



2130 SE 59th Oklahoma City, Oklahoma 73129  
 P.O. Box 2896, Oklahoma City, OK, 73101  
 Phone: (405) 236-3349 – Fax: (405) 232-5871  
 Please email to Mark@huminc.org  
**Please be sure to sign the last page**

## APPLICATION FOR MEN

Date:		Expected Release Date:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Facility at which incarcerated:			Phone No.		
Case Manager:		DOC #	SS#	--	--
Last Name:		First Name:		Middle Initial:	
Date of Birth -- --	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
No. of Children and Ages:					
Would you be homeless if it wasn't for Hand Up Ministry? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>EMPLOYMENT</b>					
Last Place of employment prior to incarceration:					
Type of Work you have done:					
Special Training:					
Do you have a valid Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>PROGRAMS COMPLETED: (List all programs completed while incarcerated)</b>					
<b>CRIMINAL HISTORY</b>					
Current Offense:			Sentence:		
Age First Arrested:			Total Times Incarcerated:		
Have you ever been arrested of a sex related crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number of disciplinary write ups you have had during present incarceration:					
<b>SUBSTANCE ABUSE HISTORY</b>					
Is your current offense drug related? <input type="checkbox"/> Yes <input type="checkbox"/> No			Drug of Choice:		
Have you ever been in treatment for substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>MEDICAL HISTORY</b>					
Do you have any physical problems? <input type="checkbox"/> No <input type="checkbox"/> Yes What?					
Are you on any medications? <input type="checkbox"/> No <input type="checkbox"/> Yes What?					
Do you have any mental health problems? <input type="checkbox"/> No <input type="checkbox"/> Yes What?					
Have you ever attempted suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>RELIGIOUS AFFILIATION</b>					
Religious Preference (if any):					
You <b>must</b> also send us a copy of your <b>Birth Certificate and Social Security card</b> with your application. We can't accept anyone without these important documents. You will bring the originals with you.					

Hand Up Ministries, Inc reserves the right to refuse anyone we feel will not be faithful to work the program or be a negative influence on others or distract them from their commitment to the program, or for any other reason that may cause disharmony. We encourage each client to attend the church of their choice.

My signature below certifies that I am requesting to enter the Hand Up Ministries' Clean Living Program and that all my answers on this application are true and correct. **Please note that this is a program, not just a living arrangement. You will be required to follow all aspects of this program.**

\_\_\_\_\_  
Signature



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**SOCIAL HISTORY**

Case Manager: \_\_\_\_\_

Case Manager's Phone: \_\_\_\_\_

Who referred you?

- Attorney: \_\_\_\_\_
- Probation/Parole: \_\_\_\_\_
- Pre-Sentence Investigator: \_\_\_\_\_
- Judge: \_\_\_\_\_
- Court: \_\_\_\_\_
- District Attorney: \_\_\_\_\_
- Drug Court Admin: \_\_\_\_\_
- Other: \_\_\_\_\_

**Presenting Problem** (Please explain why are you incarcerated?)

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**History of Presenting Problem** (Tell us how you crossed the line.)

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**Emergency Notification:**

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

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

City, State, Zip: \_\_\_\_\_

Phone Number: (    )        -        \_\_\_\_\_



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**FAMILY SYSTEM - SOCIAL & PRESENT LIFE SITUATION**

Current Marital Status?  Single  Married Spouse's Name: \_\_\_\_\_  
 Divorced  Separated How long? \_\_\_\_\_

How many times have you been married? \_\_\_\_\_ How many times have you been divorced? \_\_\_\_\_

How many live-in relationships have you had? \_\_\_\_\_ How many children do you have? \_\_\_\_\_

<u>Child's Name</u>	<u>Age</u>	<u>Gender</u>	<u>Residence</u>
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

Do you pay child support?  No  Yes How much? Are you current?  Yes  No

Do any of your children have problems in any of the following areas?

