



Welcome to the Chelsea House. We pray that your stay here will be a positive experience. It is our desire to provide you with a safe, clean Christian home designed to encourage personal growth, spiritual enrichment and enable you to reach your goals and dreams. We're here to help you as much as we are able.

### **Common Questions**

***What is Good Samaritan Network?*** GSN is governed by a board of directors from the faith-based community who have a desire to help homeless women and children by providing various support services as well as a transitional residential Christian home called Chelsea's House.

***What is Chelsea House?*** Chelsea House Phase I opened its doors on July 7th, 2007. This is the beginning of a long-range plan. Phase I includes a twelve-bed Christian home for women experiencing homelessness. Women in Phase I participate in an intensive, biblically-based program designed to get their lives in order. Although we're a transitional home, a woman may stay as long as her particular need requires it. Our future plans are to provide a faith-based residential program for single moms and their children called the Good Samaritan Village. In addition, we are networking with area agencies in hopes to eventually provide an emergency overnight shelter for women and children's only as well as opening a daytime, comfort station for our ladies in need.

***What does the program involve?*** Each resident will be assigned a mentor who will offer spiritual encouragement and guidance as she progresses through the program. Each resident will participate in a case plan designed to meet her individual needs and goals. She will meet with our staff on a weekly basis to review her progress. Residents will participate in mandatory chapels, WoW groups and personal growth classes. During the day, ladies will volunteer, obtain employment or continue her education. Each lady will set up an account with GSN to handle her personal finances as part of her budget counseling program. Each resident will be required to apply (within 30 days of entering program) to all social service assistance (food stamps, medical assistance, ID, etc.) that is available to cover her personal needs. It is our desire that each woman going through the program will experience personal growth and develop a more meaningful relationship with God as she progresses toward self-sufficiency and becoming a productive member of society.

***Is there a cost?*** Because GSN does not receive government funding, each resident will be responsible to pay for her stay at CH. Programs fees range from \$50-\$80 weekly. If resident is unable to pay, she may apply for a scholarship (based on fund availability) which will help her with her program fees.

***What does the program fee cover?*** Program fees cover the curriculum, housing and utilities. She will be responsible for her own personal care items, food and personal bills. Chelsea House residents will have full access to our Resource Room which includes clothing, food pantry, personal care items, households, etc. Also, she will have access to on-going donations of designated items from the community to Chelsea's House for her personal ongoing needs.

***Who is eligible?*** Chelsea House is designed to help meet the needs of women facing homelessness and/or experiencing crisis. We are not an addiction recovery program. Women experiencing active addiction issues are encouraged to go through detox and rehab before being considered a good candidate for our home. Residents must be functional, medically, physically and mentally stable enough to participate in our program. They must have a desire to "do what it takes" and follow an intense program designed to help better their lives. Women that are in abusive situations that warrant life-threatening danger are not a good candidate for our program since the residential site is located on an open campus. Our home is based is on biblical principles; therefore, women should have a desire to actively participate in bible-based programs which includes but is not limited to church attendance, WoW groups, daily devotions and personal Bible study.

***What is the application process?*** Potential residents must first turn in a completed application to GSN. Then, she will be interviewed by a staff person. If she meets the criteria and agrees to all of the program requirements, she will be accepted into the program and placed based on bed availability.

***How long does it take to get accepted?*** Once your application is received, GSN will attempt to contact you within five business days. If a bed is available, applicant will be contacted to interview with a staff person. Applicants will be encouraged to attend WoW groups during their wait time. This will enable applicant and staff to "get to know each other". Within a week of interview, applicant will be notified of decision. GSN will attempt to contact her (based on her contact info) three times. If there is no response, GSN will proceed to the next person on the list and applicant will be removed from the waiting list and placed in our non-responsive file. Application may be reactivated simply by contacting GSN and requesting to be placed back on the waiting list. It is requested that you contact GSN if other arrangements are made and you no longer need to be on the waiting list.

