

Dear Friend,

Thank you for your interest in Leah's House discipleship program for women 18 years of age and above. We are a Biblically based program and the Bible is our foundation. We offer a 12 month in-house program.

We are an outreach to help women who feel that society has given up on them. Our dedicated staff strives to meet the needs of the whole woman (spiritual, emotional, and physical). Housing and basic needs are provided while going through restoration.

Our program combines Bible classes, life-skills training, chapel, assignments to teach responsibility, a daily schedule to help control issues that you struggle with, and more. We have a dedicated team of teachers, volunteers, and board members that take seriously their commitment to love, serve, and guide women through the process.

You are very important to God and he has a plan and purpose for your life. You are his masterpiece. He knew you when you were in the womb and nothing we can do will stop him from loving us. Allow God to free you from those negative mindsets and take this marvelous journey into finding out who you are in Christ.

If interested in our program you will have to set up an intake for qualification. You can call our office between 9 a.m.-4:30 p.m. at 662-703-9806. After you have been accepted please carefully read this information packet, initial or sign where indicated and bring the signed packet with you.

If you have questions, our Admissions Office will be happy to assist you during office hours, Monday through Friday from 9 a.m. until 4:30 p.m.

STATEMENT OF FAITH AND CONDUCT

We hold the Bible to be God's Holy Word in its entirety and inspired in every part by the Holy Spirit. *II Peter 1:21, II Timothy 3:16-17*

We believe the Godhead to be a Trinity of Father, Son and Holy Spirit. Father God created us for his pleasure and that we would reign in his Kingdom. Father sent his son Jesus into the world that we might be made whole and have an abundant life. When Jesus rose again from the dead and went back into heaven, he sent Holy Spirit to guide, comfort, testify of the truth of Jesus, and reprove us from sin that we might be perfected in him. *I John 5:7, Luke 12:32, John 3:16-17, John 15:26, John 16:13*

We hold that Jesus Christ is God, born of a virgin. That He gave his life on the cross where He, who knew no sin, was made sin for us: that He was buried and arose again from the dead, afterward He ascended into Heaven to sit at the Father's right hand, and that He will come again. *Matt. 1:18-23, II Cor. 5:21, Eph. 1:19-20, John 14:1-3*

We hold that man and woman was created in the image of God, holy and innocent: that of his own choice, he sinned, and as a result, brought death upon all humanity. Those who are not saved from sin are eternally separated from God. *Gen. 1:27, Gen. 3:6-7, Rom. 5:12, Rev. 20:15*

We believe that God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ. *II Cor. 4:17, Ps. 103:4*

We hold that we are saved by grace through faith, apart from works, that the sinner who repents and personally accepts that finished work of Christ on the cross becomes a child of God, is made a new creature, and is indwelt by Holy Spirit. *Eph. 2:8-10, II Co 1:21-22*

We believe that the organs you were born with designate your gender to be male or female. *Gen. 1:27, Gen 5:2*

We believe that the term 'marriage' has only one meaning and that is marriage sanctioned by God which joins one man and one woman in a single, exclusive union, as delineated in Scripture; and that intimate sexual activity is to occur exclusively within that union. Marriage between a man and woman serve as the foundational unit of a stable society. We believe that God wonderfully and immutably creates each person as male and female and that these two distinct, complimentary genders together reflect the image and nature of God.

Initial here _____

LEAH'S HOUSE GENERAL INFORMATION

POSTPONE LEGAL AND MEDICAL OBLIGATIONS

Prior to enrollment, it is the responsibility of the client to have all legal and medical appointments postponed until completion of the program. *Failure to do so may result in dismissal.*

GENDER

Gender and transsexual is based on "current organs" not what a person wants to designate his/herself. Current organs must be female to be considered for admission.

MEDICAL CRITERIA

We are **NOT** a medical facility and **CANNOT** provide medically supervised detoxification.

Client must be physically detoxed and able to participate in required daily activities prior to enrollment. *Those unable to participate in daily activities will be dismissed.*

The client must disclose any physical, emotional, mental, or health condition that might restrict or limit their participation in the recovery program. *Failure to do so will result in dismissal.*

The client is responsible for costs of any off-campus emergency medical or dental care.

Prior arrangements should be made before entering program for any medical services.

MEDICAL TEST REQUIRED PRIOR TO CHECK-IN

TB Test results – (not more than one year)

APPROVED MEDICATIONS

All medications **MUST BE PRE-APPROVED** prior to check-in and turned in upon arrival.