- Behavioral  Mental Health  Emotional  Alcohol
- Drugs  Physical  Educational  Other

Your usual living arrangements? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Age: \_\_\_\_\_  
 Father's Occupation: \_\_\_\_\_ Health:  Excellent  Good  Fair  Bad  
 Relationship with Father:  Excellent  Good  Fair  Bad

Mother's Name: \_\_\_\_\_ Mother's Age: \_\_\_\_\_  
 Mother's Occupation: \_\_\_\_\_ Health:  Excellent  Good  Fair  Bad

Relationship with Mother:  Excellent  Good  Fair  Bad

<u>Sibling's Name(s)</u>	<u>Age</u>	<u>Gender</u>	<u>Older/Younger</u>	<u>Relationship</u>
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Older <input type="checkbox"/> Younger	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Older <input type="checkbox"/> Younger	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Older <input type="checkbox"/> Younger	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Older <input type="checkbox"/> Younger	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Older <input type="checkbox"/> Younger	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Older <input type="checkbox"/> Younger	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad

Do either of your parents or any of your brothers or sisters have problems with:

- Alcohol  Drugs  Mental Health

Have you ever been physically, emotionally, or sexually abused by either of your parents?  Yes  No

Have you ever been physically, emotionally, or sexually abused by any of your siblings?  Yes  No



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**PERSONAL & CULTURAL (GENERAL)**

Military History: \_\_\_\_\_ Branch of Service \_\_\_\_\_  
Discharge Date: \_\_\_\_\_  Honorable  Dishonorable

Race:  Caucasian  African American  Native American (tribe) \_\_\_\_\_  
 Alaskan Native  Hispanic  Asia  Other \_\_\_\_\_  
Religious Preference:  Protestant  Catholic  Jewish  Islamic  None

What are your Strengths:  
\_\_\_\_\_

What are your Weaknesses:  
\_\_\_\_\_

What is your Recreation/leisure history:  
\_\_\_\_\_

What are your Expectations of this agency:  
\_\_\_\_\_

**EDUCATION**

Education completed:  Elementary School  Middle School  High School  
 Some College  GED (Highest Grade Completed \_\_\_\_\_)  
Major: \_\_\_\_\_ No. Credit Hours: \_\_\_\_\_

Difficulties with school: \_\_\_\_\_

**Occupational**

Current Occupation while incarcerated: \_\_\_\_\_

Last Employer: \_\_\_\_\_

Length of time you were with this employer: \_\_\_\_\_

Type of work you usually perform: \_\_\_\_\_

Special skills or trade: \_\_\_\_\_



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**FINANCIAL**

Do you have disabilities that will limit or prevent your employment? Yes  No

If yes, how will you pay your program fees?  SSDI  VA Disability  Retired  Annuity  Trust  
 Other \_\_\_\_\_

How many people will depend on you for the majority of their food, shelter, etc.? \_\_\_\_\_

Do you have any income or other financial resources?  Yes  No

If Yes, Source: \_\_\_\_\_ Amount: \_\_\_\_\_ per Hour / Week / Month (Circle one)

Will someone contribute to your support in any way?  Yes  No

Who and What? \_\_\_\_\_

Attach your previous 3 months income statements or pay stubs (if any)

**CLINICAL TREATMENT HISTORY**

Do any of the following apply to you?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Headaches            | <input type="checkbox"/> Fainting Spells            | <input type="checkbox"/> Stomach Trouble     |
| <input type="checkbox"/> Bowel Disturbances   | <input type="checkbox"/> Insomnia                   | <input type="checkbox"/> Take Sedatives      |
| <input type="checkbox"/> Feel Tense           | <input type="checkbox"/> Tremors                    | <input type="checkbox"/> Suicidal Ideas      |
| <input type="checkbox"/> Unable to Relax      | <input type="checkbox"/> Unable to have a good time | <input type="checkbox"/> Can't make friends  |
| <input type="checkbox"/> Can't make decisions | <input type="checkbox"/> Inferiority feelings       | <input type="checkbox"/> Financial problems  |
| <input type="checkbox"/> Over ambitious       | <input type="checkbox"/> Dizziness                  | <input type="checkbox"/> Palpitations        |
| <input type="checkbox"/> No appetite          | <input type="checkbox"/> Fatigue                    | <input type="checkbox"/> Nightmares          |
| <input type="checkbox"/> Alcoholism           | <input type="checkbox"/> Feel panicky               | <input type="checkbox"/> Depressed           |
| <input type="checkbox"/> Drugs                | <input type="checkbox"/> Sexual problems            | <input type="checkbox"/> Shy with people     |
| <input type="checkbox"/> Feel lonely          | <input type="checkbox"/> Can't keep a job           | <input type="checkbox"/> Home conditions bad |
| <input type="checkbox"/> Don't like weekends  | <input type="checkbox"/> Don't like vacations       |  |