**Chelsea House Application**

_____	entered program
_____	exited program
_____	candidate for re-entry

**Personal**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Alias names: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: (if applicable) \_\_\_\_\_

Who should we contact in the event of an emergency (name/phone/address)?

Where have you been sleeping at night? How long?

Where did you sleep last night?

How long have you been homeless?

When would you like to begin your stay at Chelsea House?

How long do you plan to stay at Chelsea House?

What happened that brought you to this point in life?

How did you find out about Chelsea House?

How can we be of help to you?

Do you have children? Ages?

Are they currently with you?

Please check:

\_\_\_ engaged \_\_\_ married \_\_\_ divorced \_\_\_ separated \_\_\_ single \_\_\_ widowed

If married, is your husband with you? Please explain.

**Goals**

If the sky was the limit, where would you like to see yourself in....

One month?

One year?

Five years?

As part of your life recovery plan, will you be willing to attend the following sessions?

Budgeting, Time management, Employment Search, Kitchen Orientation, My Spiritual Gifts  
Mentor Match, Women's Health, Who am I?, Successful Relationships, Personality Profile

**Financial**

## Monthly Income

\$ \_\_\_\_\_ SSI  
 \$ \_\_\_\_\_ Retirement  
 \$ \_\_\_\_\_ AFDC  
 \$ \_\_\_\_\_ Employment  
 \$ \_\_\_\_\_ Food Stamps  
 \$ \_\_\_\_\_ Other (explain)  
 \$ \_\_\_\_\_ Total Income

## Current Monthly Expenses

\$ \_\_\_\_\_ Transportation (car/bus)  
 \$ \_\_\_\_\_ Food  
 \$ \_\_\_\_\_ Cigarettes  
 \$ \_\_\_\_\_ Medicine  
 \$ \_\_\_\_\_ Legal/Restitution  
 \$ \_\_\_\_\_ Bills  
 \$ \_\_\_\_\_ Other (explain)  
 \$ \_\_\_\_\_ Total Expenses

Would you be interested in opening a personal GSN Savings Account?

Please check which payment plan you prefer for your program fees:

*Emergency overnight couch/cot*

\_\_\_\_\_ \$10 nightly rate

*Level I Bunk Room (6-8beds)*

\_\_\_\_\_ \$200/monthly \_\_\_\_\_ \$55/weekly

*Level II Semi-Private Room (2 beds)*

\_\_\_\_\_ \$300/monthly \_\_\_\_\_ \$80/weekly

*Level III Semi-Independent Apartment (2-3 beds) (also used a family unit as needed)*

\_\_\_\_\_ \$400/monthly \_\_\_\_\_ \$105/weekly

\_\_\_\_\_ need to apply for scholarship program to pay for my program fees

Instructions to apply for scholarship: Write on the back of this sheet or attach a letter requesting assistance with program fees. Letter should explain your situation and why you are a good candidate for the scholarship. Letter should contain your goals and reasons why you desire to be in the Chelsea House and why you want to make the Chelsea House program work for you. Letter should be compelling and give reader motivation to want to help in any way possible. Letter then will go out to potential sponsors in order to raise funds for scholarships. You may wish to sign the letter with your first name and last initial in order to retain your privacy.

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**perspective**

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Special needs/requests when sharing a room with another woman?

Can you sleep on a top bunk?

What do you think is the best way to handle conflict?

What are your concerns/limitations in participating in regular assigned chores at Chelsea House?

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**Employment/Education**

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Do you have a job? Please explain.

If not, are you able to work? Why or why not?

If able to work, what is your work experience?

What is your highest level of education?

Do you wish to continue your education? Please explain.

Are you willing to go through vocational rehabilitation if necessary?

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**Legal**

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Have you ever been convicted of a crime? Please explain.

What will show up on a background check if different from above answer?