Approved over-the-counter medications must be sealed. No open bottles will be accepted.

Pain Reliever – Tylenol, Aleve, Ibuprofen

Stomach Medication – Prilosec OTC, Nexium, Prevacid, Tums, Roloids, Pepto Bismol

TOBACCO POLICY

NO SMOKING OF ANY TYPE, cigarettes or vapors.

Initial here _____

PHONE CALLS

Clients are allowed 2 scheduled 15 minute phone calls per week after 30 days. Tuesday and Friday are phone call nights. Clients cannot receive incoming calls, faxes or emails.

FAMILY VISITATION

Visitation is the 2nd and 4th Sunday of each month from 2 pm until 4 pm. Only immediate family is allowed.

There are no exceptions. Boyfriends are **not** considered immediate family. Strict guidelines are established for visitors and incoming items.

ITEMS TO BRING

Due to limited space, all items bought in at admission must fit into one 45-gallon tote. Staff will provide one weekly run to store to purchase limited items. Not more than \$20 per week spending money is recommended. House manager WILL KEEP ALL cash and gift cards locked up. All spending will be monitored, logged, and accounted for.

IDENTIFICATION DOCUMENTS

Picture ID or Driver's License, Social Security Card, Insurance Card.

CLASSROOM SUPPLIES

Bible, notebook paper, index cards, new in package highlighters, pens, and pencils, 3-ring binder, and journal. Bring money for stamps, envelopes, and stationary.

CLOTHING

Women are required to wear women's clothing. No more than seven outfits are allowed. Attire includes jeans, t-shirts, dress, casual pants, leggings are not considered pants. Any pants of any sort that are tight must have buttocks completely covered or they **WILL NOT** be allowed. Need clothing and shoes for recreation and outside work. One piece swimsuit. Shorts must be no more than three inches above the knee. No tiny strap or low-cut shirts. Shirt strap must be at least two inches wide.

PROHIBITED ITEMS

Drugs, alcohol, non-approved medication

Any items with broken seals

Anything containing alcohol: mouthwash, perfume, etc.

No hair products, we will supply

Pocket knife or any item considered a weapon

Cell phone, camera, computer, iPod, radio or musical instrument

No secular books, burned C.D.'s, videos, magazines and/or music

No stuffed animals

Limited number of earrings

No cross gender clothing or reference to alcohol, gambling, tobacco or profanity

No energy drinks, diet aids, supplements, or herbal tea

No loose powder (talcum, mineral face powder, etc.)

No personal vehicles

No pets

No bath salts

Leah's House strives to protect all clients from negative influences. Therefore, staff reserves the right to make discretionary decisions concerning peculiar clothing, hair style or color, etc. It is imperative that prohibited items are not brought on campus as they are harmful to the individual who brings them, as well as to others in the program. Violators are subject to immediate dismissal.

LEAH'S HOUSE APPLICATION & INTAKE PACKET

Please answer the following questions honestly and to the best of your ability. This comprehensive service and intake packet is used for statistical purposes, to aid in connecting you with applicable community resources. Leah's House is an equal opportunity organization and does not discriminate against anyone based on race, color, national origin, sex, sexual preference, or orientation, ethnic group, religion, or educational status.

Printed Name: _____ Intake Date _____

Birthday: _____ SS#: _____ Drivers License# _____

State Issued: _____

Last address lived at: _____

Cell phone _____ other phone _____

Email address _____

Emergency contact information:

Name _____ Address _____

Phone Number _____

Relationship _____

How did you hear about Leah's House? _____

Family information:

Household status:

married divorced single widowed

live with parent/other family

live with roommate(s)

homeless

on parole

Are you pregnant?

yes

no

unsure I am willing to be tested

What is your age group?

- 18-20
- 21-29
- 30-39
- 40-49
- 50-59
- 60 or over

What ethnicity do you consider yourself to be?

- American Indian
- African American
- Asian
- Caucasian (White)
- Latino
- Other

Are you a military veteran?

- yes
- no

What is the highest level of education you completed?

- Didn't complete high school
- High School Diploma
- Received G.E.D.
- Some College (includes incomplete college)
- Received Associate's Degree or Technical College
- Received Bachelor's Degree
- Received Post Graduate Degree

Most recent occupation _____

Number of years/ months on current job _____

How many children do you have?

- no children
- 1-2
- 3-4
- 5 or over

If you have children, what living arrangements have been made for them while you are at Leah's House?