Do you have any chronic medical problems?  Yes  No  
 What? \_\_\_\_\_

Are you taking any prescribed medications?  Yes  No

<u>Medication</u>	<u>Strength/Dosage</u>	<u>How Long</u>	<u>Benefits</u>	<u>Side Effects</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been hospitalized?  Yes  No

When: \_\_\_\_\_ Where: \_\_\_\_\_ Problem: \_\_\_\_\_  
 When: \_\_\_\_\_ Where: \_\_\_\_\_ Problem: \_\_\_\_\_





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**DOMESTIC VIOLENCE/SEXUAL ASSAULT**

Have you ever had feelings of uncontrollable rage? Yes No

Have you had any thoughts about harming others? Yes No

Have you ever had trouble controlling your impulses? Yes No

As an adult, have you been involved in fights? Yes No

Were you ever arrested for fighting or for other violent behavior? Yes No

If any of the above are answered YES, answer the following:

What were the circumstances of the violent act? \_\_\_\_\_  
\_\_\_\_\_

When did they occur? \_\_\_\_\_

Who was involved? \_\_\_\_\_

How did you feel about this? \_\_\_\_\_

Did the behavior involve substance abuse? Yes No

What was the effect on the victim? \_\_\_\_\_

What happened to you as a result? \_\_\_\_\_

Were you arrested? Yes No How much time did you serve? \_\_\_\_\_

Have you ever been accused of rape or sexual crime? Yes No

If yes, was your victim Male or Female? \_\_\_\_\_ Victim Age: \_\_\_\_\_

Have you ever been accused of domestic violence? Yes No

Have you ever had a Victim's Protective Order against you? Yes No



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**LEGAL CRIMINAL RECORD**

How many times in your life have you been arrested and charged with the following?

	<u>No. of Arrests</u>	<u>Dates</u>
Public Drunk	_____	_____
DUI	_____	_____
DWI	_____	_____
APC	_____	_____
DUS	_____	_____
Shoplifting/vandalism/theft	_____	_____
Parole/probation violation	_____	_____
Drug charges	_____	_____
Forgery	_____	_____
Weapons offense	_____	_____
Larceny	_____	_____
Burglary	_____	_____
Breaking & Entering	_____	_____
Robbery	_____	_____
Assault	_____	_____
Arson	_____	_____
Rape/sex related crimes	_____	_____
Homicide/manslaughter	_____	_____
Prostitution	_____	_____
Contempt of court	_____	_____
Disorderly conduct/vagrancy	_____	_____
Major driving violations	_____	_____
Other	_____	_____