Do you have a felony record? Please explain.

Please list Probation Officer name and contact information.

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**Spiritual**

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What is your spiritual/church background?

What are your thoughts about attending mandatory church services of your choice and participating in book and Bible studies and devotions as part of the Chelsea's House program?

**Special needs**

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Check all that apply to you.

\_\_\_ Veteran (Branch? \_\_\_\_\_)

\_\_\_ retired

\_\_\_ Pregnant (due date: \_\_\_\_\_)

\_\_\_ disabled (Please specify: mental \_\_\_\_\_ physical \_\_\_\_\_)

\_\_\_ debilitating illness (Please specify: \_\_\_\_\_)

\_\_\_ victim of domestic violence (How long ago? \_\_\_\_\_ Are you in current danger? \_\_\_\_\_)

\_\_\_ medical issues (please explain: \_\_\_\_\_)

\_\_\_ mental health issues (please explain: \_\_\_\_\_)

\_\_\_ list medications (\_\_\_\_\_)

\_\_\_ Physician's name and contact info (\_\_\_\_\_)

\_\_\_ Mental Health Professional's Name and Contact info (\_\_\_\_\_)

Do you have any addiction issues (current/past-how long ago)?

Chelsea Home is a drug/alcohol-free home. Would you be able to pass a drug screen?

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**Other**

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List two persons who could give us a character reference or verify your situation.

Name/Contact info/relationship to you \_\_\_\_\_

Name/Contact info/relationship to you \_\_\_\_\_

List the agencies that are currently working with you.

Do you have a case manager? If yes, please give name, agency and contact info.

May we contact and share information with the agency you are working with?

May we review this information among our staff to help determine your eligibility?

May we use this information for statistical reporting to help provide better services to those we serve?

Do you have any questions? Comments?

# Chelsea House Program Agreement

revised 8-09

*Welcome to Chelsea's House. We pray that your stay here will be a positive experience. It is our desire to provide you with a safe, clean Christian home designed to encourage personal growth, spiritual enrichment and enable you to reach your goals and dreams. We're here to help you as much as we are able. Please observe the following guidelines that are set in place to ensure safety, orderliness and maintenance of Chelsea's House.*

## 1. Conduct-Behavior

- a. I will hold harmless, the ministry of Good Samaritan Network, Inc., and any related ministries of any liability related to any incidents that may occur while under the supervision of or while on the property of the related GSN ministries
- b. If I am struggling, I will talk to someone on staff. I will refrain from gossip and negative comments. I will speak to staff, residents, members of the community and volunteers in a respectful manner.
- c. I will conduct myself in a Godly manner in the community and at home. I will be a good example in areas of speech, conduct, dress and attitude.
- d. I will follow the CH dress code. Tight, provocative and revealing clothes are not appropriate for CH residents at home or in the community; therefore, I will wear clothing that is modest and does not expose female body parts, cleavage, above the knee, back or midriff.
- e. To respect the modesty and privacy of others residents, I will remain fully clothed and not change clothing in front of others in common areas or in shared bedroom.
- f. Tattoos/Body piercings that are offensive (violent, sexual, disturbing images should remain covered up).
- g. Verbal or physical threats and profanity are prohibited and grounds for immediate dismissal.
- h. I will not request, give or receive money, services, goods or favors from CH residents or members of the community without express permission from director.

## 2. Program Requirements

- a. I will attend all required chapels, devotions and WoW group meetings unless excused by director.
- b. I will hold myself accountable to weekly program checkups with my mentor. I will follow a weekly plan as set forth.
- c. I will participate in work therapy and volunteer service for GSN as part of my vocational and spiritual rehabilitation. I will actively seek employment and work on goals on goal days.
- d. I will attend mental health, medical appointments, addiction recovery meetings needed to maintain my mental and physical well-being.
- e. I will be responsible to pay program fees and keep them current.
- f. I am physically and mentally stable and able to participate in this program. If at any time I am not able to fulfill my duties, I will notify staff and make arrangements to exit the program.