Have you ever had children in State's custody?

yes

no

Have any of your children suffered abuse?

yes

no

Have any of your children had issues or trouble with the law?

yes

no

Have you ever been abused? **(Be honest. There is no condemnation.)**

yes

no

What type of abuse have you suffered? **(Please read each description carefully and check all that apply.)**

Abandoned or Neglected

Domestic Violence (includes intimate partner abuse)

Financial Abuse

Emotional Abuse (*includes mental abuse, mental torture, etc.*)

Forced to watch pornography or take pictures used for pornographic purposes

Human trafficking (*forced labor or forced commercial sexual exploitation including forced prostitution or forced strip clubs*)

Molestation or Incest (*under the age 18 and would include any inappropriate touching sexual encounters, or acts done to you by anyone*)

Physical Abuse (*includes beatings, excessive punishments, etc.*)

Sexual (*as an adult, acts would include rape, sexual assault, sexual abuse, or sodomy, etc.*)

Spiritual Abuse

Verbal Abuse

How long did you experience this?

less than one year

1-2 years

3-5 years

more than 6 years

Who was your abuser? **(Check all that apply.)**

Family (*includes step-father and in-laws*)

Friend (*includes intimate partner, neighbor, or other know associates*)

Unknown (*includes strangers, "tricks" or "dates"*)

Have you ever sought treatment for abuse?

Yes

No

Started but didn't finish

Have you ever sold your body voluntary or involuntary?

Yes

No

Have you ever self-harmed? (cutting, burning, etc.)

Yes

No

If so what type? _____

Have you ever tried to commit suicide?

Yes

No

If so when did you try? _____

Have you ever used or been dependent on alcohol or drugs?

Yes

No

Have you used any of these in your lifetime or in the past 6 months? Mark all that apply

alcohol

barbiturates (downers)

crank

crystal meth

amphetamines (upper)

cocaine/crack

heroin

caffeine

hallucinogens

marijuana

methamphetamine (Ice)

morphine

suboxone

methadone

ecstasy

opium

xanax (bars)

loratab

steroids

inhalants (glue, paint thinner, etc.)

other prescription drugs

If so what other drugs _____

Have you ever experienced withdrawals from alcohol?

Yes

No

If so did you ever have any head trauma?

Yes

No

Have you had any past or current compulsive/addictive behaviors such as gambling, anorexia, workaholic, lying, smoking, eating, sugar, etc.?

Yes, please list _____

No

How many times have you been incarcerated in your entire life? (*jail or prison*)

never

1 time

2-3 times

4 or more times

What types of crimes have you been convicted of? (*Check all that apply*)

arson

child abuse, endangerment

assault, battery

crimes against children

domestic violence

DUI, DWI, Public Intoxication

drugs (*use, sale, distribution, manufacturing, possession, or paraphernalia*)

failure to appear

human trafficking

kidnapping

prostitution

murder (*attempted, conspiracy, facilitation, vehicular, or manslaughter*)

sexual assault (*rape, molestation, sexual misconduct, etc.*)

vandalism or property damage

weapons charges

theft (*includes burglary, robbery, theft of property, auto theft, writing bad checks, identity theft, fraud, prescription fraud/theft forgery, shoplifting, embezzlement, etc.*)

other

Did you have prior convictions as a youth? (*under 18 years of age*)

Yes

No

How many convictions as a YOUTH only did you have (under 18 years of age)?

1

2-3

4 or more

Do you have gang affiliations?

Yes

No

Have you ever been diagnosed with a mental health disorder, such as ADD, ADHD, depression, bipolar, manic depression, schizophrenia, multiple personalities, or etc.?

Yes

No

Were you born in the United States?

Yes

No

What faith do you identify with most?

Atheist

Buddhism

Christianity

Hindu

Islam

Jehovah's Witness

Scientology

No affiliation with any faith

Other: (please specify) _____

Thinking about your life, how would you describe your relationship with God?

Deep faith that shapes life

Faith that needs strengthening

Participate only as desired

No or little relationship with God at this time

Would like to know more about God

If yes, name of pastor/preacher/priest, etc. _____

Do you regularly attend any services? yes no

Have you ever witnessed or been involved in occult activities? yes no

If yes, please explain your involvement. _____

Have you ever committed your life to God? yes no

Have you ever accepted Jesus Christ? yes no

Did you grow up attending church? yes no

Are your parents both living? yes no if yes, briefly describe your relationship with each.

Mother: _____

Father: _____

Do you have siblings? yes no

If yes, please list, including yourself, in birth order of oldest to youngest and note if they are living or deceased.