Have you engaged in illegal activities for profit?  Yes  No

What is your explanation of legal problems

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**Gang History**

Gang Affiliation/Status \_\_\_\_\_ Age on joining \_\_\_\_\_ Leaving \_\_\_\_\_

Motivation for joining \_\_\_\_\_ Motivation for leaving \_\_\_\_\_

Violence with gang \_\_\_\_\_

Sexual offenses with gang \_\_\_\_\_

What Programs have you completed while incarcerated: \_\_\_\_\_

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**SUBSTANCE ABUSE HISTORY**

<u>Substance</u>	<u>Age first use</u>	<u>Date last use</u>	<u>Frequency</u>	<u>How used</u>
Alcohol	_____	_____	_____	<input type="checkbox"/> IV <input type="checkbox"/> Snort <input type="checkbox"/> Smoke <input type="checkbox"/> Oral
Alcohol to intoxication	_____	_____	_____	<input type="checkbox"/> IV <input type="checkbox"/> Snort <input type="checkbox"/> Smoke <input type="checkbox"/> Oral
Heroin	_____	_____	_____	<input type="checkbox"/> IV <input type="checkbox"/> Snort <input type="checkbox"/> Smoke <input type="checkbox"/> Oral
Methadone	_____	_____	_____	<input type="checkbox"/> IV <input type="checkbox"/> Snort <input type="checkbox"/> Smoke <input type="checkbox"/> Oral
Painkillers	_____	_____	_____	<input type="checkbox"/> IV <input type="checkbox"/> Snort <input type="checkbox"/> Smoke <input type="checkbox"/> Oral
Sleeping pills	_____	_____	_____	<input type="checkbox"/> IV <input type="checkbox"/> Snort <input type="checkbox"/> Smoke <input type="checkbox"/> Oral
Valium, Librium, Zanax	_____	_____	_____	<input type="checkbox"/> IV <input type="checkbox"/> Snort <input type="checkbox"/> Smoke <input type="checkbox"/> Oral
Cocaine/Crack	_____	_____	_____	<input type="checkbox"/> IV <input type="checkbox"/> Snort <input type="checkbox"/> Smoke <input type="checkbox"/> Oral
Crank/Methamphetamine	_____	_____	_____	<input type="checkbox"/> IV <input type="checkbox"/> Snort <input type="checkbox"/> Smoke <input type="checkbox"/> Oral
THC (marijuana)	_____	_____	_____	<input type="checkbox"/> IV <input type="checkbox"/> Snort <input type="checkbox"/> Smoke <input type="checkbox"/> Oral
Hallucinogens	_____	_____	_____	<input type="checkbox"/> IV <input type="checkbox"/> Snort <input type="checkbox"/> Smoke <input type="checkbox"/> Oral
Inhalants	_____	_____	_____	<input type="checkbox"/> IV <input type="checkbox"/> Snort <input type="checkbox"/> Smoke <input type="checkbox"/> Oral
PCP	_____	_____	_____	<input type="checkbox"/> IV <input type="checkbox"/> Snort <input type="checkbox"/> Smoke <input type="checkbox"/> Oral
More than 1 substance at a time	_____	_____	_____	<input type="checkbox"/> IV <input type="checkbox"/> Snort <input type="checkbox"/> Smoke <input type="checkbox"/> Oral
Other	_____	_____	_____	<input type="checkbox"/> IV <input type="checkbox"/> Snort <input type="checkbox"/> Smoke <input type="checkbox"/> Oral

Drug of Choice: \_\_\_\_\_

Have you ever experienced DTs:  Yes  No      Drug Overdose?  Yes  No

Where do you usually drink or use drugs? \_\_\_\_\_ Do you ever drink or use drugs alone?  Yes  No

Have you ever drank or used drugs more than you intended?  Yes  No

Have you ever been treated for alcohol/drug abuse?  Yes  No

When: \_\_\_\_\_ Where: \_\_\_\_\_ Complete:  Yes  No Length: \_\_\_\_\_

When: \_\_\_\_\_ Where: \_\_\_\_\_ Complete:  Yes  No Length: \_\_\_\_\_

**Tobacco Usage:** Check all that apply to you.

I am a non-smoker    I smoke cigarettes    I smoke a pipe    I dip snuff    I chew tobacco





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## Program Rules

(These rules are not all inclusive and will be explained in further detail during orientation)

### EMPLOYMENT

1. I agree that I will make every attempt to find and maintain permanent full-time employment while in the program of Hand Up ministries, and accept ministry staff's input in my job search.
2. While seeking employment, I agree to present verification of daily job interviews to Hand Up Ministries.
3. During times that I am unemployed, I will participate in job search, or assignment of work to be done at the ministry each day. **Monday through Friday I will be in the office at 8:00AM, signed in, bathed and groomed ready for work** or planning and assignments for the day.
4. I agree that **I will not quit** my job before discussing it with my Hand Up Ministries job coordinator **and having another job.**
5. I understand that I am to obtain work as soon as possible and that my program fees may be as follows:
  - A) \$140.00 per week, depending on resources requested and available.
  - B) \$115.00 per week, depending on resources requested and available.
  - C) \$105.00 per week, depending on shared resources option, if available.
6. I understand that Hand Up Ministries will work with me on paying program fees out over an agreed upon time while paying current fees with the goal of being ahead at least one week. I further agree that if I am going to be late with my program fees, due to extreme circumstances, that I will notify the office, work out a plan, and abide by that plan.

### TRANSPORTATION

1. I understand that if I do not have transportation to work, Hand Up Ministries will assist with transportation. I also understand that there will be a nominal fee per one way trip for each trip where I utilize Hand Up Ministries.
2. I understand that there will be a flat rate charge for any **court related out of county** transportation. Any request for **out of county** transportation must be submitted to the office of Hand Up Ministries at least 24 hours before the time transportation is needed.
3. I agree to present a request for transportation needs to Transportation Director at least 1 ½ hours before the time transportation is needed.
4. I agree that any vehicle that I bring to Hand Up Ministries will be properly registered in my name and display current motor vehicle tags.



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## FINANCIAL MANAGEMENT

1. I agree to participate with a financial counselor at Hand Up Ministries to prepare a financial budget based on my income. This will continue until you can show that you are able to handle your finances on your own.
2. I agree that **I will not borrow money** from other residents or staff of Hand Up Ministries.

