ADHD | Autism | Oppositional Defiant |
| Chronic Heart Disease | COPD | Diabetes | Heart Failure |
| AIDS/HIV | Hepatitis A | Hepatitis B | Hepatitis C |



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Have you been diagnosed with a sexually transmitted disease/infection? If yes, please explain:

Do you carry and/or have a prescription for an EpiPen? Y or N

If you are diabetic, do you have an insulin pump? Y or N

Do you have an implantable cardioverter defibrillator or any similar devices in your body? Y or N

Please explain: _____

Do you have an oxygen tank? Y or N

Do you have an IUD for birth control? Y or N

Have you been diagnosed with Epilepsy or are you prone to seizures? Y or N (If yes please explain if not Epilepsy).

Please list any other life sustaining or life saving medical equipment you require to have on you or near you at all times:

Please list any allergies you may have (this includes food allergies):

Please list any all medications you take regularly or have taken during the last two weeks: _____

If you listed any medications above, do you have prescriptions for these medications? _____

Name of Primary care physician: _____ Phone number: _____

Address: _____

Do you have a history of substance abuse? _____ If so, what substances? _____



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Did you seek treatment? _____ Where? _____ how long have you been clean? _____

Are you currently involved in a lawsuit? If yes, please explain the nature of the lawsuit below.

Emergency Contact Information

This information is required

Name: _____ Relationship to Applicant: _____

Mailing Address: _____

Emergency phone number: _____ Is this a cell, home or work phone? _____

Spirituality:

Please answer the following questions to help us determine where you are spiritually:

Do you read and meditate daily on the Bible? _____

Have you been baptized? _____

Do you believe that Jesus Christ is the only Son of God? _____

Social Services:

Please list any programs or supervisions in which you are currently participating (Community Health Core, Kirkpatrick Family Center, Child Protective Services, or 12-Step Programs)?

Organization 1 _____ Reason: _____

Case Worker Name _____ Phone: _____

Organization 2 _____ Reason: _____

Case Worker Name _____ Phone: _____

Organization 3 _____ Reason: _____

Case Worker Name _____ Phone: _____

Have you applied for government housing? _____ Where? _____



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Have you ever been arrested? _____ Charge? _____

What state/county? _____/_____

Do you have any outstanding warrants? _____ If yes, explain: _____

What state/county? _____/_____

Have you ever been convicted of a felony? _____ if so, give a detailed explanation of the offence, date of conviction, and the county the conviction occurred in:

Are you currently on probation? _____ Parole? _____ please provide the supervising officer's contact information.
Name _____ Phone number: _____ Have they been informed of your intent to gain admission into Restored180 Residential Program? _____

Transportation:

Do you have your own transportation? _____ Is your license current and insurance current? _____

If so, give vehicle year/make/model: _____

Note: Should you own a vehicle, you will be required to have proof of current registration, inspection, car insurance and a valid driver's license. If these requirements are not met at time of applying, your vehicle will not be allowed on premises. Residents are not allowed to use their personal vehicle during the program until residents have completed the first 180 days (Phase 1 and Phase 2), and then ONLY at the discretion of the Restored180 Staff. *** PLEASE NOTE, the use of a personal vehicle in Phase 3 is NOT a routine occurrence, and resident should not expect to have regular permission to use their personal vehicle before graduation of the Restored180 program. ***



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Contractual Promise:

I understand all questions asked of me in this application and attest that all answers supplied are true and right to the best of my knowledge.

Applicant Name

Date

Applicant Signature

Date



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CHILD MEDICAL INFORMATION AND RELEASE

(Applicant must complete a form for each child expected to visit or weekend stay. Duplicate form as needed.)

Parent's Name _____

Child's Name _____ M/F _____

Social Security Number _____ Is child currently living with you? _____

In case of emergency, contact _____ Phone: _____

Physician's Name: _____ Phone: _____

Address: _____

Does your child have custodial visitation with another parent? _____ If yes, please describe the nature of that relationship _____

Please complete the following information. If you answer yes to any of these questions, please elaborate. You may use the back of this page if more space is needed.

1. Does your child have any special needs, learning disabilities, or behavioral problems? _____
2. If your child is school age, has he/she been in trouble or enrolled in alternative school? _____
3. Has your child been exposed to abuse? _____
4. Is your child on any medication or under any doctor's orders? _____
5. Have you or your child been exposed to lice? _____
6. Does your child have proof of current immunizations? _____
7. Allergies:

Food _____ Insect stings _____ Hay fever _____ Chemicals _____

Drugs _____ Poison Ivy _____ Asthma _____

8. Does your child have regular visitations with another parent or custodian? _____

9. Who has custodial guardianship of your child? _____ What is their relationship to your child/children? _____ Are you in pursuing legal custody? _____

10. Has your child ever been in legal trouble? _____ If yes, explain: _____

11. Do you understand that **all** residents (including children) are subject to random drug tests? _____

12. Signature of Parent _____ Date _____