## 3. Drug/Alcohol Free

- a. RX/OTC drugs will be kept locked in a secure area in main office. Residents may only take meds as prescribed by doctor. Sharing or abuse of meds is prohibited.
- b. I agree to random drug/alcohol testing. I will remain drug and alcohol free. Failure to do so will result in immediate dismissal from the residential program. I will go to detox and/or a treatment center before being considered back into CH program.

## 4. Assignments/Duties

- a. I agree to the guidelines set by the house manager. Guidelines will be updated as the need occurs.
- b. I will keep my personal and assigned area tidy and clean and "show ready" before leaving residence daily. I realize that I am limited to two bags or what will fit into my personal storage space. I will keep all of my personal belongings in my personal area.
- c. I will make sure that my assigned common areas are checked before bed and before leaving each day. Everything should be "show-ready" upon leaving the residence for the day.

*And whatever you do, whether by speech or action, do everything in the name of the Lord Jesus, giving thanks to God the Father through him." Colossians 3:17*

5. House Rules:
  - a. I will not spend overnights unless otherwise permitted by director.
  - b. Smoking is prohibited and or around the residence. Smokers must be finished before 9:30 and “air out” before entering home and vehicles. We encourage smokers to take steps to quit smoking.
  - c. No food or drink in bedrooms. All food must be kept closed in a container and labeled.
  - d. Quiet hours will be observed between 10:00-7:00. All electronic devices and cell phones should be turned OFF during quiet hours! Music headsets may be used as long as other residents **cannot** hear it and it is Christian or classical. Daily showers are required. Good personal hygiene is required.
  
6. Amenities
  - a. GSN P.O. Box may be used to receive your mail. Physical addressed may not be used in order to maintain privacy and confidentiality.
  - b. Phones may be used during personal time on a limited basis as permitted by supervisor. CH number **may not be** given out for personal reasons. Long distance calls **are not** permitted on GSN phone.
  - c. Computers and Internet use is limited and available during personal time. Printing and copying services are not available for personal use at CH. Internet use is for email and research only. Residents may not use computer to download programs, sign up for programs without express permission from house manager. Internet may not be used to enter sites that are inappropriate that are offensive, ungodly, promiscuous, obscene, etc.
  - d. Laundry machine is available free of charge. Dryer is available for a dryer fee and must be paid **IN ADVANCE** of use. Free dryer use is available, if raining. Resident must sign up for a laundry time and may not exceed three loads per week. Laundry supplies are available for a nominal fee. Laundry users must adhere to rules posted in laundry area.
  - e. Television usage is permitted during personal time. Movies are not permitted in CH without permission from house manager. Television shows, movies, music should not contain offensive, graphic or disturbing images or language. All music should be Christian in nature.
  
7. Safety
  - a. Location of Chelsea’s House must remain private for the safety, security and stability of the CH residents. This is very important!
  - b. CH residents may not receive visitors at the residence without permission from house manager.
  - c. Gates and house will be locked down and secured from 10pm to 7am Ladies will **not be permitted** to open door, leave or enter property during this time.
  - d. Candles and other fire hazards are not permitted to burn in or around the home.
  - e. Guns, knives, hazardous materials or weapons of any type are NOT permitted at CH.
  
8. Relationships
  - a. Dating relationships are not permitted while in the program, unless otherwise approved by director. Verbal, written or physical sexual advances are prohibited. Phone conversations, writing letters, emails and being alone with the opposite sex **is prohibited unless authorized by director.**
  
9. Property
  - a. Abuse of CH property and resources are not permitted. (destroying, defacing, wasting, abusing)
  - b. Never go into another person’s personal belongings. This is grounds for immediate dismissal from the program. Personal belongings are subject to search by staff if needed.
  - c. Items in pantry/resource closet are for **active** CH residents only. Giving our resources away without **permission from house manager** is grounds for immediate dismissal.
  