## LIVING QUARTERS

1. I agree that my living quarters will be kept neat and clean at all times. No hoarding will be tolerated. {stacks of paper products like newspapers, magazines or cardboard / electronic cables and speakers not in current use.}
2. I agree that my living quarters may be inspected at any time without notice by Hand Up Ministries.
3. I agree that if my living quarters are found to be less than neat and clean, I will make the necessary improvements **within 24 hours** at which time the living quarters will be re-inspected. Three failed inspections will result in removal from Hand Up Ministries.
4. I agree that private cable lines installed in my living quarters will be at my own expense and all cable services will be basic cable only.
5. I agree and understand that **NO WOMEN OR CHILDREN** are allowed in any living quarters at any time.
6. **I agree to keep my voice, radio, music and television volume at a level that will not disturb my roommate or my neighbors.**
7. I agree that I will not make any modifications or alterations to my assigned living quarters.

## PERSONAL BELONGINGS

1. **I agree that Hand Up Ministries is not responsible for any personal belongings.**
2. I agree that upon leaving Hand Up Ministries, I will take ALL of my personal belongings, and that anything left after my departure will be disposed of within (30) days by Hand Up Ministries.



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## **ANIMALS**

1. I understand that I may have a pet while I am in the Hand Up Ministries program, but I can only have ONE.
2. I agree that if I have a dog I will keep that dog on a leash when outside and will pick up after my dog and not leave dog feces on the ground.
3. I agree not to leave my pet in a cage all day without food or water, and not to mistreat that animal in any way.
4. I understand that I will be liable for any damages my pet causes to the properties of Hand Up Ministries.
5. I understand that if I have a dog, it cannot weigh over 30 pounds.

## **MEDICAL AND/OR PSYCHOLOGICAL**

1. I agree to reveal to Hand Up Ministries any medical and / or psychological problems that I might currently have or that I might develop during my participation in the Hand Up Ministries Program.
2. I agree to release to Hand Up Ministries any and all medical and / or psychological records.
3. I agree to participate in any medical and / or psychological program deemed necessary by Staff.
4. I agree not to take any medications not prescribed to me by a doctor, and not to steal, buy, gift or trade any medications with other residents. I understand that doing so could result in removal from Hand Up Ministries, Inc. Program.

## **PROGRAM SERVICES**

1. I agree to participate in an evaluation of my needs to be performed by an assigned staff member
2. I agree to participate in any program that my counselor deems appropriate to meet my identified needs.
3. I agree to participate in Church Services on Sunday night each week at 7:00pm at Hand Up Ministries. If I miss a service I must make up that service within the week by video scheduled with one of our Chaplains.
4. I agree to participate in an assigned G-1 group held weekly at Hand Up Ministries as designated by the G-1 Coordinator.



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## ALCOHOL AND DRUGS

1. I agree that NO ALCHOL OR ILLEGAL DRUGS INCLUDING MEDICAL MARIJUANA will be used or possessed by me while participating in the Hand Up Ministries program.
2. I agree that if any staff member at the direction of the executive director, requests a drug/alcohol test, I will submit to an observed urine specimen immediately and without argument or comment.
3. I agree that the drug/alcohol tests will be requested on a random and regular basis.
4. I agree that if I refuse to submit to or falsify a drug/alcohol test that the test **will be considered positive**.
5. I agree that any positive drug/alcohol test will result in **IMMEDIATE ACTION** by staff to recommend corrective action, or removal from the Hand Up Ministries program.
6. I agree that if I'm aware of the presence of alcohol/drugs on the premises of Hand Up Ministries, I will notify authorized staff immediately.

## VISITORS

1. **I agree that all visitors will be met in the common area only.**
2. I agree that if any visitor is deemed inappropriate by authorized staff of Hand Up Ministries, that the visitor will leave the premises immediately.

## COMMON AREAS

1. I agree that all common areas are to kept clean an that I will remove my trash and cigarette butts after each use of a common area.
2. I agree that when entering a common area I will be bathed and dressed properly.
3. I agree that if I am not properly attired and/or maintaining clean hygiene, I will be required to leave the area.
4. I agree that if at any time it is determined by Hand Up Ministries staff that I am not acting in an appropriate manner, I will leave the common area without further disturbance.