Would you describe your family as “close”? yes no

Do any/all of your family members live close by? yes no don't know

Will any of your family members be likely to visit you while you are at Leah's house?

yes no don't know

Will any of your family likely be involved in your discipleship while you are at Leah's house?

yes no don't know

If yes, in what way? _____

Why would you like to come to Leah's House?

Financial Information

Leah's House is a ministry for women who are emotionally and physically able to accept discipleship through the Bible. All clients are expected to personally handle all financial responsibilities. We can provide a letter of your participation in the program.

Leah's House expects all those accepted into the program, to ensure that arrangements are made for the payments of personal bills/loans outside of the program. We do not accept any liability for personal debts accrued during your stay at Leah's House.

Arrangements for deposits and payments of personal bills/loans must be made without the assistance of any staff member or volunteer of Leah's House.

Who will assist you with finances for your personal needs while at Leah's House?

Name _____ Phone # _____

GENERAL CONDUCT

Rules and regulations are enforced by the Director, Board Members, and/or House Manager on duty. Rules and regulations may be amended or updated as needed. It is the responsibility of the client to adhere to and understand the rules and regulations. It is also the responsibility of each client to inform staff of any situation that could result in an infraction of these rules.

Leah's House staff will not repeatedly warn or request any resident to follow the rules and regulations. We will only ask one time that a task be done or a rule followed. Insubordination will not be tolerated. If you are unwilling to abide by these rules, then you must make other living arrangements, as you will be excluded from Leah's House. Repetitive rule violations will not be tolerated, and are grounds for immediate dismissal. There are no exceptions.

LENGTH OF STAY

The recommended length of stay is 12 months. Within the first seven days of participation, an essay, consisting of 100 words will be written and handed into the Director, "How I feel my experience of entering Leah's House has or will effect my personal growth."

I agree to abide by the general conducts rules and understand that my length of stay will depend on my participation in the program. I will have to be approved by the Board of Directors to stay over three months.

Client Signature

Date

Board Member

Date

Initial beside the following statements:

_____ I have read the client rules and agree to all policies.

_____ I understand that I must be interviewed before official acceptance into Leah's House can be given.

_____ I understand that this program is a twelve month program and I will have to qualify every three months to continue to the last phase.

_____ I understand there is a two-week trial period to see if my participation in the program makes me a good long term candidate. I know I may not be and may be dismissed after my trial period which will be my first evaluation.

_____ I understand I must be detoxed before entering program and will not hold Leah's House responsible for any medical conditions that I have.

_____ I understand I am responsible to disclose any medical or physical conditions that might hinder my participation in any way.

By signing below I am agreeing to be interviewed, and I am requesting consideration for admission at Leah's House, a Christ-based discipleship program for women.

Print name _____

Signature _____

Director Signature _____

Date _____

Voluntary Entrance Form

I understand that if I am accepted into the program that I am entering in of my own free will. I also understand that Leah's House is a Christian based program that teaches restoration from Biblical Principals. I voluntarily submit to be disciplined from the Bible. If at any time I decide that the Biblical Principals taught are not in agreement with my personal beliefs then I will dismiss myself from the program with no disturbance.

Print Name _____ DATE _____

Signature _____

Director Signature _____

LEAH'S HOUSE ADDITION to the SCREENING APPLICATION

I understand that as a client of Leah's House I have a responsibility to other members to seek medical treatment for illnesses and take necessary precautions to prevent the spread of illness to others. I understand that I must bathe daily and practice good personal hygiene as a condition of living here. I agree to submit to health care examination by the health department as needed and to allow emergency medical personnel to transport me from Leah's House to a medical facility in the event of an emergency. I understand that the ministry is not equipped to provide any level of health care, and I agree to hold the ministry and its' staff harmless for any health care condition I develop while a client of the facility. I certify that all answer given here are true and complete.

Signature of Client

Date

The undersigned understands that she is being admitted to Leah's House for a transitional house to prepare for re-entry in society and is not an employee or house manager. The undersigned client voluntarily consents to submit to urine analysis test and release test to Probation Officers if needed. The undersigned understands all voluntary drug test will be kept in the files for up to one year. The undersigned agrees to hold Leah's House harmless from liability to the fullest extent that the law allows resulting from injuries sustained by the member while at the facility and while traveling to and fro from the facility.

ACKNOWLEDGED:

Client Signature

Date

The above information was explained to the house member by:

Board Member

Date