10. Exit Procedures
  - a. If at any time I feel this program is not for me, I will notify staff and begin exit procedures. I will make sure my program fees are current.
  - b. Upon exit from the program, I will take all of my personal belongings. Anything left, will be discarded or donated.
  - c. I agree to all terms of the program on my own free will. Any violation of this agreement could result in immediate dismissal.

Resident: \_\_\_\_\_ House Manager: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

### 30 Day Power Up Stabilization Program

Resident Name \_\_\_\_\_ Today's Date \_\_\_\_\_

As part of a progressive program, I agree to work towards accomplishing the following weekly goals as appropriate for my personal situation. My weekly plan will be modified to fit my personal goals as needed. Modifications should be approved by the Director before updates are made.

(please check each session off upon completion and fill in the date that the goal was met)

Week #1 completed by \_\_\_\_\_

- \_\_\_ Attend orientation (Chelsea House Manager)
- \_\_\_ Obtain ID (BBHC-Jeff Francks)
- \_\_\_ Food (food stamps on-line, ECHO, area food pantries)
- \_\_\_ Transportation (Star Metro, BBHC, Employment Agency)
- \_\_\_ Set medical/psychological screening appointment (Bond, Neighborhood Clinic, Appalachee)
- \_\_\_ Sign up for employment program (Jubilee Job Link, WorkForce Plus, Goodwill)
- \_\_\_ Apply for alternate shelter (If in scholarship program, apply for alternate programs)
- \_\_\_ Mail change (post office)

Week #2 completed by \_\_\_\_\_

- \_\_\_ Kitchen Safety session (Chelsea House Manager)
- \_\_\_ Personal Goals session (Mentor Coordinator)
- \_\_\_ Personality Profile (staff)
- \_\_\_ My Spiritual Gifts (staff)
- \_\_\_ Education (apply for TCC grant)

Week #3 completed by \_\_\_\_\_

- \_\_\_ My Mentor Match (staff)
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- \_\_\_ Time Management session (staff)
  - \_\_\_ Budgeting session (staff)
  - \_\_\_ Women's Health (staff)
  - \_\_\_ Successful Relationships Session (staff)

Week #4 completed by \_\_\_\_\_

- \_\_\_ Begin Employment or School
- \_\_\_ Who am I session (Carol Conner)

Modifications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Planned approved

Resident: \_\_\_\_\_ Date: \_\_\_\_\_

House Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Director \_\_\_\_\_ Date: \_\_\_\_\_

INTERVIEW

Interview for (name of applicant)\_\_\_\_\_

OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

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1=not a good candidate 10=excellent candidate

Interviewer's Name:\_\_\_\_\_ Date:\_\_\_\_\_

Overall Attitude:

Physical Restrictions:

Medical Problems:

Mental Health:

Spiritual Health:

Relationship Issues:

Emotional Health:

Addiction Issues:

Sincerity:

Other Issues:

Do you feel this applicant is a good candidate? Please explain.

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Approved\_\_\_\_\_

Denied\_\_\_\_\_

EXIT REPORT

Resident Name: \_\_\_\_\_

Enter date \_\_\_\_\_ Exit Date \_\_\_\_\_

*OFFICE USE ONLY 1=unsatisfactory 10=excellent*

Voluntary Exit:

Financial Status:

Overall Attitude upon exit:

High Risk/Low Risk:

Physical/Medical Restrictions:

Mental Health:

Spiritual Health:

Able to get along with staff:

Compliance to Program:

Sincerity with program:

Obtained housing:

Obtained Job:

Able to get along with residents:

Demonstrates Responsibility:

Demonstrates Team Spirit:

Good Candidate for Re-Entry:

Comments: (continued on back)

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\_\_\_\_\_  
staff signature

\_\_\_\_\_  
staff signature