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## MAINTENANCE

1. I agree to participate in community service each month at a location designated by Hand Up Ministries.
2. I agree that I will not participate in cursing, vulgar and/or suggestive language or gestures, or rude or negative behaviors.
3. I agree that I will not wear any article of clothing that displays any vulgar and/or suggestive language or image, and/or that is vulgar or suggestive in style, and/or that is related to any gang. I further agree that I will keep my shirt on at all times when outside at Hand Up Ministries.
4. I agree that there will be no violence or threats of violence made by me.
5. I agree that I will not possess any guns or any illegal weapons while on the property of Hand Up Ministries.
6. I agree to protect the privacy of each member in the Hand Up Ministries program. I agree that anything that is said in any group meeting will be kept in strictest confidence and will not be discussed with anyone outside of the Hand Up Ministries staff.
7. I agree to have my photograph taken by Hand Up Ministries.
8. I agree to write out a testimony (my story) for Hand Up Ministries to use in the Hand Up Ministries newsletter as advertising for the program. I agree that I may request my photograph not be used in the newsletter if I so choose.
9. I understand that any proposed changes to these Rules must be submitted in writing and signed by both the participant and an authorized representative of Hand Up Ministries.
10. I agree that I will adhere to an 11:00 PM curfew on Sunday thru Thursday and 12:00 AM curfew on Friday and Saturday, if I am to be out past the curfew I will notify staff. If a need arises that requires me to be absent overnight, arrangements will be made with the staff prior to my leaving Hand Up Ministries, and sign out in the overnight sign out log. This does not apply to those who have notified the office that they are working nights.

## PROGRAM SERVICES

1. I agree to participate in an evaluation of my needs to be performed by an assigned staff member.
2. I agree to participate in any program that this staff member deems appropriate to meet my identified needs.
3. I agree to participate in church services on Sunday night each week at 7:00 PM at Hand Up Ministries. If I miss a service I must make up that service within the week by video scheduled with the G-1 Coordinator.
4. I agree to participate in an assigned G-1 group held weekly at Hand Up Ministries as designated by the G-1 Coordinator.



2130 SE 59th Oklahoma City, Oklahoma 73129  
 P.O. Box 2896, Oklahoma City, OK, 73101  
 Phone: (405) 236-3349 – Fax: (405) 232-5871  
 Please email to [Mark@huminc.org](mailto:Mark@huminc.org)  
 Please be sure to sign the last page

**OTHER RULES**

1. I agree that if anything in my residence requires repair or replacement, that I will put in a work order (that is available in a box outside the office) and wait patiently for my request to be processed and executed by a maintenance worker.
2. I agree to cooperate with the Maintenance staff in any reasonable request made of me.
3. I agree that I will not try to dictate to the maintenance director which maintenance staff I will allow into my trailer for repairs or inspection.
4. I agree that I will not try to do repair work on my trailer myself, but will leave the maintenance to the maintenance staff.
5. I understand that Hand Up Ministries is a structured program designed to help me improve and better myself in every area of life. Hand Up Ministries recognizes the negative influence of pornography in all its forms. It is a gateway into other behaviors that are not conducive to a productive lifestyle. For those reasons all forms of pornography including nude pictures whether on phones, digital media or printed materials are not allowed at Hand Up Ministries. Hand Up Ministries reserves the right to request to look at your phone or other devices or to inspect your trailer at any time we suspect your involvement with pornography. Possession or use of pornography while here at Hand Up Ministries could result in removal from the program. Refusal to surrender your devices for inspection will be considered an admission of guilt.
6. I understand that if another resident should send me or show me any forms of nudity or pornography, I should refuse it and report it immediately to a staff member.

**PLEASE BE SURE TO SIGN AND DATE**

<b>Print Your Full Name</b>	<b>Date of Birth</b>	<b>Soc. Sec. Number</b>
<b>Sign Your Full Name</b>		<b>Date</b>
<b>Witness Signature</b>		<b>Date</b>



# RELEASE OF CONFIDENTIAL INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

I \_\_\_\_\_ authorize the release of any medical, mental health or other health care information, including intake forms, chart notes, reports, correspondence, billing statements and, or any other written information concerning my physical health or mental health and treatment to be sent to Hand Up Ministries, 2130 SE 59<sup>th</sup> St., Oklahoma City, OK 73129 (405) 236-3349 and the following person(s):

Hand Up Ministries employee name(s):

Harold R Riddle

\_\_\_\_\_

Joseph Costa

\_\_\_\_\_

\_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_